



Te Kaunihera Rata  
o Aotearoa

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**Medical Council  
of New Zealand**

Prevocational medical training accreditation –  
report for:  
Nelson Marlborough District Health Board

Date of site visit: 6 and 7 August 2019  
Date of report: 4 December 2019

## Background

The Council accredits<sup>1</sup> 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.

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<sup>1</sup> Section 118 of the Health Practitioners Competence Assurance Act 2003

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



Te Kaunihera Rata  
o Aotearoa

**Medical Council  
of New Zealand**

<b>Name of training provider:</b>	Nelson Marlborough District Health Board
<b>Name of sites:</b>	Wairau Hospital Nelson Hospital
<b>Date of training provider accreditation visit:</b>	6 and 7 August 2019
<b>Accreditation visit team members:</b>	Dr Curtis Walker (Accreditation Team Chair) Dr Jonathan Albrett Ms Kim Ngārimu Dr Robert Sahakian Dr Bryony Nicholls Ms Nisha Patel Ms Hollie Bennett Ms Sally Matich
<b>Date of previous training provider accreditation visit:</b>	30 and 31 May 2016
<b>Key staff the accreditation visit team met:</b>	
Chief Executive:	Dr Peter Bramley
Chief Medical Officer:	Dr Nick Baker
Director of Clinical Training (or equivalent):	Steve Low and Bruce King
Prevocational Educational Supervisors:	Drs Suzanne Busch, Kay Hall, Wendy Hunter, Tammy Pegg, Reon van Rensburg, Alexander Wittig
RMO Unit staff:	Loretta Matheson (RMO Team Lead) Lizzie Poyner (RMO Co-ordinator) Jo Highton (RMO Support)
Other key people who have a role within the prevocational training programme:	Lexie O'Shea (General Manager Clinical Services) Donna Addidle (Service Manager Women Child and Youth & RMO Management) Alex Browne (ICU/ED Specialist) Gaylene Corlett (Executive Assistant to the Chief Executive & Board Chair)
<b>Key data about the training provider:</b>	
Number of interns at training provider:	37
Number of PGY1s:	19
Number of PGY2s:	18
Number of accredited clinical attachments (current):	17 at Wairau, 36 at Nelson.
Number of accredited community-based attachments:	2 at Wairau, 4 at Nelson.

## Section A – Executive summary

Nelson Marlborough District Health Board (DHB) provides health services to the upper South Island regions of Nelson, Marlborough and Tasman. The two main hospital campuses are Wairau Hospital in Blenheim and Nelson Hospital. These provide a total DHB catchment population of around 150,000. There are 14 interns at Wairau and 48 interns at Nelson.

The DHB recognises the importance of intern training in its strategic planning documents. Interns are represented on governance and operational committees which have appropriate terms of reference to support the prevocational training programme. However, these committees do not meet regularly and this is having a detrimental effect on the governance and oversight of prevocational training. Given the importance of these committees, the DHB must ensure that they are functioning effectively.

The Resident Medical Officer (RMO) Unit delivers services to Wairau from staff based in Nelson. Changes to the structure of the RMO Unit and its location may impact on intern training and the DHB needs to develop clear procedures to notify Council if these changes are implemented. Interns report overall satisfaction with the RMO Unit, and are very appreciative of the pastoral support and efforts by staff to support leave applications.

Interns greatly value the close working relationships with their clinical supervisors, and there is a strong apprenticeship model of learning which is supported by the formal teaching programme and wide ranging clinical learning opportunities. The interns report a positive learning environment and culture, however attendance at the formal teaching sessions is low due to frequent interruptions and inadequately protected teaching time.

Overall, there is a strong intern training programme at Nelson Marlborough DHB.

