



Prevocational medical training accreditation report: Waikato District Health Board

Date of site visit: 1 and 2 August 2017

Date of report: 13 September 2017

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Background

Under the Health Practitioners Competence Assurance Act 2003 (HPCAA) the Medical Council of New Zealand (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.

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

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

Process

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

1. A self-assessment undertaken by Waikato DHB, with documentation provided to Council.
2. Interns being invited to complete a questionnaire about their education experience at Waikato DHB.
3. A site visit by an accreditation team to Waikato Hospital on 1 and 2 August 2017 that included meetings with key staff and interns.
4. Presentation of key preliminary findings to the Chief Executive, Chief Medical Officer (CMO) and other relevant Waikato DHB staff.

The Accreditation Team is responsible for the assessment of the Waikato District Health Board intern training programme against 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 is 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 Waikato District Health Board



| | |
|---|---|
| Name of training provider: | Waikato District Health Board |
| Name of site(s): | Waikato Hospital |
| Date of training provider accreditation visit: | 1 and 2 August 2017 |
| Accreditation team members: | Professor John Nacey (Chair) Dr Greig Russell Ms Kim Ngārimu Mr Philip Pigou Ms Joan Crawford Ms Eleanor Quirke Ms Elmarie Stander |
| Key staff the accreditation team met: | |
| Acting Chief Executive: | Mr Neville Hablous (Chief Executive was absent at the time of the site visit) |
| Chief Medical Officer | Dr Tom Watson |
| Prevocational Educational Supervisors: | Dr Jules Schofield Mr Nand Keijrwal Dr Etuini M'au Dr Erana Gray Dr Ryan Paul Dr Asad Khan |
| Other staff: | Mr Paul Miller Ms Penny Simpson Ms Ripeka Harrison Ms Marjory Gibbison Professor Ross Lawrenson Mr Greg Peploe Ms Maureen Chrystall Mr Brett Paradine Mr Mark Spittal Ms Barb Garbutt Mr Alex Gordon Ms Mo Neville Ms Helen Clark Ms Carol Stevenson |
| Number of interns at Waikato DHB: | 76 |
| Postgraduate year 1 interns: | 40 |
| Postgraduate year 2 interns: | 36 |

Section A – Executive Summary

Waikato District Health Board (DHB) encompasses a population of around 400,000 and has broad geographic extent from Northern Coromandel to Mt Ruapehu. Approximately 23 percent of the DHB population are Māori and 60 percent live outside the main urban areas. A large proportion live in areas of high deprivation. The 2016 Waikato DHB strategy document acknowledges “the need to change dramatically” in order to meet the needs of its population. The first pre-requisite to the success of this strategy is “strong and unambiguous leadership” with one of the aims to build “a centre of excellence in learning, training, research and innovation.”

There are different levels of commitment to prevocational medical training within the DHB. There is not a clearly stated commitment to prevocational medical training by the Executive Team, and no governance structure has been put in place to provide oversight and support. In addition, there is no obvious understanding demonstrated by the Executive Team of the current workload pressures that are impacting on intern training. This is in contrast to the very high level of commitment demonstrated by the Clinical Education and Training Unit (CETU) and the prevocational educational supervisors. Through this, a comprehensive formal education programme is provided in the context of good intern participation and protected teaching time. Furthermore, there is a variety of departmental training opportunities, including grand rounds, case presentation seminars, multidisciplinary team meetings and clinical audit.

Serious concerns were raised regarding the lack of consistent handover processes across all services at the DHB. Some senior medical staff are reluctant to engage with interns and other resident medical officers during handover, and in some services intern-to-intern handover is conducted in parallel to that conducted by registrars and consultants. As a result, it is unclear to interns whether the appropriate people have been notified of any clinical issues or concerns identified in previous shifts. This is compounded by the lack of an effective task management system. It is unclear to interns following handover what clinical tasks are outstanding, and the priority that should be accorded to these tasks.

These serious concerns are in the context of a high workload for both senior medical staff and interns. Clinical supervisors describe the pressures of a high clinical workload impacting on a growing number of trainees and their capacity to provide interns with adequate supervision. Several interns reported feeling overwhelmed with the volume of tasks they are expected to complete each shift, in particular at night and during the weekend.

