



Prevocational medical training accreditation report: Hawke's Bay District Health Board

Date of site visit: 4 May 2016

Date of report: 8 August 2016

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Background

Under the Health Practitioners Competence Assurance Act 2003 (HPCAA) the Medical Council of New Zealand (the Council) is required to accredit and monitor educational institutions that deliver medical training for doctors and to promote medical education and training in New Zealand under section 118 of the HPCAA.

Accreditation of training providers recognises that standards have been met for the provision of education and training for interns, which is also referred to as prevocational medical training. Prevocational medical training spans the two years following graduation from medical school and includes both postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2). Doctors undertaking this training are referred to as interns. Prevocational medical training applies to all graduates of New Zealand and Australian accredited medical schools and doctors who have sat and passed NZREX.

The Council will accredit training providers for the purpose of providing prevocational medical education through the delivery of an intern training programme to those who have:

- structures and systems in place to enable interns to meet the learning outcomes of the *New Zealand Curriculum Framework for Prevocational Medical Training* (NZCF)
- an integrated system of education, support and supervision for interns
- individual clinical attachments to provide a high quality learning experience.

Process

The process of assessment for the accreditation of Hawke's Bay District Health Board (DHB) as a training provider of prevocational training involved:

1. A self-assessment undertaken by Hawke's Bay DHB, with documentation provided to the Medical Council of New Zealand (Council).
2. Interns being invited to complete a questionnaire about their education experience at Hawke's Bay DHB.
3. A site visit by an accreditation team to Hawke's Bay DHB on 4 May 2016 that included meetings with key staff and interns.
4. Presentation of key preliminary findings to the Chief Executive, Chief Medical Officer delegate and other relevant Hawke's Bay DHB staff.

The Accreditation Team is responsible for the assessment of the Hawke's Bay District Health Board intern training programme against the Council's *Accreditation standards for training providers*.

Following the accreditation visit:

1. A draft accreditation report is provided to the training provider.
2. The training provider is invited to comment on the factual accuracy of the report and conclusions.
3. Council's Education Committee considers the draft accreditation report and response from the training provider and make recommendations to Council.
4. Council will consider the Committee's recommendations and make a final accreditation decision.
5. The final accreditation report and Council's decision will be provided to the training provider.
6. The training provider are provided 30 days to seek formal reconsideration of the accreditation report and/or Council's decision.
7. The accreditation report is published on Council's website 30 days after notifying the training provider of its decision. If formal reconsideration of the accreditation report and/or Council's decision is requested by the training provider then the report will be published 30 days after the process has been completed and a final decision has been notified to the training provider.

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



Name of training provider:	Hawke's Bay DHB
Name of site(s):	Hawke's Bay Fallen Soldiers' Memorial Hospital
Date of training provider accreditation visit:	4 May 2016
Accreditation visit team members:	Laura Mueller (Chair of accreditation team) Dr Greig Russell Dr Claire Frost Dr Steven Lillis Krystiarna Jarnet Eleanor Quirke
Key staff the accreditation visit team met with:	
Chief Executive:	Dr Kevin Snee
Chief Medical Officer delegate:	Dr Tim Frendin
Prevocational Educational Supervisors:	Dr Kate Robertshaw Dr Andrew West Dr Libby King
Doctors Recruitment Support unit:	Barbara Rowe Michelle Deacon
Others:	Sharon Mason Chief Operating Officer Viv Kerr Library & Education Centre Manager Sandra Bee Emergency Response Advisor and clinical skills/Advanced Cardiac Life Support instructor
Number of interns at training provider:	
Postgraduate year 1 interns:	19
Postgraduate year 2 interns:	18

Section A – Executive Summary

Approximately 156,000 people live in Hawke's Bay and over the next 25 years the region will see a growth in Māori and Pacific people and a substantial growth in older people. Māori currently make up around 25% of the Hawke's Bay population and around half of Māori are under the age of 25 years. In 2010, 46% of babies born in Hawke's Bay were Māori. The Pacific population is relatively small (only 3%) yet is the fastest growing of all and is projected to increase by 26% over the next 15 years.

Māori and Pacific people have worse health outcomes across many areas when compared to New Zealand European people. People living in deprived areas also tend to have worse health outcomes than those living in less deprived areas. In Hawke's Bay, 26% of the population live in areas with the highest deprivation index (deciles 9 and 10) compared to 20% nationally. These data emphasise the significant health challenges that face Hawke's Bay District Health Board (DHB).

In 2013 Hawke's Bay DHB launched a "*Transform and Sustain*" strategy with the overarching aim of making significant inroads in terms of improving the health and well-being of their community. In 2014 the DHB published "*Health Inequity in Hawke's Bay*", an important piece of population health research that acted as a catalyst to engaging with other agencies as part of a multi-sector response to find solutions to the significant inequities in the region.