Nelson Marlborough DHB has met 12 of the 21 sets of Council's *Accreditation standards for training providers*. Nine sets of standards are substantially met:

1. Standard 1 Strategic priorities
2. Standard 2.1 The context of intern training
3. Standard 3.1 Programme components
4. Standard 3.3 Formal education programme
5. Standard 3.4 Orientation
6. Standard 4.3 Supervision – clinical supervisors
7. Standard 5 Monitoring and evaluation of the intern training programme
8. Standard 6.2 Welfare and support
9. Standard 7 Facilities

Twelve required actions were identified, along with 6 recommendations and 4 commendations. The required actions are:

1. Effective clinical governance of the intern training programme, that includes intern representation, must be re-established at Nelson Marlborough DHB. (Standard 1.4)
2. Nelson Marlborough DHB must have clear procedures to notify Council of changes in the health service or training programme that may have an effect on the intern training programme. (Standard 2.1.4)
3. Nelson Marlborough DHB must ensure that appropriate support for interns working at night is in place. (Standard 3.1.8)
4. Nelson Marlborough DHB must ensure that structured handovers occur between all clinical teams and shifts. (Standard 3.1.9)
5. Nelson Marlborough DHB must ensure that its informed consent processes across all services adhere to Council's informed consent policy. (Standard 3.1.10)

6. Nelson Marlborough DHB must ensure that teaching time is protected and effectively supported. (Standard 3.3.2)
7. Nelson Marlborough DHB must ensure that the formal education programme at Wairau Hospital includes teaching on time management, and managing stress and burn-out, and is available to all interns. (Standard 3.3.5)
8. Nelson Marlborough DHB must provide effective orientation to all clinical attachments. (Standard 3.4.2)
9. Nelson Marlborough DHB must ensure that all clinical supervisors undertake relevant training within 12 months of appointment as a clinical supervisor. (Standard 4.3.3)
10. Nelson Marlborough DHB must ensure that effective mechanisms are in place to monitor and evaluate the intern training programme. (Standard 5)
11. Nelson Marlborough DHB must ensure that interns' workload in the surgical rotation is consistent with high quality training and safe patient care. (Standard 6.2.1)
12. Nelson Marlborough DHB must ensure that the intern lounge and sleeping facilities at Wairau hospital are only available for intern use. (Standard 7)

## Section B – Overall outcome of the accreditation assessment

The overall rating for the accreditation of Nelson Marlborough DHB as a training provider for prevocational medical training	Substantially Met
<p>Nelson Marlborough DHB holds accreditation until <b>31 December 2023</b>, on the condition that Nelson Marlborough DHB provide a progress report(s) that satisfy Council that the required actions specified below have been addressed by <b>30 June 2020</b>:</p> <ol style="list-style-type: none"> <li>1. Effective clinical governance of the intern training programme, that includes intern representation, must be re-established. (Standard 1.4)</li> <li>2. The DHB must have clear procedures to notify Council of changes in the health service or training programme that may have an effect on the intern training programme. (Standard 2.1.4)</li> <li>3. The DHB must ensure that appropriate support for interns working at night is in place. (Standard 3.1.8)</li> <li>4. The DHB must ensure that structured handovers occur between all clinical teams and shifts. (Standard 3.1.9)</li> <li>5. The DHB must ensure that its informed consent processes across all services adhere to Council's informed consent policy. (Standard 3.1.10)</li> <li>6. The DHB must ensure that teaching time is protected and effectively supported. (Standard 3.3.2)</li> <li>7. The DHB must ensure that the formal education programme at Wairau Hospital includes teaching on time management, and managing stress and burn-out, and is available to all interns. (Standard 3.3.5)</li> <li>8. The DHB must provide effective orientation to all clinical attachments. (Standard 3.4.2)</li> <li>9. The DHB must ensure that all clinical supervisors undertake relevant training within 12 months of appointment as clinical supervisor. (Standard 4.3.3)</li> <li>10. The DHB must ensure that effective mechanisms are in place to monitor and evaluate the intern training programme. (Standard 5)</li> <li>11. The DHB must ensure that interns' workload in the surgical rotation is consistent with high quality training and safe patient care. (Standard 6.2.1)</li> <li>12. The DHB must ensure that the intern lounge and sleeping facilities at Wairau hospital are only available for intern use. (Standard 7)</li> </ol> <p>If, 12 months after accreditation has been granted, all the required actions have not satisfactorily been addressed, a further accreditation assessment will be required within 6 months of Council's decision.</p>	

