



Prevocational medical training accreditation –
Accreditation report for:
Auckland District Health Board

Date of site visit: 3 and 4 July 2018
Date of report: 12 September 2018

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Background

Section 118 of the Health Practitioners Competence Assurance Act 2003 (HPCAA) sets out the functions of the Medical Council of New Zealand (Council). These include:

- (a) prescribing the qualifications required for scopes of practice, and, for that purpose to accredit and monitor educational institutions and degrees, courses of studies, or programmes
- (e) recognising, accrediting, and setting programmes to ensure the ongoing competence of health practitioners.

The Council will accredit training providers to provide prevocational medical education and training through the delivery of an intern training programme who 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 core criteria 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) spans 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 settings¹. 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 3 years. However, interim reports may be requested during this period. Please refer to Council's [Policy on the accreditation of prevocational medical training providers](#) for further information.

¹ Doctors who have passed NZREX Clinical prior to 30 November 2014 and who meet the specified criteria, are eligible to complete all of their PGY1 requirements in a primary care setting. Please refer to Council's prevocational medical training policy.

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



Name of training provider:	Auckland District Health Board (DHB)
Name of sites:	Auckland City and Starship Hospitals
Date of training provider accreditation visit:	3 and 4 July 2018
Accreditation visit team members:	Prof John Nacey (Accreditation team Chair) Dr John Thwaites Mrs Susan Hughes Dr John Albrett Dr Andrew Curtis Mrs Joan Simeon Mrs Elmarie Stander Ms Krystiarna Jarnet
Date of previous training provider accreditation visit:	20 and 21 August 2015
Key staff the accreditation visit team met:	
Chief Executive:	Ailsa Claire
Chief Medical Officer:	Margaret Wilsher
Director of Prevocational Training:	Chris Lewis
Prevocational Educational Supervisors:	Chris Lewis Jane Walton Tracey McMillan Janet Ballantyne Nicola Eaddy Chris Kenedi Will Dransfield Boris Lowe Peter Ruygrok Liz Curry Anne Tait Danny Stewart Li Hsee Eletha Taylor
RMO unit staff:	Terina Davis, Sharon Martin, Fiona Ritchie
Clinical Education & Training unit staff:	Gill Naden, Chris Lewis
Other key people who have a role within the prevocational training programme:	
Chief Human Resources Officer	Fiona Michel
Head of the Faculty of Medical and Health Sciences, University of Auckland	Prof Alan Merry
Director of Surgical Services	Dr Arend Merrie
Director of Medical Services	Dr Barry Snow
General Manager of Māori Health	Riki Nia Nia

Manager HR Operations and Administration

Andrew Arnold

Key data about the training provider:

Number of interns at training provider:

Number of PGY1s: 52

Number of PGY2s: 71

Number of accredited clinical attachments (current):

73 (174 available placements)

Number of accredited community based attachments:

5

Section A – Executive summary

Auckland DHB provides health services to around 530,000 people and is New Zealand's fourth largest DHB. The DHB operates New Zealand's largest teaching hospital and provides many highly specialised services to the whole country including organ transplantation, specialist paediatric services, epilepsy services and high risk obstetrics. This is in the context of rapid population growth with an expectation of an additional 98,000 people within the Auckland district over the next 10 years.

Medical practice, education and training are key strategic priorities for Auckland DHB which has established a clinical governance structure which reflects a priority towards teaching and learning. The Chief Medical Officer (CMO) is responsible for all medical staff within the DHB but has a particular focus on interns, research and medical education. The CMO is on the Board of the Northern Regional Alliance (NRA) which is a multiparty organisation dedicated to the administration and management of all resident medical officers (RMOs), including interns, within the broader Auckland region. The structure underpinning the new position of Director of Pre-vocational Training (DPVT) is intended to ensure greater cohesion between all groups involved with prevocational training thereby ensuring that interns at Auckland DHB receive consistent and high quality education. Furthermore, the strong partnership between Auckland DHB and the Auckland Medical School is of considerable benefit to interns in terms of access to both quality education and world class learning and research facilities. The comprehensive educational programme is structured around learning outcomes not covered in the clinical attachments and ensures interns have an opportunity to attain the required learning outcomes across the breadth of the New Zealand Curriculum Framework. Clinical attachments also provide interns with a broad-based experience of medical practice.