There has been a focus on service development and future planning, with key investments in clinical leadership and integration between community and hospital provision of care being reflected in conjoined Chief Medical Officer appoints together with the primary health organisation moving into the board offices. Workforce development is a key part of the future for the DHB. There have been investments in video conferencing and the development of the relationship with Otago University leading to placement of trainee interns.

Throughout the implementation of these strategic initiatives the senior management at the Hawke's Bay DHB have demonstrated a clear commitment to their patients and to the delivery of quality clinical services. The DHB values their resident medical officers, including interns, as a significant factor in their ability to deliver those clinical services. However, there is a disconnect between the DHB's workforce strategy and the provision of prevocational medical training and education to those interns. The DHB does not have a strategic plan that includes prevocational medical training as a priority.

The Council's *Accreditation standards for training providers* exist to ensure a quality teaching and learning environment for interns. Hawke's Bay DHB needs to ensure prevocational medical education is included as a priority in its strategic plan. Clear lines of executive accountability and responsibility for intern education in the overall context of quality medical practice need to be documented.

The DHB has four prevocational educational supervisors who are deeply committed to the education and training of the interns they supervise. The prevocational educational supervisors organise the development and delivery of the intern training programme. The Doctor Recruitment Support (DRS) unit manages and supports all doctors who work at Hawke's Bay DHB. The DRS unit is committed to prevocational medical training. However, dedicated administrative resources to prevocational medical training will assist with the management and delivery of the intern training programme.

There are inconsistent levels of clinical supervision of interns in different areas of the hospital. In general surgery the DHB has changed the service delivery model and this change has had an unforeseen impact on the workload of interns. There are also significant concerns regarding clinical supervision in the assessment, treatment and rehabilitation (AT&R) and psychiatry attachments. The DHB must develop and implement long-term solutions to these particular concerns.

The DHB has extensive relationships to support medical education and these are a significant asset for the intern training programme. These include a strong relationship with the University of Otago's Wellington School of Medicine and local primary health organisations.

Hawke's Bay DHB met 17 of the 22 sections of Council's *Accreditation standards for training providers*. There are three sets of standards that were not met and two sets of standards which were substantially met.

The three sets of standards that were not met are:

- 1.0 Strategic priorities.
- 3.2 Programme components.
- 4.2 Supervision.

The two sets of standards that were substantially met are:

- 2.1 The context of intern training.
- 5.0 Monitoring and evaluation of the intern training programme.

Seven required actions were identified along with a number of recommendations and commendations. The required actions are:

1. Development and support of a sustainable prevocational medical training and education programme must be demonstrated in the Hawke's Bay DHB strategic plan.
2. An intern representative must be appointed to the prevocational medical training governance group. The terms of reference must be amended to reflect this change.
3. The clinical governance structure for prevocational medical training must be documented and this must demonstrate clear lines of responsibility and accountability. This should demonstrate the role of the Chief Medical Officer.
4. The process for notifying Council of changes in a health service or the intern training programme that may have a significant effect on intern training must be documented.
5. Workload issues on the general surgical clinical attachments must be reviewed and addressed to ensure they do not impact adversely on interns training and that interns can attend formal teaching sessions.
6. A review of supervision arrangements on the assessment treatment and rehabilitation (AT&R) and the psychiatry clinical attachments must be undertaken and supervision issues addressed.
7. A mechanism must be developed whereby issues raised by intern feedback are able to be resolved or escalated to ensure quality improvement.

Overall outcome of the assessment

The overall rating for the accreditation of Hawke's Bay DHB as a training provider for prevocational medical training is:	Substantially met
<p>Hawke's Bay DHB holds accreditation until 8 August 2019 subject to Council receiving an interim report from Hawke's Bay DHB by 8 February 2017 that addresses the following required actions:</p> <ol style="list-style-type: none">1. Development and support of a sustainable prevocational medical training and education programme must be demonstrated in the Hawke's Bay DHB strategic plan.2. An intern representative must be appointed to the prevocational medical training governance group. The terms of reference must be amended to reflect this change.3. The clinical governance structure for prevocational medical training must be documented and this must demonstrate clear lines of responsibility and accountability. This should demonstrate the role of the Chief Medical Officer.4. The process for notifying Council of changes in a health service or the intern training programme that may have a significant effect on intern training must be documented.5. Workload issues on the general surgical clinical attachments must be reviewed and addressed to ensure they do not impact adversely on interns training and that interns can attend formal teaching sessions.6. A review of supervision arrangements on the assessment treatment and rehabilitation (AT&R) and the psychiatry clinical attachments must be undertaken and supervision issues addressed.7. A mechanism must be developed whereby issues raised by intern feedback are able to be resolved or escalated to ensure quality improvement.	