## 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			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p><b>Comments:</b> Nelson Marlborough DHB recognises the importance of intern training in its strategic planning documents with intern education and training considered key priorities as part of overall workforce development.</p> <p>Interns are represented on the Resident Medical Officer (RMO) Operations Group, which is scheduled to meet monthly at each hospital. In addition, the RMO Governance Group is scheduled to meet three-monthly, and includes intern representatives from both campuses. However, these groups do not meet regularly. This leads to a loss of effective governance of the intern training programme and reduced effectiveness of intern representation. It is essential that these groups re-establish effective clinical governance of the intern training programme and this must include intern representation.</p> <p>Māori health initiatives and health equity are recognised in the DHB’s strategic documents, and are supported by a strong and growing Māori health service within the DHB. The Māori health service contributes to intern training through the formal programme as well as through clinical exposure.</p> <p><b>Required actions:</b></p> <ol style="list-style-type: none"> <li>1. Effective clinical governance of the intern training programme, that includes intern representation, must be re-established at Nelson Marlborough DHB. (Standard 1.4)</li> </ol>			

## 2 Organisational and operational structures

2.1 The context of intern training			
2.1.1	The training provider demonstrates that it has the mechanisms and appropriate resources to plan, develop, implement and review the intern training programme.		
2.1.2	The Chief Medical Officer (CMO) or their delegate (for example a Clinical Director of Training) has executive accountability for meeting prevocational education and training standards and for the quality of training and education.		
2.1.3	There are effective organisational and operational structures to manage interns.		
2.1.4	There are clear procedures to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training.		
2.1 The context of intern training			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<b>Comments:</b>			
Appropriate mechanisms and resources are in place to support the intern training programme.			
The Chief Medical Officer (CMO) has clear executive accountability for the intern training programme.			
The Resident Medical Officer (RMO) Unit, which manages interns, has experienced a number of changes to staffing over the last few years. The RMO Unit is now entirely based in Nelson and there is no longer an RMO coordinator on-site at Wairau Hospital. Instead, regular visits at least once weekly are made by Nelson-based RMO Unit staff. Despite these changes, interns at Wairau report that they are satisfied with the RMO Unit.			
The relocation of the RMO Unit to Nelson was not notified to Council, despite the potential for this to have an impact on intern training. This demonstrates that the DHB lacks clear procedures to notify Council of such changes, and these need to be developed and adopted. The DHB has advised that it does not have a documented procedure for how it informs Council of changes to a health service or the intern training programme.			
<b>Required actions:</b>			
2.	Nelson Marlborough DHB must have clear procedures to notify Council of changes in the health service or training programme that may have an effect on the intern training programme. (Standard 2.1.4)		
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:			
<b>Comments:</b>			
The intern training programme comprises mixed modes of learning including an apprenticeship model of bedside clinical teaching; formal teaching and lectures; and a range of other hospital-based and external			

learning opportunities. The programme covers both clinical and professionalism domains, consistent with the New Zealand Curriculum Framework.

The education programme is delivered by a wide range of clinical and non-clinical staff, both from within the DHB and external to the organisation. For example, senior specialist clinicians from Starship Hospital in Auckland provide teaching sessions when visiting the DHB for other clinical duties. The DHB also has access to teaching programmes shared via the Southern Alliance, which are adapted to fit the needs of the local Nelson Marlborough communities.

**Commendation:**

- Nelson Marlborough DHB uses a wide range of experts, both clinical and non-clinical, in the delivery of the intern training programme.