These issues overlap. An example of this are the concerns raised regarding the support of interns working at night where there is only one intern covering all medical wards. While a registrar has been appointed to support that intern, the registrar is often fully committed within the emergency department and unable to assist the intern, even in an acute situation. Appropriate cover is compromised by the geography of the hospital where the distances that the intern is expected to cover precludes any effective response to an urgent or emergency medical situation. This situation is compounded by the lack of triaging of calls, or any indication of the level of priority that should be assigned to a call.

The issues of handover, task management and prioritisation, and workload all represent risks to patient safety. The DHB must address each issue as a matter of priority.

The Accreditation Team was advised of some allegations of harassment and bullying. With respect to this, an external review is being undertaken in the General Medicine Department. It was further advised that allegations of harassment and bullying are under-reported because interns have concerns about potential repercussions.

The DHB met 17 of the 22 sets of standards of Council’s *Accreditation standards for training providers*. There are four set of standards that are not met and one set of standard which is substantially met.

The four standards that were not met are:

- 1 - Strategic Priorities
- 2.1 – The context of intern training
- 4.2 - Supervision
- 6.2 – Welfare and support

The one set of standards that were substantially met is:

- 3.2 – Programme components

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

1. Evidence of prevocational training as a key strategic priority must be reflected in Waikato DHB's strategic planning documents.
2. Waikato DHB must establish a governance group for the intern training programme with appropriate intern representation. This must have the authority to effect change and facilitate support in response to identified issues. This must also include advocating, at executive level, for the role and requirements to be an effective training establishment.
3. Waikato DHB must ensure appropriate resources for the delivery of the intern training programme, including Senior Medical Officer (SMO) staffing, to ensure the effective support and supervision of interns.
4. Clinical supervisors must be made aware of their responsibility to escalate any concerns about intern performance to the prevocational educational supervisors.
5. Waikato DHB must ensure appropriate engagement between consultants and interns in the handover process.
6. Mechanisms must be implemented to allow for the effective prioritisation of clinical tasks following handover.
7. Council's required ratio of prevocational educational supervisors to interns (1:10), with 0.1FTE protected time, must be met at all times.
8. Council's serious concerns regarding medical night cover must be addressed by Waikato DHB. Interns must be appropriately supported and supervised by qualified medical staff at all times.
9. The workload of interns must be consistent with the delivery of safe patient care within a safe working environment.
10. Waikato DHB must ensure a safe working environment that is free from bullying and harassment.
11. Access to confidential counselling services for interns must be ensured.
12. Waikato DHB must implement an effective and transparent system for annual leave applications.

Overall outcome of the assessment

| The overall rating for the accreditation of the Waikato DHB as a training provider for prevocational medical training is: | NOT MET |
|---|---------|
| <p>Waikato DHB holds accreditation until 30 March 2018, for a period of 6 months, subject to Council receiving an interim report from Waikato DHB by 20 November 2017 that addresses the following required actions:</p> <ol style="list-style-type: none">1. Evidence of prevocational training as a key strategic priority must be reflected in Waikato DHB's strategic planning documents.2. Waikato DHB must establish a governance group for the intern training programme with appropriate intern representation. This must have the authority to effect change and facilitate support in response to identified issues. This must also include advocating, at executive level, for the role and requirements to be an effective training establishment.3. Waikato DHB must ensure appropriate resources for the delivery of the intern training programme, including Senior Medical Officer (SMO) staffing, to ensure the effective support and supervision of interns.4. Clinical supervisors must be made aware of their responsibility to escalate any concerns about intern performance to the prevocational educational supervisors.5. Waikato DHB must ensure appropriate engagement between consultants and interns in the handover process.6. Mechanisms must be implemented to allow for the effective prioritisation of clinical tasks following handover.7. Council's required ratio of prevocational educational supervisors to interns (1:10), with 0.1FTE protected time, must be met at all times.8. Council's serious concerns regarding medical night cover must be addressed by Waikato DHB. Interns must be appropriately supported and supervised by qualified medical staff at all times.9. The workload of interns must be consistent with the delivery of safe patient care within a safe working environment.10. Waikato DHB must ensure a safe working environment that is free from bullying and harassment.11. Access to confidential counselling services for interns must be ensured.12. Waikato DHB must implement an effective and transparent system for annual leave applications. | |