A comprehensive orientation programme is offered at the beginning of the intern year which is appropriate and valued by interns. However, the orientation for interns commencing employment partway through the year remains a challenge given the fragmented nature of its delivery and the relatively small numbers of interns it is being offered to.

The appointment of the DPVT provides oversight and reporting lines for the prevocational educational supervisors to ensure they effectively fulfil their obligations. Along with the DPVT, the CMO has oversight of the prevocational educational supervisors and meets with them on a quarterly basis at the prevocational educational supervisor meetings coordinated by the Clinical Education and Training Unit.

Clinical supervisors are engaged in their roles and actively seek opportunities to ensure that interns are appropriately supported. Auckland DHB has a large number of clinical supervisors with formal or honorary roles at the University of Auckland. The high quality of the intern teaching programme reflects the active commitment of Auckland DHB to continuous improvement as a teaching hospital.

Formal monitoring of intern progress is very well managed by the prevocational educational supervisors. The Northern Regional Alliance (NRA) effectively monitors the ePort system and reminds interns, prevocational educational supervisors and clinical supervisors about the ePort commitments and requirements. The NRA facilitates an anonymous electronic clinical attachment feedback survey which is completed by all interns prior to the completion of each clinical attachment.

Auckland DHB has implemented its Speak Up: *Kaua ē Patu Wairua* campaign, which is based on the highly successful 'Operating with Respect' programme of the Royal Australasian College of Surgeons. This campaign was introduced to effectively manage and reduce discrimination, harassment and bullying within Auckland DHB.

Auckland DHB is to be commended on the high level of engagement with the prevocational training programme that is reflected in the strategic priority that this has been assigned by the Chief Executive and

senior management and clinical staff. The result is a high level of satisfaction from the interns who greatly value the teaching and learning experience that has been provided for them.

Overall, Auckland DHB has met 18 of the 21 sets of Council's standards *Accreditation standards for training providers*. Three sets of standards are substantially met:

1. Standard 3.4 Orientation
2. Standard 4.4 Feedback and assessment
3. Standard 5 Monitoring and evaluation of the intern training programme

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

1. Auckland DHB must ensure it provides a robust orientation programme for interns commencing employment partway through the year. This is to ensure familiarity with the DHB's policies and processes and its relevance to their practice and the intern training programme.
2. Auckland DHB must ensure that clinical supervisors meet individually with interns at the beginning and middle of each clinical attachments in a timely way.
3. Auckland DHB must ensure it implements a system to gain anonymous feedback from interns about prevocational educational supervisors and Clinical Education and Training Unit (CETU) staff.

Section B – Overall outcome of the accreditation assessment

The overall rating for the accreditation of Auckland DHB as a training provider for prevocational medical training:	Substantially met
<p>Auckland District Health Board holds accreditation until 30 September 2021, subject to Auckland DHB providing an interim report that satisfies Council that the following required actions specified below have been addressed by 29 March 2019:</p> <ol style="list-style-type: none"><li data-bbox="165 483 1394 584">1. Auckland DHB must ensure it provides a robust orientation programme for interns commencing employment partway through the year. This is to ensure familiarity with the DHB's policies and processes and its relevance to their practice and the intern training programme.<li data-bbox="165 591 1426 658">2. Auckland DHB must ensure that clinical supervisors meet individually with interns at the beginning and middle of each clinical attachments in a timely way.<li data-bbox="165 665 1362 732">3. Auckland DHB must ensure it implements a system to gain anonymous feedback from interns about prevocational educational supervisors and Clinical Education and Training Unit staff. <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>Comments:</p> <p>Medical practice, education and training are key strategic priorities for Auckland DHB which has established a clinical governance structure which reflects a priority towards teaching and learning. The CMO is responsible for all medical staff within the DHB but has a particular focus on interns, research and medical education. The DHB's education strategy includes an expectation of well-governed, high quality education and includes the recognition that much of the DHB's educational investment is in clinicians who will work elsewhere in New Zealand. The DHB has a formal Academic Health Alliance with the University of Auckland, with joint membership of the Auckland DHB's Research Review Committee, Research Governance Committee and the awarding of jointly funded research grants to support collaborative clinical research.</p> <p>While the DHB acknowledges the importance of Māori health, it was clear that there is a commitment to further improvement with an intention to engage with tangata whenua, Māori doctors, and other health care workers to provide the best outcome for Māori and Pacifica patients. This includes providing a greater focus on providing education to interns in this area.</p> <p>Clinical governance ensures clear lines of responsibility and accountability for intern training. The line of clinical responsibility of interns sits directly with the CMO reflecting its importance within the organisation as a whole. The CMO is on the Board of the NRA which is a multiparty organisation dedicated to the administration and management of all RMOs, including interns, within the Auckland region. This is outlined in the clinical governance structure.</p> <p>Within the Auckland region the Pre-Vocational Training Committee (PVTC) provides oversight for training, recruitment and allocation of clinical attachments for interns. The membership of the PVTC includes the Directors of Clinical Trainings, prevocational educational supervisors, managers of the education and training units, a University of Auckland Medical School representative, an intern representative from each of the DHBs and the Regional Director of Workforce Development and Training from the NRA. The overarching Regional Training Committee consists of the Chair of the PVTC and each</p>			