**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:**

Nelson Marlborough DHB has stakeholders within the community that support delivery of the education programme. These include providers of community-based attachments, pharmacies, general practitioners, The University of Otago, and other health providers including Starship Hospital. The DHB is a member of the Southern Alliance, which offers additional support and training opportunities from other DHBs, such as Canterbury.

The DHB’s Māori health team supports the intern training programme, however the DHB is still improving and developing its linkages with the wider Māori health sector and local Māori health providers.

**Recommendation:**

- Nelson Marlborough DHB should continue to extend and strengthen its relationships with Māori health providers to support intern education in addition to its existing relationship with the Māori Health Provider Te Piki Oranga.

**Required actions:**

Nil.

### 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"> <li>• workload for the intern and the clinical unit</li> <li>• complexity of the given clinical setting</li> <li>• 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.</li> </ul>		
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 processes to ensure that interns working on nights are appropriately supported. Protocols are in place that clearly detail how the intern may access assistance and guidance on contacting senior medical staff.		
3.1.9	The training provider ensures there are procedures in place for structured handovers between clinical teams and between shifts (morning, evening, nights and weekends) to promote continuity of quality care. The training provider ensures that interns understand their role and responsibilities in handover.		
3.1.10	The training provider ensures adherence to the Council's policy on obtaining informed consent.		
3.1 Programme components			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p><b>Comments:</b></p> <p>The intern training programme is appropriately structured so that the interns achieve goals and meet the learning objectives of the New Zealand Curriculum Framework (NZCF).</p> <p>Delivery of the programme varies between the two hospital sites. For example, interns at Wairau Hospital do not participate in subspecialty clinical attachments, but do work with sub-specialists visiting from Nelson. The DHB is looking to establish more consistent training across Nelson Marlborough DHB's two sites, such as increased use of lectures delivered by teleconference.</p> <p>Interns may move between Wairau and Nelson campuses, although do not generally choose to do so.</p> <p>The RMO Unit allocates clinical attachments, taking into account intern preferences. The RMO Unit has recently formalised its procedure and interns were satisfied with the transparency and fairness of how clinical attachments are allocated. However, individual learning needs of each intern are not always given sufficient attention. For example, one intern had been allocated four relief attachments over their two-year training period. It is recommended that the RMO Unit works closely with the prevocational</p>			

educational supervisors to ensure that interns' learning needs are considered when allocating clinical attachments.

Workloads vary between clinical attachments with surgical attachments reported as being particularly onerous. Departmental changes are underway to address inequities in work distribution across attachments. Overall, interns reported being satisfied with their working conditions at Nelson Marlborough DHB.

Nelson Marlborough DHB offers courses and other opportunities to develop cultural competence but attendance on courses is low. The DHB recognises that cultural competence is an important area and that it needs to improve intern attendance on these courses.

Nelson Marlborough DHB is establishing a variety of community-based attachments (CBA) including hospice, urgent care, GP offices and rural clinics. It expects to meet Council's requirement that all interns complete a CBA over the course of their two prevocational years by 2020. In practice, this means that interns beginning PGY2 in November 2020 will have completed a CBA by the time they have completed PGY2.

Interns working on night shift reported feeling generally well supported. However in the isolated cases interns felt reluctant to seek senior medical staff support because they were concerned about waking the more senior on-call staff member. There were also rare instances of inappropriate or inadequate responses by senior staff to interns seeking support and/or advice on an overnight shift.

Handover varies between departments in terms of quality, formality and involvement of senior staff. The Emergency and General Medical Departments have structured handovers. In surgery, interns were concerned by handover practices described as 'intern-to-intern'. They felt that no senior staff were involved or providing oversight during this handover process.

There was a good understanding by supervisors and interns of the DHB's informed consent policy. In surgery and anaesthesia, the process of informed consent was often used as an effective teaching opportunity. However, interns reported isolated instances of being asked to obtain signed consent for procedures that they did not feel safe consenting for. For example, interns were required to obtain consent for coronary angiograms and complex medical infusions in the Day Stay Unit.