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: Prevocational medical training is not accorded specific strategic priority by Waikato DHB.</p> <p>There are different levels of commitment to prevocational medical training within the DHB. The Clinical Education and Training Unit (CETU) and the prevocational educational supervisors are committed to providing a comprehensive intern training programme, with the CETU having a strategic vision for ongoing programme development. The prevocational educational supervisors provide comprehensive support to interns and advocate effectively on their behalf. This is greatly appreciated by interns. The Clinical Director of Training provides excellent leadership in the delivery of the intern training programme.</p> <p>Acknowledging the excellent work undertaken by the CETU, it is disappointing that this is not supported by a clearly stated commitment to prevocational medical training by the Executive Team. In addition, there is no obvious understanding demonstrated by the Executive Team of the current workload pressures that are impacting on intern training.</p> <p>The intern training programme is not supported by a clear governance structure. The Board of Clinical Governance is the primary governance mechanism for clinical matters at the DHB. However, it is not utilised as a governance structure for the intern training programme. The Wellbeing and Innovations Resident Medical Officer Educational Development (W.I.R.E.D) group provides a forum for identifying and addressing issues that pertain to the Resident Medical Officer (RMO) training environment. This group includes supervisor and intern representation, however, the group has limited ability to effect appropriate change. The</p> | | | |

DHB must establish a governance group for the intern training programme with appropriate intern representation that also has the authority to effect change and facilitate support and appropriate decision-making in response to identified issues. This must also include advocating, at executive level, for the role and requirements to be an effective training organisation.

A number of staff raised concerns regarding the lack of transparency of reviews undertaken by the Executive Team. Furthermore, the lack of an outcome from the review of the RMO Unit has created uncertainty for staff.

The DHB did not provide Council with all relevant information relating to the issues affecting the prevocational medical training, such as the review currently underway in the General Medicine Department about bullying and harassment.

Commendations:

- The Clinical Director of Training provides excellent leadership in the delivery of the intern training programme.
- The prevocational educational supervisors provide comprehensive support to interns and advocate effectively on their behalf.

Required actions:

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

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: | | | |

Comments:

Waikato DHB has not met its responsibility to address the resource issues that are significantly impacting on the delivery of the intern training programme. Medical staff reported a high workload that has been compounded by workforce shortages. Despite a clear willingness among senior medical staff to provide appropriate supervision and training to interns, high workload has compromised their ability to do so.

The Clinical Director of Training, with support from the Clinical Education and Training Unit (CETU) and the prevocational educational supervisors, oversees the delivery and development of the intern training programme. The Chief Medical Officer (CMO) has delegated accountability for the intern training programme to the Clinical Director of Training, however this accountability does not come with the authority to make changes. When issues pertaining to the intern training programme are escalated to the Executive Team, they do not get traction.

The Clinical Director of Training, the CETU and the prevocational educational supervisors have sound structures and robust processes in place to manage the prevocational training programme. The intern programme is well managed within the authority of the Clinical Director of Training, the CETU and prevocational educational supervisors. As previously stated in this report, these structures and processes are adversely affected by resource constraints.

The DHB has procedures to address concerns about intern performance that may impact on patient safety. However, the assistance provided to interns in difficulty is impeded by clinical supervisors not consistently sharing information with the prevocational educational supervisors. Fortunately, once the prevocational educational supervisors become aware of any concerns about intern performance, they have effective processes in place to address such concerns.

The DHB has documented procedures to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training.

Required actions:

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

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 intern training programme at Waikato DHB is underpinned by sound medical educational principles. Apprentice style training is supported by a formal education programme that is structured to cover the key

competencies outlined in the *New Zealand Curriculum Framework for Prevocational Medical Training* that are not available through the completion of clinical attachments.

The DHB's senior medical staff are enthusiastic about teaching interns, and have the appropriate skills and experience to provide sound teaching and assessment.

Commendation:

All prevocational educational supervisors are experienced and well qualified for their role. Three of the prevocational educational supervisors, as well as the Clinical Director of Training, hold postgraduate qualifications in medical education.