of the vocational training committees which meets quarterly and provides a forum to discuss issues of commonality across the wider intern training programme. This ensures consistency and alignment of policy and process and provides specialist advice to the DHBs and NRA.

Commendation:

- The strong commitment of the Chief Medical Officer who is an integral part of the success of the intern training programme and ensures that prevocational training remains a strategic priority within Auckland DHB.

Required actions:

Nil.

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:			
<p>Comments:</p> <p>Auckland DHB has committed significant resources to ensure high quality and relevant intern training. This training is assured by the commitment and support of the CMO and prevocational medical training team.</p> <p>The DHB has appointed a new Director of Clinical Training and changed the title to DPVT. The DPVT has direct oversight and responsibility of the prevocational educational supervisors. This change in structure has been supported and appreciated by the prevocational educational supervisors. The intention of the change is to ensure greater cohesion between all the different groups involved with prevocational training thereby ensuring that the interns at the DHB receive consistent and high quality education.</p> <p>There are clear procedures to notify Council of any changes in the health service or the intern training programme. This is supported by appropriate clinical governance and quality assurance processes and structures to ensure clear lines of accountability for intern training.</p> <p>Required actions:</p> <p>Nil.</p>			
2.2 Educational expertise			
2.2.1	The training provider demonstrates that the intern training programme is underpinned by sound medical educational principles.		

2.2.2 The training provider has appropriate medical educational expertise to deliver the intern training programme.			
2.2 Educational expertise			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: The strong partnership between Auckland DHB and the University of Auckland Medical School is of considerable benefit to interns. This is demonstrated by the Head of the School of Medicine included as an important member of the DHB senior management group.</p> <p>Auckland DHB has an experienced team of prevocational educational supervisors and many of the Senior Medical Officers (SMOs) hold joint appointments at the University of Auckland and teach undergraduate and postgraduate students. In addition, several SMOs also hold various educational or supervisory roles within vocational colleges and other training providers. Auckland DHB staff regularly attend and present at both the annual Australian and New Zealand Prevocational Medical Education Forum (ANZPMEF) and the Association of Medical Education Europe (AMEE) Conference.</p> <p>The University of Auckland Medical School is represented on the PVTC, and interns are appreciative of access to the excellent university facilities, including a very well-resourced library.</p> <p>Required actions: Nil.</p>			
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:			
<p>Comments: There are effective working relationships between the stakeholders involved in prevocational medical training. The Auckland regional DHBs are in a unique position, with three large DHBs closely located geographically. While the intern training programme is delivered locally at each DHB, information on the training programme is shared across the DHBs through the PVTC and its subcommittees. The relationship with the University of Auckland Medical School has proven to be highly beneficial in the support of the intern programme.</p> <p>The CETU works in partnership with the General Manager of Māori Health and, where appropriate, with the Chief Advisor Tikanga. The General Manager of Māori Health has input into the intern training programme and delivers a valuable cultural competence workshop with Māori clinicians.</p> <p>Required actions: Nil.</p>			