Section B – Accreditation standards

1 Strategic Priorities

1 Strategic Priorities			
1.1	High standards of medical practice, education, and training are key strategic priorities for training providers.		
1.2	The training provider is committed to ensuring high quality training for interns.		
1.3	The training provider has a strategic plan for ongoing development and support of a sustainable medical training and education programme.		
1.4	The training provider has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice.		
1.5	The training provider ensures intern representation in the governance of the intern training programme.		
1.6	The training provider will engage in the regular accreditation cycle of the Council which will occur at least every three years.		
1. Strategic Priorities			
	Met	Substantially met	Not met
Rating			X
Commentary:			
<p>Comments: Hawke’s Bay DHB’s strategic plan does not include prevocational medical training and education. Intern training and education is incidental to the strategic plan of clinical excellence and clinical service delivery.</p> <p>The commitment to ensuring high quality training for interns is demonstrated by the prevocational educational supervisors. The Doctors Recruitment Support (DRS) unit is committed to intern education however the unit report that there is inadequate time to assist with the intern training programme. This issue is compounded because the DRS unit remit includes all doctors at Hawke’s Bay DHB not just interns.</p> <p>Hawke’s Bay DHB does not have documented 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. Although the Chief Medical Officer (CMO) was not present on the day of the accreditation visit the Accreditation Team was advised that he was very committed to clinical governance and leadership.</p> <p>Hawke’s Bay DHB has a Resident Medical Officer Training and Advisory Group which is chaired by the CMO and meets bimonthly. This group also has representation from all four prevocational educational supervisors, the DRS unit, the General Manager Human Resources, service and medical directors and the DRS unit Clinical Lead (CMO delegate). The primary care CMO is also invited to attend these meetings. It provides governance for the intern training programme, sets priorities for the programme and helps to resolve any issues for interns. However there was not a clear escalation process for any issues or concerns that were unable to be resolved at the Resident Medical Officer Training and Advisory Group level. This group does not include intern</p>			

representation.

Required actions:

1. Development and support of a sustainable prevocational medical training and education programme must be demonstrated in the Hawke’s Bay DHB strategic plan.
2. An intern representative must be appointed to the prevocational medical training governance group. The terms of reference must be amended to reflect this change.
3. The clinical governance structure for prevocational medical training must be documented and this must demonstrate clear lines of responsibility and accountability. This should demonstrate the role of the Chief Medical Officer.

2 Organisational and operational structures

2.1 The context of intern training			
2.1.1	The training provider can demonstrate that it has the responsibility, authority, and appropriate resources and mechanisms to plan, develop, implement and review the intern training programme.		
2.1.2	The Chief Medical Officer (CMO) or their delegate (for example a Clinical Director of Training) has executive accountability for meeting prevocational education and training standards and for the quality of training and education.		
2.1.3	There are effective organisational and operational structures to manage interns.		
2.1.4	There are clear procedures to address immediately any concerns about intern performance that may impact on patient safety.		
2.1.5	Clear procedures are documented to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training.		
2.1 The context of intern training			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p>Comments: Hawke’s Bay DHB has the responsibility, authority and mechanisms to plan, develop, implement and review the intern training programme.</p> <p>The management of intern training within the DHB is the responsibility of the prevocational educational supervisors. The prevocational educational supervisors demonstrate a high level of commitment and dedication to interns and the intern training programme. This is highly valued by the interns. Additional support is needed for the prevocational educational supervisors to ensure the continuation of a sustainable intern training programme.</p> <p>The Chief Medical Officer has executive accountability for meeting prevocational educational and training standards and for the quality of training and education. However, Hawke’s Bay DHB’s organisational charts did not clearly delineate the lines of accountability for this.</p> <p>There are clear procedures to address immediately any concerns about intern performance that may impact</p>			

on patient safety.

There is a well described process for notifying Council of changes in a health service or the intern training programme that may have a significant effect on intern training. However this process is not documented.

Commendation:

The Hawke’s Bay DHB are commended for their procedures for efficiently addressing any concerns about intern performance that may impact on patient safety.

Required actions:

4. The process for notifying Council of changes in a health service or the intern training programme that may have a significant effect on intern training must be documented.

2.2 Educational expertise

2.2.1 The training provider can demonstrate that the intern training programme is underpinned by sound medical educational principles.

2.2.2 The training provider has appropriate medical educational expertise to deliver the intern training programme.

2.2 Educational expertise

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

The formal education programme is delivered by consultants with input from primary care and nurse specialists.