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:

Waikato DHB has an effective working relationship with the University of Auckland. As part of a cooperative venture between the DHB and the University, a skills centre is available to nursing, medical, surgical, allied health, general practice, paramedical and other community health staff.

In addition, the Clinical Education and Training Unit (CETU) collaborates with other DHBs and educational training units to share medical education resources and processes.

Commendation:

The CETU is to be commended for its collaboration with other DHBs and educational training units.

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: | | | |
| <p>Comments: Waikato DHB has effective systems that ensure each intern maintains a Professional Development Plan (PDP). Clinical and prevocational educational supervisors assist the interns to set PDP goals and review their progress.</p> <p>The prevocational educational supervisors and the CETU are developing resources on the formulation of relevant PDP goals.</p> <p>Required actions: Nil.</p> | | | |
| 3.2 Programme components | | | |
| 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 | 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 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. | | |
| 3.2 Programme components | | | |
| | Met | Substantially met | Not met |
| Rating | | X | |

Commentary:

Comments:

The intern training programme is aligned to the core competencies outlined in the *New Zealand Curriculum Framework for Prevocational Medical Training (NZCF)*, and is structured to provide a broad-based experience of medical practice.

Interns complete eight accredited clinical attachments during the course of their prevocational training. Postgraduate year 1 interns are allocated a combination of medical and surgical clinical attachments. The interns submit their requests to the Resident Medical Officer (RMO) Unit for the clinical attachments they would like to complete during postgraduate year 2. The RMO Unit endeavours to match interns with at least two of their preferred clinical attachments.

The DHB has implemented four community based attachments, and intends to implement a further six community based attachments before 2020. Funding for four of the six planned community based attachments has been secured. Prior to placing interns into a community based attachment, the Clinical Director of Training or a prevocational educational supervisor conducts a site visit to the community setting. Accredited community based attachments are reviewed each quarter to ensure that the quality of the attachment is maintained. Interns who have completed a community based attachment commented positively on their experience, and the clinical supervisors based in the community found the experience valuable and rewarding.

Interns are not rostered on night duties during the first 6 months of postgraduate year 1.

Significant concerns were raised regarding the lack of consistent handover across all services. Some senior medical staff are reluctant to engage with interns and other Resident Medical Officers (RMOs) during handover. Furthermore, interns expressed concern that in some clinical attachments there was an expectation of intern-to-intern handover that was in parallel to a handover involving registrars and consultants. As a result, it was unclear to interns whether the appropriate people had been notified of any clinical issues or concerns identified in previous shifts, or of what tasks were outstanding and their respective priorities. This raises issues of patient safety. It also prevents an important learning experience for the interns. These issues related to handover must be addressed as a matter of priority.

There is a clear informed consent policy which is operating effectively. Interns did not report any concerns associated with the DHB's processes for obtaining informed consent. Interns feel comfortable to decline to consent patients for procedures with which they are unfamiliar, and this is supported by the senior medical staff and registrars.

Commendations:

- Excellent progress has been made with developing and implementing community based attachments.
- The DHB's policy on informed consent is comprehensive and clear, and all medical staff understand their respective roles and responsibilities. The DHB's policy and processes for obtaining informed consent are consistently applied.

Required actions:

5. Waikato DHB must ensure appropriate engagement between consultants and interns during handover.
6. Mechanisms must be implemented to allow for the effective prioritisation of clinical tasks following handover.

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:

Comments:

The formal teaching programme is developed by the Clinical Education and Training Unit (CETU) with input from interns. There are separate programmes for each of the postgraduate year 1 and 2 years, which are reviewed annually. That review includes intern focus groups, the results of which inform the topics and scheduling of the programme for the following year.

The DHB ensures protected teaching time for interns. As a result, interns are able to attend at least two thirds of the formal educational sessions. The CETU sends regular reminders regarding the purpose and the protected nature of sessions, and pagers are held by the CETU during teaching. This allows regular and undisturbed intern participation in the formal education programme. Attendance at formal teaching sessions is recorded by the CETU, and the prevocational educational supervisors actively follow up interns who do not attend.

Teaching time is incorporated into the roster of interns working in community based attachments. This allows interns to travel to the DHB and attend the formal education programme.