3 The intern training programme

3.1 Programme components			
3.1.1	The intern training programme is structured to support interns to attain the learning outcomes in the NZCF (75% by the end of PGY1 and at least 95% by the end of PGY2).		
3.1.2	The intern training programme requires the satisfactory completion of eight 13-week accredited clinical attachments, which in aggregate provide a broad based experience of medical practice.		
3.1.3	The training provider has a system to ensure that interns' preferences for clinical attachments are considered, mindful of the overall learning objectives of the NZCF and their individual PDP goals in the context of available positions.		
3.1.4	The training provider selects suitable clinical attachments for training on the basis of the experiences that interns can expect to achieve, including the: <ul style="list-style-type: none"> • workload for the intern and the clinical unit • complexity of the given clinical setting • mix of training experiences across the selected clinical attachments and how they are combined to support achievement of the goals of the intern training programme. 		
3.1.5	The training provider has processes that ensure that interns receive the supervision and opportunities to develop their cultural competence in order to deliver patient care in a culturally-safe manner.		
3.1.6	The training provider, in discussion with the intern and the prevocational educational supervisor, must ensure that over the course of the two intern years each intern spends at least one clinical attachment in a community setting.		
3.1.7	Interns are not rostered on nights during the first six weeks of PGY1.		
3.1.8	The training provider has process to ensure that interns working on nights are appropriately supported. Protocols are in place that clearly detail how the intern may access assistance and guidance on contacting senior medical staff.		
3.1.9	The training provider ensures there are procedures in place for structured handovers between clinical teams and between shifts (morning, evening, nights and weekends) to promote continuity of quality care. The training provider ensures that interns understand their role and responsibilities in handover.		
3.1.10	The training provider ensures adherence to the Council's policy on obtaining informed consent.		
3.1 Programme components			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments:</p> <p>The comprehensive educational programme is structured around learning outcomes not covered in the clinical attachments. This ensure interns have an opportunity to attain the required learning outcomes across the breadth of the NZCF. Clinical attachments also provide interns with a broad-based experience of medical practice.</p> <p>There is a clear process for all interns to indicate their career path and clinical attachment preferences which are taken into account in the allocation process. There is a robust and transparent system for the allocation of interns to accredited clinical attachments facilitated by the NRA in conjunction with the PVTC.</p> <p>Auckland DHB is committed to providing a greater focus on cultural education for interns, continuing and building on the education received from their undergraduate training.</p> <p>Auckland DHB has indicated its intention to meet Council's target for community based attachments (CBAs) by 2020 whereby every intern in New Zealand is required to complete at least one CBA during the</p>			

2 year intern training programme. Auckland DHB works closely with community based providers to meet this requirement and is encouraged to further develop these attachments accordingly.

Interns are not rostered on nights during the first 6 weeks of PGY1. The Patient at Risk System and the RMO Clinical Handbook are two excellent resources to support interns who are rostered on after-hours shifts. The interns appreciated the contribution made by the Patient at Risk Nurses and the additional teaching opportunities that these nurses provide. At the time of the visit, a small number of interns were piloting an App of the RMO Clinical Handbook. The DHB is encouraged to further develop this.

There is a structured and effective handover process between clinical teams that includes the participation of the interns, registrars and SMO and it was pleasing to note that there are no issues with respect to the process of informed consent.

Required actions:

Nil.

3.2 ePort

- 3.2.1 There is a system to ensure that each intern maintains their ePort as an adequate record of their learning and training experiences from their clinical attachments and other learning activities.
- 3.2.2 There is a system to ensure that each intern maintains a PDP in ePort that identifies their goals and learning objectives which are informed by the NZCF, mid and end of clinical attachment assessments, personal interests and vocational aspirations.
- 3.2.3 There are mechanisms to ensure that the clinical supervisor and the prevocational educational supervisor regularly review the goals in the intern’s PDP with the intern.
- 3.2.4 The training provider facilitates training for PGY1s on goal setting in the PDP within the first month of the intern training programme.

3.2 ePort

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Auckland DHB has a system to ensure that each intern maintains their ePort as an appropriate record of their learning and training experience from their clinical attachments and other learning activities.

Data retrieved from ePort indicate interns maintain their PDP and are recording attainment of the learning outcomes to meet the requirements for the intern training programme. The NRA monitors compliance with ePort on behalf of the DHBs in the Auckland region.

There are no concerns with the use or functionality of ePort by interns, clinical supervisors or prevocational educational supervisors. However, data retrieved from ePort indicate frequent delays recording the initial and mid-attachment meetings between clinical supervisors and interns.

Required actions:

Nil.

3.3 Formal education programme

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

- 3.3.2 The intern training programme is structured so that interns in PGY1 can attend at least two thirds of formal educational sessions.
- 3.3.3 The training provider ensures that all PGY2s attend structured education sessions.
- 3.3.4 The formal education programme provides content on Māori health and culture, and achieving Māori health equity, including the relationship between culture and health.
- 3.3.5 The training provider ensures the formal education programme provides opportunity for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out.
- 3.3.6 The training provider provides opportunities for additional work-based teaching and training.