Hawke’s Bay DHB have a strong relationship with the University of Otago’s Wellington School of Medicine. A clinical member of staff of the DHB has been appointed Clinical Education Advisor for the University of Otago, Wellington School of Medicine and has a focus of ‘trainer of educators’. Due to Hawke’s Bay DHB’s links with the University of Otago the DHB have been able to enhance their educational ability that is based on modern educational methods.

Required actions:

Nil.

2.3 Relationships to support medical education

2.3.1 There are effective working relationships with external organisations involved in training and education.

2.3.2 The training provider coordinates the local delivery of the intern training programme, or collaborates in such coordination when it is part of a network programme.

2.3 Relationships to support medical education

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Hawke's Bay DHB has excellent relationships with the local primary health organisations. A chief medical officer (CMO) role for primary care has been established. The primary care CMO is a member of the Resident Medical Officer Training and Advisory Group along with the hospital based CMO. The primary care CMO has also been assisting the DHB in establishing community based attachments. Primary care and integrated services are included in the formal teaching programme.

Hawke's Bay DHB participates in the Central Regional training hub and holds accreditation for vocational training with a number of medical colleges. The DHB has a long standing, successful relationship with Wellington School of Medicine.

Commendation:

The excellent working relationships between Hawke's Bay DHB and the local primary health organisations are assisting the DHB to establish community based attachments.

Required actions:

Nil.

3 The intern training programme

3.1 Professional development plan (PDP) and e-portfolio

- 3.1.1 There is a system to ensure that each intern maintains a PDP as part of their e-portfolio that identifies the intern's goals and learning objectives, informed by the NZCF, mid and end of clinical attachment assessments, personal interests and vocational aspirations.
- 3.1.2 There is a system to ensure that each intern maintains their e-portfolio, to ensure an adequate record of their learning and training experiences from their clinical attachments, CPD activities with reference to the NZCF.
- 3.1.3 There are mechanisms to ensure that the clinical supervisor and the prevocational educational supervisor regularly review and contribute to the intern's PDP.

3.1 Professional development plan (PDP) and e-portfolio

	Met	Substantially met	Not met
Rating	X		
Commentary:			

Comments:

Each intern is required to maintain their ePort. The prevocational educational supervisors and the Doctors Recruitment Support unit monitor interns' progress and will contact the intern and their clinical supervisor if required.

The prevocational educational supervisors meet with each intern at the end of a clinical attachment to review the interns' progress, discuss their goals and attainment of learning outcomes from the *New Zealand Curriculum Framework for Prevocational Medical Training*. Vocational aspirations are covered at these meetings.

<p>Commendation: Prevocational educational supervisors are providing excellent support ensuring that interns can meet their requirements in ePort.</p> <p>Required actions: Nil.</p>			
<p>3.2 Programme components</p>			
3.2.1	The intern training programme overall, and the individual clinical attachments, are structured to support interns to achieve the goals in their PDP and substantively attain the learning outcomes in the NZCF.		
3.2.2	The intern training programme for each PGY1 consists of four 13-week accredited clinical attachments which, in aggregate, provide a broad based experience of medical practice.		
3.2.3	The training provider has a system to ensure that interns' preferences for clinical attachments are considered, mindful of the overall learning objectives of the NZCF and their individual PDP goals in the context of available positions.		
3.2.4	<p>The training provider selects suitable clinical attachments for training on the basis of the experiences that interns can expect to achieve, including the:</p> <ul style="list-style-type: none"> • workload for the intern and the clinical unit • complexity of the given clinical setting • mix of training experiences across the selected clinical attachments and how these, in aggregate, support achievement of the goals of the intern training programme. 		
3.2.5	The training provider, in discussion with the intern and the prevocational educational supervisor shall ensure that over the course of the two intern years each intern spends at least one clinical attachment in a community setting. This requirement will be implemented over a five year period commencing November 2015 with all interns meeting this requirement by November 2020.		
3.2.6	Interns are not rostered on night duties during the first six weeks of their PGY1 intern year.		
3.2.7	The training provider ensures there are mechanisms in place for appropriate structured handovers between clinical teams and between shifts to promote continuity of quality care.		
3.2.8	The training provider ensures adherence to the Council's policy on obtaining informed consent.		
<p>3.2 Programme components</p>			
	Met	Substantially met	Not met
Rating			X
<p>Commentary:</p>			
<p>Comments: The intern training programme at Hawke's Bay DHB provides interns with a broad medical experience and are structured to support their attainment of the <i>New Zealand Curriculum Framework for Prevocational Medical Training</i> (NZCF). The DHB has mapped the NZCF learning outcomes against the clinical attachments and the formal education programme to ensure this.</p> <p>The allocation of interns to clinical attachments takes into account the preferences of the intern, the complexity of the clinical setting and the need for a mix of training experiences. Interns preferences are gained prior to their commencement and the Doctors Recruitment Support unit try to match these. The</p>			

prevocational educational supervisors review and approve the final allocations.