**Required actions:**

3. Nelson Marlborough DHB must ensure that appropriate support for interns working at night is in place. (Standard 3.1.8)
4. Nelson Marlborough DHB must ensure that structured handovers occur between all clinical teams and shifts. (Standard 3.1.9)
5. Nelson Marlborough DHB must ensure that its informed consent processes across all services comply with Council's informed consent policy. (Standard 3.1.10)

### 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:			
<p><b>Comments:</b>            Nelson Marlborough DHB has a system in place to ensure that each intern maintains their ePort as a record of their learning and training experiences from their clinical attachments and other learning activities. However, the start-of-run and mid-run meetings are often significantly delayed.</p> <p>Nelson Marlborough DHB has a system to ensure that each intern maintains a professional development plan (PDP) in ePort that identifies their goals and learning objectives. PDPs are informed by the NZCF, mid and end of clinical attachment assessments, personal interests and the intern's career aspirations. The RMO Unit monitors intern compliance with ePort requirements.</p> <p><b>Recommendation:</b></p> <ul style="list-style-type: none"> <li>Nelson Marlborough DHB should review the start and mid-run meetings between clinical supervisors and interns to improve the timeliness of when these meetings are occurring.</li> </ul> <p><b>Required actions:</b>            Nil.</p>			

### 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:			
<p><b>Comments:</b>            Nelson Marlborough DHB provides a formal education programme that supports achievement of the NZCF learning outcomes. Both hospital sites provide additional teaching via departmental meetings, grand rounds, journal clubs, multidisciplinary meetings, community resources and outside specialists. There is a good relationship between consultants, interns, RMO staff and education staff. Special courses and simulation sessions are also available to interns.</p> <p>There is a weekly Wednesday teaching session scheduled for 1.5 hours and a 1 hour teaching session on Thursdays. Interns reported the 1.5-hour session takes them away from clinical duties for too long. In addition, interns reported ineffective protection of teaching time, with frequent interruptions relating to ward work. As a result, attendance at the formal education sessions is poor. Some clinical attachments</p>			

have adopted measures designed to facilitate attendance and to minimise interruptions, however this is not consistent. A system to divert phone calls is available but is not currently being used by interns.

The DHB provides formal educational opportunities for interns to develop skills in self-care and peer support including time management, and identifying and managing stress and burnout. The interns in Nelson expressed particular appreciation for these sessions, however interns in Wairau reported that the topics were not well covered in their formal education programme.

There is a one-year cycle for formal teaching sessions that include sessions on Māori health and culture and health equity. PGY2 interns do not have a separate lecture schedule but specific sessions within clinical attachments and other courses provide additional education.

**Commendation:**

- The inclusion of peer review/support and self-care in the prevocational education supervisor meetings and within the educational programme at Nelson Hospital were greatly appreciated by the interns.

**Required actions:**

6. Nelson Marlborough DHB must ensure that teaching time is protected and effectively supported. (Standard 3.3.2)
7. Nelson Marlborough DHB must ensure that the formal education programme at Wairau Hospital includes teaching on time management, and managing stress and burn-out, and is available to all interns. (Standard 3.3.5)

**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:**

Nelson Hospital runs a comprehensive four-day orientation programme at the start of each intern year for interns at both hospital sites. An additional half day orientation is held on site for interns working at Wairau Hospital. There is an online intranet resource provided to interns (the RMO Toolkit) to support their orientation. In addition, the DHB operates a buddy system, where interns are able to shadow a colleague prior to commencing their first clinical attachment. Mid-year orientation is not as extensive as the two-day programme but interns appreciated the buddy/shadow system available to all first-year interns. Wairau interns appreciated the participation of second year interns in their orientation programme.

Orientation material for most clinical attachments is available as printed hand-outs and within the RMO Toolkit, which is a helpful resource to support orientation to clinical attachments. However, formal orientation to individual attachments to supplement the written material is inconsistent, with only some departments offering a formal orientation. Interns need to be familiar with the staff, systems, policies and process for each attachment, and this is best delivered through a formal and structured orientation.