3.3 Formal education programme

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Auckland DHB provides a high-quality, comprehensive formal education programme coordinated by the Clinical Education and Training Unit that is available for both PGY1 and PGY2 interns. The programme consists of lectures, tutorials and simulation based learning and is generally case-based. The programme covers a wide range of topics to meet the NZCF requirements.

Auckland DHB does not currently have a separate PGY2 formal education programme. According to the DHB this is not feasible given that interns in Auckland rotate within the region in PGY2. With each rotation there are different interns with different needs. Instead, PGY2s attend various comprehensive discipline-specific teaching within the respective clinical departments in which they are working that falls within their professional development plan.

Auckland DHB has expressed its intention of hosting regular workshops on Māori health and culture within the intern programme and has online training available on cultural awareness learning and development.

There are several workshops within the formal education programme that focus on wellness and the importance of self-care. These include issues of stress and burnout for interns. In addition, there is a wide range of supplementary work-based teaching and training opportunities across Auckland DHB available to all interns.

Required actions:

Nil.

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:

A comprehensive orientation programme is offered at the beginning of the intern year which is appropriate and valued by interns. However, the orientation for interns commencing employment partway through the year remains a challenge given the fragmented nature of its delivery and the

relatively small numbers of interns it is being offered to. Auckland DHB must ensure a robust orientation programme for interns starting partway through the year to provide the best opportunity of successful and safe integration into the workforce in Auckland DHB.

Required actions:

1. Auckland DHB must ensure it provides a robust orientation programme for interns commencing employment partway through the year. This is to ensure familiarity with the DHB's policies and processes and its relevance to their practice and the intern training programme.

3.5 Flexible training

3.5.1 Procedures are in place and followed, to guide and support supervisors and interns in the implementation and review of flexible training arrangements.

3.5 Flexible training

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Where possible, flexible training opportunities are facilitated within Auckland DHB as well as regionally. These include opportunities to work and train part-time, facilitate 'job share' arrangements, or offer 'leave without pay'. Requests are considered on an individual basis by the DPVT and the prevocational educational supervisors.

Interns are provided an opportunity to submit requests for flexible working arrangements as part of their clinical attachment allocation preference for the subsequent training year. However, interns can also submit these during the year for consideration, as individual circumstances may change.

Formal education and training sessions are recorded for interns to access at their convenience should they be unable to attend at the scheduled time.

Required actions:

Nil.

4 Assessment and supervision

4.1 Process and systems

4.1.1 There are systems in place to ensure that all interns and those involved in prevocational training understand the requirements of the intern training programme.

4.1 Process and systems

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Comprehensive systems are in place to ensure understanding of the requirements of the intern training programme across the Auckland DHB. There are regular meetings scheduled with the CETU, interns, prevocational educational supervisors, and the CMO. In addition, the CMO meets with all clinical leaders and directors, to ensure understanding of the training requirements. The CMO regularly updates both senior and resident medical officers via newsletters and notifications.

The CETU Manager meets with interns each week at the regular Tuesday intern teaching sessions, and the Intern Curriculum Committee meets quarterly. The Intern Curriculum Committee considers the relevance of the teaching programme, issues with supervision, and other relevant matters pertaining to the training programme. Feedback is considered by the CETU who distributes this to appropriate committees.

Required actions:

Nil.

4.2 Supervision – Prevocational educational supervisors

- 4.2.1 The training provider has an appropriate ratio of prevocational educational supervisors in place to oversee the training and education of interns in both PGY1 and PGY2.
- 4.2.2 Prevocational educational supervisors attend an annual prevocational educational supervisor meeting conducted by Council.
- 4.2.3 There is oversight of the prevocational educational supervisors by the CMO (or delegate) to ensure that they are effectively fulfilling the obligations of their role.
- 4.2.4 Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.

4.2 Supervision – Prevocational educational supervisors

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

There is an appropriate ratio of prevocational educational supervisors to interns being supervised at Auckland DHB. The NRA, in conjunction with the CETU and the DPVT, allocates interns to prevocational educational supervisors prior to each training year.

Council’s annual meetings and related training opportunities with prevocational educational supervisors are well represented by Auckland DHB.