A change to the service delivery model on the general surgical clinical attachments has had an unforeseen impact on the interns allocated to these attachments. There has been an increased workload for interns when their team was 'on take' and this has impacted on the interns learning while on the clinical attachment and their ability to attend formal teaching sessions. The DHB is aware of the issue and has been considering alternative service delivery models. Interim measures had been put in place to mitigate this, however it was acknowledged that these were temporary and ineffective.

The initiative to provide each intern with 3 months of community experience is working well in the Hawke's Bay. There is good uptake and structure to the community settings. Given the importance of good primary care within a DHB, this is to be commended.

Interns are not rostered for night duty during their first 6 months.

There are structured handovers prior to the night shift. Clinical supervisors reported that the handover mechanisms could be further formalised and structured at other times, particularly in the general surgery department.

In general the process of informed consent at the DHB was satisfactory. Hawke's Bay DHB has a lengthy informed consent policy document. A substantially briefer, more focused document that will assist in understanding the requirements for informed consent should be developed.

Commendations:

- Hawke's Bay DHB's strong links with the primary health care network has meant that four postgraduate year 2 interns will have a community based clinical attachment experience in 2016.
- Hawke's Bay DHB continue to review and monitor the development of their handover process to ensure ongoing quality improvement.

Recommendation:

The informed consent policy should be reviewed to ensure it provides clarity for clinical supervisor and interns. This policy should include an audit mechanism to identify any isolated breaches of policy.

Required actions:

5. Workload issues on the general surgical clinical attachments must be reviewed and addressed to ensure they do not impact adversely on intern education and training.

3.3 Formal education programme

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

3.3.2 The intern training programme is structured so that interns can attend at least two thirds of formal educational sessions, and ensures support from senior medical and nursing staff for such attendance.

3.3.3 The training provider provides opportunities for additional work-based teaching and training.

3.3.4 The training provider ensures the formal education programme provides opportunity for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out.

3.3 Formal education programme			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: The prevocational educational supervisors run the formal education programme each week. The formal education programme is well regarded and is comprehensive. It includes topics of self-care, stress, time management and peer support.</p> <p>Attendance at the formal education programme is high, over 90% in quarter one of 2016. Senior medical staff are fully supportive of formal teaching and facilitating interns to attend. Interns do have their pagers during the protected teaching sessions however nursing staff are frequently reminded to wait until the end of the teaching sessions to page interns. Interns have noticed an improvement and are being paged less. The prevocational educational supervisors monitor the frequency interns are paged during these sessions.</p> <p>Those interns on surgical clinical attachments that are able to attend the formal teaching sessions reported frequent disruption during these sessions. The interns may leave their pager with the general surgery department secretary who responds on their behalf. There are clear guidelines provided to the secretary how to respond and this includes an escalation process.</p> <p>There are other regular educational opportunities available on each clinical attachment. Interns are encouraged to attend these. Most clinical supervisors are engaged with teaching. Access to additional departmental educational opportunities can be variable due to workload.</p> <p>Required actions: Nil.</p>			
3.4 Orientation			
3.4.1	An orientation programme is provided for interns commencing employment, to ensure familiarity with the training provider and service policies and processes relevant to their practice and the intern training programme.		
3.4 Orientation			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: The orientation programme is comprehensive and well regarded by interns. There is a method of continuous quality improvement with intern feedback driving change. The absence of a formal orientation programme for those starting at part way through the year was noted. However having a formal orientation programme developed in advance for those who start part way through the year is recommended.</p> <p>Recommendations: Hawke's Bay DHB should plan and develop a mid-year orientation programme.</p> <p>Required actions: Nil.</p>			

3.5 Flexible training			
3.5.1	Procedures are in place and followed, to guide and support supervisors and interns in the implementation and review of flexible training arrangements.		
3.5 Flexible training			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: There is a policy allowing flexible training arrangements. No applications have yet been received by interns requesting flexible training arrangements.</p> <p>Required actions: Nil.</p>			

4 Assessment and supervision

4.1 Process and systems			
4.1.1	There are processes to ensure assessment of all aspects of an intern's training and their progress towards satisfying the requirements for registration in a general scope of practice, that are understood by interns, prevocational educational supervisors, clinical supervisors and, as appropriate, others involved in the intern training programme.		
4.1 Process and systems			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: Processes to ensure assessment of all aspects of an intern's training are working effectively. Interns reported that the requirements for gaining a general scope of practice were discussed at orientation, however due to the amount of information provided at that time they had not retained the information and a refresher would be helpful. Clinical supervisors are not aware of the requirements for registration in a general scope of practice, or the requirements for postgraduate year 2. The prevocational educational supervisors are aware of these requirements.</p> <p>Recommendation: All relevant staff at Hawke's Bay DHB need to understand the requirements for prevocational medical training. Education about the prevocational medical training programme should be provided by the Chief Medical Officer and prevocational educational supervisors to interns and clinical supervisors.</p> <p>Required actions: Nil.</p>			
4.2 Supervision			
4.2.1	The training provider has an appropriate ratio of prevocational educational supervisors in place to		

oversee the training and education of interns in both PGY1 and PGY2.