<b>Commendation:</b>			
<ul style="list-style-type: none"> <li>The online RMO Toolkit provides helpful orientation advice, and is an up to date and extensive resource for interns.</li> </ul>			
<b>Required actions:</b>			
8. Nelson Marlborough DHB must provide effective orientation to all clinical attachments. (Standard 3.4.2)			
<b>3.5 Flexible training</b>			
3.5.1 Procedures are in place and followed, to guide and support supervisors and interns in the implementation and review of flexible training arrangements.			
<b>3.5 Flexible training</b>			
	Met	Substantially met	Not met
Rating	<b>X</b>		
<b>Commentary:</b>			
<b>Comments:</b>			
The DHB is supportive of flexible training, and provided an example of an intern undertaking quality improvement research during maternity leave, with deferral of the ward-based clinical training. A formal flexible training policy is in draft, and this should be finalised and adopted.			
<b>Recommendation:</b>			
<ul style="list-style-type: none"> <li>That the draft policy on flexible training is finalised and adopted.</li> </ul>			
<b>Required actions:</b>			
Nil.			

## 4 Assessment and supervision

<b>4.1 Process and systems</b>			
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.			
<b>4.1 Process and systems</b>			
	Met	Substantially met	Not met
Rating	<b>X</b>		
<b>Commentary:</b>			
<b>Comments:</b>			
Interns at Nelson Marlborough DHB have a sound understanding of the intern training programme requirements and these are covered during the orientation.			
Interns were comfortable communicating with the RMO Unit and the prevocational educational supervisors when questions arose regarding the training programme.			
<b>Required actions:</b>			
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:			
<p><b>Comments:</b></p> <p>There is an appropriate ratio of prevocational educational supervisors to interns being supervised at Nelson Marlborough DHB. Wairau Hospital has increased its number of supervisors to three, which enables the prevocational educational supervisors to take leave and share the workload. There is a high level of dedication and commitment to prevocational medical training from the prevocational educational supervisors. All prevocational educational supervisors attend the Council’s annual prevocational educational supervisor meeting.</p> <p>Overall, the prevocational educational roles are adequately supported, with sufficient administrative support to effectively carry out their roles. The RMO Governance Group is focused on ensuring ongoing support for the prevocational educational supervisor roles, and this should continue.</p> <p><b>Required actions:</b> Nil.</p>			
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:			
<p><b>Comments:</b></p> <p>There are 65 clinical supervisors at Wairau and Nelson Hospitals. All clinical supervisors have access to professional development activities. However, some clinical supervisors had not completed relevant training in supervision and assessment within 12 months of being appointed as clinical supervisors.</p> <p>Systems are in place to ensure a small pool of clinical supervisors is available for relief attachments. Interns working on three-month relief attachments are assigned a second prevocational educational</p>			

supervisor, who acts as their clinical supervisor, while remaining under the oversight of their own prevocational educational supervisor. Wairau has four dedicated clinical supervisors for relief attachments.

An evaluation tool is being developed to provide annual feedback on clinical supervisor performance and to review clinical attachments.

**Required actions:**

9. Nelson Marlborough DHB must ensure that all clinical supervisors undertake relevant training within 12 months of appointment as a clinical supervisor. (Standard 4.3.3)

**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:**

Regular formal feedback is provided to interns and documented in ePort. Data in ePort indicates that the beginning and middle clinical attachment meetings are not recorded in ePort in a timely manner. Clinical supervisors meet with interns at the beginning of their attachments and develop goals in the PDPs.

Informal processes are in place to identify if an intern is not performing at the required standard of competence. The prevocational educational supervisors are aware of the support that is available and know how to escalate concerns within the DHB. However, they do not have a clear understanding of the threshold or formal process for notifying the Medical Council about an intern in difficulty. There is a draft DHB policy on ‘Trainee Doctor in Difficulty’. It is recommended that this policy be finalised and include guidance on when the Council should be notified.