The appointment of the DPVT provides oversight and reporting lines for the prevocational educational supervisors to ensure they effectively fulfil their obligations. Along with the DPVT, the CMO has oversight of the prevocational educational supervisors and meets with them on a quarterly basis at the prevocational educational supervisor meetings coordinated by CETU.

There is ample support for the prevocational educational supervisors from both the CETU and the NRA that allows them to carry out their role effectively. The CETU has an administrative role in supporting prevocational educational supervisors in arranging quarterly meetings with their interns, providing secretarial support for all meetings, and submitting claim forms to Council. The NRA monitor ePort and send out appropriate timely reminders to all parties regarding required entries. Prevocational educational supervisors are also supported by the RMO Human Resource Manager and Occupational Health Service should there be any employment issues or health issues regarding an intern.

Required actions:

Nil.

4.3 Supervision – Clinical supervisors

- 4.3.1 Mechanisms are in place to ensure clinical supervisors have the appropriate competencies, skills, knowledge, authority, time and resources to meet the requirements of their role.
- 4.3.2 Interns are clinically supervised at a level appropriate to their experience and responsibilities at all times.

4.3.3	Clinical supervisors undertake relevant training in supervision and assessment as soon as practicable after commencing their supervisory role. This must be within 12 months of appointment as a clinical supervisor.		
4.3.4	The training provider maintains a small group of clinical supervisors for relief clinical attachments.		
4.3.5	All staff involved in intern training have access to professional development activities to support their teaching and educational practice and the quality of the intern training programme.		
4.3 Supervision – Clinical supervisors			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
Comments:			
<p>Clinical supervisors are engaged in their roles and actively seek opportunities to ensure that interns are appropriately supported. Auckland DHB has a large number of clinical supervisors with formal or honorary roles at the University of Auckland. While clinical supervisor attendance at Council, university and various vocational college workshops is documented, Auckland DHB should ensure that all its current and newly appointed clinical supervisors attend clinical supervisor training within the first 12 months of appointment.</p> <p>Interns receive appropriate supervision and are well supported by registrars and Patient at Risk nurses on the ward when on call.</p> <p>Appropriate supervision is provided to interns on relief attachments. Both the Northern Regional Alliance and Auckland DHB focus on limiting the number of services each reliever is exposed to. The majority of clinical supervisors actively seek feedback from a range of senior medical and other relevant staff to monitor reliever performance.</p> <p>Auckland DHB has a broad, comprehensive range of resources and activities to enhance the quality of teaching and educational practice provided. The high quality of the intern teaching programme reflects the active commitment of Auckland DHB to continuous improvement as a teaching hospital.</p>			
Recommendation:			
<ul style="list-style-type: none"> Auckland DHB should ensure that all clinical supervisors are trained within the first 12 months of appointment, as per Council’s requirements. 			
Required actions:			
Nil.			
4.4 Feedback and assessment			
4.4.1	Systems are in place to ensure that regular, formal feedback is provided to interns and documented in ePort on their performance within each clinical attachment, including end of clinical attachment assessments. This should also cover the intern’s progress in completing the goals in their PDP and in attaining the learning outcomes in the NZCF.		
4.4.2	There are processes to identify interns who are not performing at the required standard of competence. These ensure that the clinical supervisor discusses concerns with the intern, the prevocational educational supervisor, and that the CMO (or delegate) is advised when appropriate. A remediation plan must be developed, documented and implemented with a focus on supporting the intern and patient safety.		
4.4.3	There are processes in place to ensure prevocational educational supervisors inform Council in a timely manner of interns not performing at the required standard of competence.		