4.2.2 Mechanisms are in place to ensure clinical supervision is provided by qualified medical staff with the appropriate competencies, skills, knowledge, authority, time and resources.

4.2.3 Interns are clinically supervised at a level appropriate to their experience and responsibilities at all times.

4.2.4 Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.

4.2 Supervision

	Met	Substantially met	Not met
Rating			X

Commentary:

Comments:

The ratio of prevocational educational supervisors to interns is appropriate. Hawke's Bay DHB has a very effective and engaged team of prevocational educational supervisors who are deeply committed to prevocational medical training, very supportive to interns and continually seeking to improve the educational opportunities available to interns.

There are significant concerns regarding clinical supervision in the assessment, treatment and rehabilitation (AT&R) and psychiatry clinical attachments. Specifically on the AT&R attachment one of the clinical supervisors is reported to be frequently unavailable to interns. As a result of this the interns are left to find assistance from staff in other departments. The psychiatry department is in a facility remote from the main hospital building and there is no support from medical staff for patients who are seen to be at clinical risk. Furthermore the interns report serious concerns over the time expired medical supplies at the psychiatric department. The prevocational educational supervisors had been advised of the interns' concerns around these clinical attachments, and currently manage these attachments on a case by case basis. These concerns had been reported to senior management but not acted on. The DHB must develop and implement long-term solutions to these particular concerns.

The prevocational educational supervisors receive limited administrative support from the Doctors Recruitment Support unit and the intensive care unit department secretary. However there is uncertainty as to who or what department is responsible for providing ongoing administrative support. Currently the prevocational educational supervisors are undertaking additional administrative tasks. The issue of administration support for prevocational educational supervisors has been raised at the Resident Medical Officer Training and Advisory Group however there has not been an outcome to this yet. There is need for clarification over administrative support as well as consideration of how much support is needed.

Commendation:

Hawke's Bay DHB are commended for their highly committed and enthusiastic team of prevocational educational supervisors.

Recommendation:

A review of administrative support made available to the prevocational educational supervisors should be undertaken to ensure adequate support is provided to allow them to carry out their roles effectively.

Required action:

6. A review of supervision arrangements on the assessment treatment and rehabilitation (AT&R) and the psychiatry clinical attachments must be undertaken and supervision issues addressed.

4.3 Training for clinical supervisors and prevocational educational supervisors			
4.3.1	Clinical supervisors undertake relevant training in supervision and assessment within three years of commencing this role.		
4.3.2	Prevocational educational supervisors attend an annual prevocational educational supervisor training workshop conducted by Council.		
4.3.3	All staff involved in intern training have access to professional development activities to support improvement in the quality of the intern training programme.		
4.3 Training for clinical supervisors and prevocational educational supervisors			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: Nineteen clinical supervisors have attended Council’s clinical supervisor workshops. Hawke’s Bay DHB will be developing a register of those who have attended training to monitor which clinical supervisors still need to attend training.</p> <p>One of the current prevocational educational supervisors attended the annual meeting in 2015. Three of the prevocational educational supervisors were appointed after the annual meetings in 2015 but they have all attended a virtual training session for ePort.</p> <p>Recommendation: Individual clinical supervisor attendance at training workshops (either Council or medical college led) should be tracked and monitored, with the aim of ensuring that all attend at least one within three years of commencing their role.</p> <p>Required actions: Nil.</p>			
4.4 Feedback to interns			
4.4.1	Systems are in place to ensure that regular, formal, informal and documented feedback is provided to interns on their performance within each clinical attachment and in relation to their progress in completing the goals in their PDP, and substantively attaining the learning outcomes in the NZCF. This is recorded in the intern’s e-portfolio.		
4.4.2	Mechanisms exist to identify at an early stage interns who are not performing at the required standard of competence; to ensure that the clinical supervisor discusses these concerns with the intern, the prevocational educational supervisor (and CMO or delegate when appropriate); and that a remediation plan is developed and implemented with a focus on patient safety.		
4.4 Feedback to interns			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: The prevocational educational supervisors and the Doctors Recruitment Support unit support and monitor the use of ePort by interns and clinical supervisors to ensure regular meetings and feedback is recorded. They also</p>			

monitor interns' progress with completing goals in their professional development plans and recording attainment of the learning outcomes in the *New Zealand Curriculum Framework for Prevocational Medical Training*.