**Recommendation:**

- That Nelson Marlborough DHB finalise and adopt the ‘Trainee Doctor in Difficulty’ policy.

**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

	<ul style="list-style-type: none"> <li>a layperson.</li> </ul>
4.5.2	The panel follows Council's <i>Advisory Panel Guide &amp; ePort Guide for Advisory Panel Members</i> .
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	<p>The advisory panel bases its recommendation for registration in the General scope of practice on whether the intern has:</p> <ul style="list-style-type: none"> <li>satisfactorily completed four accredited clinical attachments</li> <li>substantively attained the learning outcomes outlined in the NZCF (see standard 3.1.1)</li> <li>completed a minimum of 10 weeks (full time equivalent) in each clinical attachment</li> <li>developed an acceptable PDP for PGY2, to be completed during PGY2</li> <li>advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE Advanced less than 12 months old.</li> </ul>

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

	Met	Substantially met	Not met
Rating	X		

#### Commentary:

<p><b>Comments:</b> Nelson Marlborough DHB has an established advisory panel chaired by the CMO. The panel follows Council's <i>Advisory Panel Guide and ePort Guide for Advisory Panel Members</i> and ensures each intern has met the required criteria to recommend registration in the General scope of practice. Six weeks after the panel meeting, the ePort administrator checks that eligible interns have applied in ePort.</p> <p><b>Required actions:</b> Nil.</p>
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#### 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

	Met	Substantially met	Not met
Rating	X		

#### Commentary:

<p><b>Comments:</b> Nelson Marlborough DHB has processes in place to monitor applications by PGY2s for removal of endorsement from their practising certificates. PGY2s are reminded to apply by their prevocational educational supervisor at their eighth quarter meeting, with follow up undertaken by the ePort administrator.</p> <p><b>Required actions:</b> Nil.</p>
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## 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			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p><b>Comments:</b> Nelson Marlborough DHB has mechanisms to enable input and feedback on the intern training programme, including using the Postgraduate Hospital Educational Environmental Measure tool to facilitate anonymous feedback from interns.</p> <p>Interns appreciated the range of formal and informal opportunities to provide input and feedback. However, they were concerned that their views were not necessarily reflected in the ongoing development and quality improvement of the intern training programme. Interns report this was due to the perceived ineffectiveness of the RMO Governance and RMO Operations groups responsible for oversight of the intern training programme, at least in part because these groups are not meeting consistently.</p> <p><b>Required actions:</b></p> <p>10. Nelson Marlborough DHB must ensure effective mechanisms are in place to monitor and evaluate the intern training programme. (Standard 5)</p>			

## 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			
	Met	Substantially met	Not met
Rating	X		
Commentary:			

**Comments:**

Nelson Marlborough DHB has processes in place for the allocation of interns to clinical attachments, establishing clinical attachments and ensuring clinical attachments are current and accredited with Council.

Nelson Marlborough DHB has introduced a number of community-based attachments with twelve positions across the two sites. The DHB is committed to achieving the requirement that by 2020, all interns must have completed an attachment in a community-based setting during their two-year programme.

The allocation of interns to clinical attachments is predominantly managed by the RMO Unit. Interns indicate their allocation preferences and reasons including their career and professional development goals. This process was viewed as transparent and fair by the interns.

**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:**

Overall, interns at both sites reported a high level of support, collegiality and teaching that enables effective learning and safe patient care. The interns reported an isolated situation of inequitable rostering and workload in a surgical attachment, which impacted on intern wellbeing and the ability to deliver safe patient care. This issue is recognised by the DHB, and is being addressed.

In general, interns reported being content with their working hours and expected duties. Interns do not provide night cover in their first six months of working at Wairau Hospital or in their first year working at Nelson Hospital. Interns expressed appreciation for the approachability of the SMO group and the close working relationships within the apprenticeship model of training.