4.4 Feedback and assessment			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p>Comments:</p> <p>ePort is being accessed and appropriate information is recorded. Data from ePort indicate that the recording of beginning and mid-attachment meetings are not occurring in a timely manner. Some interns reported that the beginning and mid-attachment meetings occur concurrently. Of concern, in some instances, meetings between interns and clinical supervisors are held in a group rather than individually. Some interns advised that cursory attendance was all that was offered, thereby missing a valuable teaching opportunity. This was with respect to both clinical supervisors and prevocational educational supervisors. The DHB must ensure that it meets the requirements for clinical supervisors to meet individually with interns at the beginning and middle of each clinical attachment in a timely manner.</p> <p>The NRA provides reminders via ePort to interns, clinical supervisors and prevocational educational supervisors about required meetings. There are appropriate feedback mechanisms for clinical directors to notify clinical supervisors of their performance.</p> <p>Auckland DHB is committed to supporting interns and other doctors who find themselves in difficulty. There is a member of the human resources team whose portfolio includes identifying and dealing with 'Doctors in Difficulty'. This role ensures that interns receive continuous support to enable them to effectively continue in their role and complete their training. An algorithm is available to identify who to contact and what processes to follow for an intern having difficulties.</p> <p>The PVTC subgroup that focuses on the doctor in difficulty is appropriate and ensures fairness of process and continuity of prevocational educational supervisor oversight of each intern. Processes exist to consider extended periods of leave or part-time work.</p> <p>Required actions:</p> <p>2. Auckland DHB must ensure that it meets the requirements for clinical supervisors to meet individually with interns at the beginning and middle of each clinical attachment in a timely manner.</p>			
4.5 Advisory panel to recommend registration in the General scope of practice			
4.5.1	<p>The training provider has established advisory panels to consider progress of each intern at the end of the PGY1 year that comprise:</p> <ul style="list-style-type: none"> • a CMO or delegate (who will chair the panel) • the intern's prevocational educational supervisor • a second prevocational educational supervisor • a layperson. 		
4.5.2	<p>The panel follows Council's <i>Advisory Panel Guide & ePort guide for Advisory Panel members</i>.</p>		
4.5.3	<p>There is a process in place to monitor that each eligible PGY1 is considered by an advisory panel.</p>		
4.5.4	<p>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.</p>		
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"> • satisfactorily completed four accredited clinical attachments • substantively attained the learning outcomes outlined in the NZCF (see standard 3.1.1) • completed a minimum of 10 weeks (full time equivalent) in each clinical attachment • developed an acceptable PDP for PGY2, to be completed during PGY2 • advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE Advanced less than 12 months old. 		

4.5 Advisory panel to recommend registration in the General scope of practice			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: There is a process in place to ensure interns who are eligible to apply for registration in the General scope of practice have applied in ePort. This is effectively monitored by the Clinical Education and Training Unit.</p> <p>The advisory panel is chaired by the DPVT, delegated by the CMO. Panel members are appropriate and the meeting is suitably timed after the mid-run assessment of attachment four. The panel follows Council's <i>Advisory Panel Guide</i> and ensures each intern has met the required criteria.</p> <p>Required actions: Nil.</p>			
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>Comments: The NRA monitor and notify PGY2 doctors to ensure they apply to have the endorsement removed from their practising certificates. The prevocational educational supervisors are also notified to ensure they review the progress of interns who have applied for endorsement removal. A satisfactory mechanism is available to escalate incomplete applications to the DPVT or CMO.</p> <p>Required actions: Nil.</p>			

5 Monitoring and evaluation of the intern training programme

5 Monitoring and evaluation of the intern training programme	
5.1	Processes and systems are in place to monitor the intern training programme with input from interns and supervisors.
5.2	There are mechanisms in place that enable interns to provide anonymous feedback about their educational experience on each clinical attachment.
5.3	There are mechanisms that allow feedback from interns and supervisors to be incorporated into quality improvement strategies for the intern training programme.
5.4	There are mechanisms in place that enable interns to provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training.
5.5	The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns.

5.6 There is a process to address any matters raised by Council in relation to training, including those arising from accreditation visits.

5. Monitoring and evaluation of the intern training programme

	Met	Substantially met	Not met
Rating		X	

Commentary:

Comments:
 There are processes and systems in place to monitor the various components of the intern training programme with input from interns and supervisors. This is undertaken by the NRA and CETU respectively, with oversight from the PVTC.

The NRA facilitates an anonymous electronic clinical attachment feedback survey which is completed by all interns prior to the completion of each clinical attachment. The results are collated and made available locally to DHB Clinical Directors and Operational Managers via the CMO and Chief of Human Resources. Regionally, feedback is distributed to the PVTC and Operating Management Group for review. The CMO distributes the collated results to all Clinical Directors to evaluate their clinical attachments and assess how they might improve on the experiences for the intern.

Feedback is sought from interns about the formal education programme on a weekly basis. In addition, interns contribute to quarterly curriculum committee group meetings. This informs ongoing improvement of the formal education programme.