The use of ePort to record feedback on each intern's progress is the mechanism for identifying interns who are not performing at the required standard of competence and a remediation plan is put into effect where required. Hawke's Bay DHB has developed a guideline for managing the intern in difficulty which ensures the clinical supervisor discusses the issue with the intern and with the prevocational educational supervisor. This guideline includes a referral process to the Chief Medical Officer or delegate if serious concerns have been raised.

Required actions:

Nil.

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

- 4.5.1 The training provider has an established advisory panel to consider progress of each intern during and at the end of the PGY1 year.
- 4.5.2 The advisory panel will comprise:
 - a CMO or delegate (who will Chair the panel)
 - the intern's prevocational educational supervisor
 - a second prevocational educational supervisor
 - a lay person.
- 4.5.3 The panel follows Council's *Guide for Advisory Panels*.
- 4.5.4 There is a process for the advisory panel to recommend to Council whether a PGY1 has satisfactorily completed requirements for a general scope of practice or should be required to undertake further intern training.
- 4.5.5 There is a process to inform Council of interns who are identified as not performing at the required standard of competence.
- 4.5.6 The advisory panel bases its recommendation for registration in a general scope of practice on whether the intern has:
 - satisfactorily completed four accredited clinical attachments
 - substantively attained the learning outcomes outlined in the NZCF
 - completed a minimum of 10 weeks (full time equivalent) in each clinical attachment
 - developed an acceptable PDP for PGY2, to be completed during PGY2
 - advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE level 7 less than 12 months old.

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

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

There is an advisory panel that met for the first time in 2015 and is functioning well. Hawke's Bay DHB appreciated the participation of the lay member on the advisory panel.

Required actions: Nil.			
4.6 Signoff for completion of PGY2			
4.6.1 There is a process for the prevocational educational supervisor to review progress of each intern at the end of PGY2, and to recommend to Council whether a PGY2 has satisfactorily achieved the goals in the PDP.			
4.6 Signoff for completion of PGY2			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
Comments: The process for review of progress of the end of postgraduate year 2 is not required until November 2016 and this is currently being developed.			
Required actions: Nil.			

5 Monitoring and evaluation of the intern training programme

5 Monitoring and evaluation of the intern training programme			
5.1 Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.			
5.2 Processes and systems are in place to monitor the intern training programme with input from interns and supervisors.			
5.3 There are mechanisms that allow feedback from interns and supervisors to be incorporated into any quality improvement strategies for the intern training programme.			
5.4 There is a process to address any matters raised by Council in relation to training, including those arising from accreditation visits.			
5. Monitoring and evaluation of the intern training programme			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
Comments: In 2015 the prevocational educational supervisors reviewed all clinical attachments to ensure they met the <i>Accreditation standards for clinical attachments</i> . The Doctors Recruitment Support (DRS) unit will be monitoring and capturing any changes to clinical supervisors as part of the new senior medical officer orientation checklist. Any changes will then be updated in ePort. There are informal mechanisms for interns to provide feedback on clinical attachments which currently is being used to monitor the currency of clinical attachments.			
Hawke's Bay DHB does not have an anonymous feedback mechanism in place for interns to provide feedback			

on the intern training programme. There are plans to implement an online survey to collect anonymous feedback at the end of quarter two of 2016. The information collated from this survey would be provided to clinical supervisors and be available to the prevocational educational supervisors and the Chief Medical Officer.

Interns have always been encouraged to provide feedback about their clinical supervisors, either to their prevocational educational supervisors or the DRS unit. This approach has worked well at raising any issues or concerns interns have at Hawke's Bay DHB. Intern feedback is considered by the Resident Medical Officer Training and Advisory Group however concerns are not always resolved effectively or escalated where appropriate.

The interns were not aware of the Resident Medical Officer Training and Advisory Group or the local Resident Medical Officer engagement group

Commendation:

The interns were positive about the presence of prevocational educational supervisors at the teaching sessions and felt able to feedback directly to them.

Recommendations:

- A more robust process and mechanism should be implemented to ensure currency of the clinical attachments.
- The online survey that is currently being considered to capture anonymous feedback from interns on clinical attachments and the intern training programme should be implemented and processes developed and documented about how this contributes to improvements in the programme's quality.

Required actions:

7. A mechanism must be developed whereby issues raised by intern feedback are able to be resolved or escalated to ensure quality improvement.