Nelson Marlborough DHB has an environment that is inclusive, free from discrimination and culturally safe, which is reflected in the Nelson Marlborough Health Values document and Bullying and Harassment Prevention Policy. Interns at Wairau and Nelson consider the prevocational educational supervisors to be very approachable and supportive regarding issues of both professional and personal concern.

Nelson Marlborough DHB provides resources to support interns in maintaining their health and wellbeing through the RMO Toolkit and their prevocational educational supervisor. Interns are provided with a list of available local general practitioners and encouraged to get their own GP. They are provided with access to the employee counselling service.

The RMO Toolkit and Wairau intern booklet provides advice to interns that they should not prescribe or provide care to themselves, their colleagues, or their whānau/families. The DHB plans to create a similar booklet for the Nelson based interns.

Career planning advice and support for interns is available from a variety of sources, including prevocational educational supervisors and clinical supervisors.

Interns reported that the process for acquiring annual and professional development leave is transparent and fair with interns able to enter leave requests into a roster uploaded on to the intranet by the RMO Unit. Interns felt that the RMO Unit is approachable and accommodating with leave requests, however there is often no cover provided for an intern on leave. Nelson Marlborough DHB has demonstrated flexibility in providing special dispensation for interns to attend religious, Māori and other cultural commitments.

**Commendation:**

- Interns consistently reported excellent and transparent access to leave.

**Required actions:**

11. Nelson Marlborough DHB must ensure that interns' workload in the surgical rotation is consistent with high quality training and safe patient care. (Standard 6.2.1)

**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:**

There are clear and accessible communication networks established between the interns, their supervisors and the RMO Unit. In addition, the RMO Toolkit on the DHB intranet is comprehensive and provides detailed information about the intern training programme. Despite it being easily accessible, there is inconsistent use of this resource by interns.

**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:**

Nelson Marlborough DHB has processes in place to support interns with training-related issues. Relevant information is available in the RMO Toolkit and the Disputes Resolution policy and there is access to the Employee Assistance Programme. However, interns did not appear to be aware of the formal processes. Despite this, interns were comfortable approaching the prevocational educational supervisors and clinical supervisors with any training issues and felt well supported in doing so.

The prevocational educational supervisors and clinical supervisors work well together in providing intern support and resolution of training-related difficulties, although this is informal. There is a 'Trainee Doctor in Difficulty' policy currently under development with the purpose of identifying and managing an intern who is struggling, and providing a clear and fair pathway for resolution of training-related issues.

While confidentiality is inherently a challenge in a small DHB, the DHB uses the Postgraduate Hospital Educational Environmental Measure tool, with data collated at appropriate intervals to ensure confidentiality. Prevocational educational supervisors are also available for confidential discussions with interns.

**Recommendation:**

- That Nelson Marlborough DHB consider formalising training-related disputes procedures.

**Required actions:**

Nil.

## 7 Facilities

7 Facilities			
7.1	Interns have access to appropriate educational resources, facilities and infrastructure to support their training.		
7. Facilities			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p><b>Comments:</b></p> <p>Interns at Wairau Hospital have good computer facilities, access to internet and intranet services, an onsite library and meeting/training venues. However, interns reported that there was only one bed available for night shifts and that it was sometimes used by a senior medical officer working overnight.</p> <p>Interns at Nelson Hospital commented on a current lack of dedicated quiet study space. Nelson Marlborough DHB has future plans to build a training and development centre which will act as a focal point for learning across all professional groups.</p>			
<p><b>Recommendation:</b></p> <ul style="list-style-type: none"> <li>• That Nelson Marlborough DHB consider the provision of quiet study areas at Nelson Hospital.</li> </ul>			
<p><b>Required actions:</b></p> <p>12. Nelson Marlborough DHB must ensure that the intern lounge and sleeping facilities at Wairau hospital are only available for intern use. (Standard 7)</p>			