While Auckland DHB has plans to implement mechanisms to gain anonymous feedback from interns about prevocational educational supervisors, this is not yet in place. The DHB must ensure that this system is implemented promptly. With respect to RMO unit staff, interns are asked about their RMO unit experience as part of the clinical attachment feedback process. However, there is nothing in place to get feedback from interns about the CETU.

Commendation:

- Auckland DHB has a strong network of various structures and committees to ensure there are sound processes and systems in place to monitor the intern training programme with input from both interns and supervisors.

Required actions:

- Auckland DHB must ensure it implements a system to gain anonymous feedback from interns about prevocational educational supervisors and Clinical Education and Training Unit staff.

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:

Processes and mechanisms are in place to ensure the currency of accredited clinical attachments. The NRA administers the accreditation process with oversight from the CETU, DPVT and prevocational educational supervisors. The NRA maintains a list of accredited attachments including the clinical supervisors. This list is reviewed and updated annually.

Newly developed clinical attachments are assessed by both the Auckland DHB's PVTC as well as the NRA's Regional Training Committee. The NRA has a clear policy on the allocation process of clinical attachments.

It was noted that in 2018 the Auckland DHB implemented the Multi-Employer Collective Agreement's (MECA's) Schedule 10 for its interns. This required the creation of an additional 22 full-time intern positions and will be rolled out to registrars in the following years. The DHB expressed concern that this requirement for additional staff may affect the processes relating to the allocation of clinical attachments, which in turn may have a detrimental effect on the quality of the intern training programme.

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:**

There are a number of strategies employed by Auckland DHB to ensure that interns have access to a comprehensive support structure. This includes the implementation of:

- An e-module on fatigue management.
- The Employee Assistance Programme.
- The annual careers fair.
- Video recordings of training sessions.

The General Manager of Māori Health is working with the CETU to ensure Māori Doctors provided with appropriate support.

Auckland DHB has also implemented its Speak Up: *Kaua ē Patu Wairua* campaign, which is based on the highly successful 'Operating with Respect' programme of the Royal Australasian College of Surgeons. This

campaign was introduced to effectively manage and reduce discrimination, harassment and bullying within Auckland DHB. However, some interns were unclear on how or where to seek advice or how to make a complaint. Others provided anecdotes of instances where complaints have been dealt with appropriately. There is clear information provided on Auckland DHB's intranet and RMO Handbook.

Following feedback from the previous accreditation assessment, the NRA developed an electronic leave management system. This was implemented in August 2017 and was designed to more effectively track leave requests and to allow more equitable interns leave allocation. Nevertheless, interns still reported dissatisfaction with the leave application process. Interns advised that they received generic rejections of applications and not the personal phone call reported by the NRA. Interns found it very difficult to engage face to face with staff to arrange alternate leave options and some electronic applications were still lost.

Recommendation:

- Auckland DHB should further improve the application processes for annual leave and ensure leave is managed fairly and transparently.

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:

There are clear and easily accessible communication networks established with interns.

Communication with interns occurs through a variety of channels, including weekly teaching sessions, the intranet, group or individual email/text and through flyers/posters in key locations. The NRA is able to contact all interns directly through email, text and phone correspondence. Feedback received from interns overwhelmingly endorsed private or Auckland DHB (work) emails as their preferred mode of communication.

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:

Effective systems are in place and available to interns to assist with any training or supervision concerns. These systems maintain appropriate confidentiality. This includes ensuring there is a clear distinction

between the person advocating for or supporting the intern, and the person deciding the outcome surrounding the concerns raised.

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>Comments:</p> <p>There is a suite of excellent educational facilities available at Auckland DHB, these include:</p> <ul style="list-style-type: none"> • Clinical Education Centre (five teaching rooms and a 200 seat auditorium). • Clinical Skills Centre (four simulation rooms and four teaching/facilitation rooms). • Marion Davis Library (four teaching rooms). • All wards have teaching or meeting spaces and many have their own audio-visual facilities which are used for teaching. <p>The Clinical Skills Centre remains a state of the art resource that is greatly appreciated by interns.</p> <p>Interns have access to the Philson Library at the University of Auckland, and can access this online from any computer in the DHB. There is also a dedicated DHB computer within the library.</p> <p>The recently refurbished lounge was replete with resources for the interns, including a sleeping area and computer terminals. Interns were fulsome in their gratitude for this resource.</p> <p>Required actions:</p> <p>Nil.</p>			