6 Implementing the education and training framework

6.1 Establishing and allocating accredited clinical attachments			
6.1.1	The training provider has processes for applying for accreditation of clinical attachments.		
6.1.2	The process of allocation of interns to clinical attachments is transparent and fair.		
6.1.3	The training provider must maintain a list of who the clinical supervisors are for each clinical attachment.		
6.1 Establishing and allocating accredited clinical attachments			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
Hawke's Bay DHB has successfully applied for accreditation of all clinical attachments.			
The process for allocating interns to clinical attachments is transparent and fair. It is based on the intern's preference balanced with the skill mix of the clinical team.			

There is a list of current clinical supervisors which is held by the Doctors Recruitment Support unit and any changes are managed via ePort.

The prevocational educational supervisors have worked with the various departments across the DHB to develop attachments which provide good educational opportunities. The consultants, particularly in internal medicine, are engaged and enthusiastic about providing educational opportunities to interns.

Commendation:

The commitment of the prevocational educational supervisors to optimising the clinical attachment allocation to maximise individual outcomes is commended.

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 within a safe working environment, including freedom from harassment.

6.2.2 Interns have access to personal counselling, and career advice. These services are publicised to interns and their supervisors.

6.2.3 The procedure for accessing appropriate professional development leave is published, fair and practical.

6.2.4 The training provider actively encourages interns to maintain their own health and welfare and to register with a general practitioner.

6.2.5 Applications for annual leave are dealt with properly and transparently.

6.2 Welfare and support

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

The majority of clinical attachments at Hawke’s Bay DHB are structured to maximise patient safety and a quality educational experience. The three exceptions are general surgery, psychiatry and assessment, treatment and rehabilitation (AT&R) clinical attachments which are discussed in sections 3.2 and 4.2 of this report.

Interns have access to the employee assistance programme which includes counselling services and advice and are encouraged to have their own general practitioner.

There is a discrepancy in perspectives on access to leave between what the interns reported and the information provided by the Doctors Support Recruitment unit. The DHB describe interns as being able to take leave within the limitations of service provision. However the interns report leave is difficult to obtain due to a lack of relievers, even when applied for months in advance.

Recommendations:

- A review should be undertaken to ensure that leave processes are transparent, fair and communicated to interns.

- A review should be undertaken to ensure that the reliever to intern ratio is adequate to allow interns take 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:

Interns have access to an e-learning programme which covers mandatory training for Hawke’s Bay DHB. Interns also have access to useful guidelines, protocols and links to websites though the resident medical officer portal on the DHB’s patient hospital management system.

Interns receive information about training opportunities and teaching at their weekly teaching sessions, at meetings with their prevocational educational supervisors and by email and pagers.

Required actions:

Nil.

6.4 Resolution of training problems and disputes

6.4.1 There are processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality.

6.4.2 There are clear impartial pathways for timely resolution of training-related disputes.

6.4 Resolution of training problems and disputes

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Interns are encouraged to discuss any training or supervision issues with their prevocational educational supervisors or the Doctors Recruitment Support (DRS) unit. Interns are advised of this at the orientation at the beginning of the year and the prevocational educational supervisors remind interns during their meetings. Hawke’s Bay DHB encourage interns to openly discuss concerns early on so that these are able to be addressed in a confidential and supportive manner.

The prevocational educational supervisors seek advice and support of the Chief Medical Officer (CMO) and the DRS clinical lead as required. Serious concerns or any matters that are unresolved are escalated to the relevant medical director and then the CMO. The human resources team can also provide support and be an ‘independent’ part of the process.

Required actions:

Nil.

7 Communication with Council

7.1 Process and systems			
7.1	There are processes in place so that prevocational educational supervisors inform Council in a timely manner of interns whom they identify as not performing at the required standard of competence.		
7. Process and systems			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: The prevocational educational supervisors are aware of the procedures to notify Council about interns who they have identified as not performing at the required standard of competence. The prevocational educational supervisors advised that they have no hesitation to contact Council regarding any concerns. There have been no underperforming interns at Hawke's Bay DHB in the last year.</p> <p>Required actions: Nil.</p>			

8 Facilities

8 Facilities			
8.1	Interns have access to appropriate educational resources, facilities and infrastructure to support their training.		
8.2	The training provider provides a safe working and learning environment.		
8. Facilities			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: Hawke's Bay DHB has an Education Centre which has a main lecture theatre and four smaller lecture rooms. There is access to tele and video conferencing facilities. The library is co-located in the Education Centre which has a quiet study space. All doctors at Hawke's Bay DHB have access to e-journals, e-books and online databases which can be accessed via the library computers and ward computers. A skills laboratory is located on site and is used for intern training.</p> <p>The current information technology available at Hawke's Bay DHB is slow and outdated and options for updating the system are being investigated. However despite discussion on this topic, there is not an imminent long term solution.</p> <p>Hawke's Bay DHB provides a safe working and learning environment.</p>			

Recommendations:

Steps should be taken to address information technology problems that affect the intern training programme.

Required actions:

Nil.