There are many training opportunities across the DHB. This includes grand rounds, case presentation seminars, multidisciplinary team meetings and clinical audit. Interns are actively encouraged by their clinical supervisors to attend these additional learning opportunities. Interns also have access to simulation training, practical courses such as Acute Life Threatening Events Recognition and Treatment (ALERT), and postgraduate courses including the postgraduate diploma in child health.

The DHB ensures interns have the opportunity to develop skills in self-care and peer support. The formal education programme includes sessions on wellbeing, the unwell doctor, coping with complaints and professional boundaries.

Commendation:

The CETU coordinates and delivers a comprehensive and high quality formal education programme for each of the postgraduate year 1 and 2 intern cohorts, and makes considerable effort to ensure that teaching time is protected.

Required actions:

Nil.

| 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 DHB provides a comprehensive orientation programme at the beginning of the intern year. Interns are able to provide input into the ongoing refinement of this programme.</p> <p>Interns who commenced partway through the year reported very little formal orientation. The DHB should ensure interns have an appropriate understanding of policies and procedures prior to commencing practice.</p> <p>The quality of orientation interns receive at the beginning of each clinical attachment is inconsistent across departments. Interns reported that they receive good orientation in orthopaedics, obstetrics and gynaecology, respiratory medicine and paediatrics. Orientation to other clinical attachments and departments was described as “self-directed”. The Clinical Education and Training Unit (CETU) acknowledged that orientation at the beginning of each clinical attachment requires improvement, and has devised excellent “cheat sheets” and orientation documentation for each clinical attachment.</p> <p>Commendation: The CETU has developed excellent orientation “cheat sheets” for each clinical attachment.</p> <p>Recommendation: The DHB should review orientation provided to interns who commence work partway through the year, to ensure they have an appropriate understanding of the DHB’s policies and procedures prior to commencing practice.</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: Waikato DHB has clear procedures to consider and support requests for flexible training. Special arrangements have been made for interns taking parental leave. Although there is an option for job sharing, the DHB has not received any requests for this to date.</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: Intern progress is monitored in ePort by the prevocational educational supervisors. The Clinical Education and Training Unit (CETU) also play an active part in ensuring each intern is making appropriate progress towards their registration requirements.</p> <p>Combined meetings are held every 6 weeks between the CETU and the prevocational educational supervisors. Standing agenda items include tracking intern progress and identifying and assisting interns in difficulty. The Resident Medical Officer Unit monitors the occurrence of clinical supervisor meetings with interns in ePort and sends electronic reminders to interns if meetings have not occurred.</p> <p>The process for meeting training and registration requirements is understood by the interns, prevocational educational supervisors, and broadly by the clinical supervisors.</p> <p>Required action: 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: | | | |
| <p>Comments: There are currently six prevocational educational supervisors for 76 interns, with a projected increase in the number of interns for the third quarter of 2017. This falls short of Council's required ratio of one</p> | | | |

prevocational educational supervisor for up to 10 interns with a 0.1 full-time equivalent (FTE). Additional prevocational educational supervisors must be appointed with immediate effect.

Clinical supervision is provided by Council approved vocationally registered doctors. Interns are aware of who their clinical supervisors are and are aware of alternative avenues for support should their clinical supervisor be unavailable.

Serious concerns have been raised with respect to appropriate support of interns working at night. There is only one intern covering all medical wards at night. While a registrar has been appointed to support that intern, the registrar is often fully committed within the emergency department and unable to assist the intern, even in acute cases. Appropriate cover is also compromised by the geography of the hospital where the distances that the intern is expected to cover precludes any effective response to an urgent or emergency medical situation. This represents a serious risk to patient safety. This situation is compounded by the lack of triaging of calls, or any indication of the level of priority that should be assigned to a call. The lack of support for interns during medical night cover must be addressed immediately.

The clinical supervisors raised concerns about their capacity to supervise interns during the day. The clinical supervisors described the pressures of a high clinical workload impacting on a growing number of trainees, including medical students, interns and vocational trainees, attached to each clinical supervisor. The resulting time pressures impact on the ability of clinical supervisors to provide informal teaching and feedback to interns. Interns also reported that they had little interaction with their clinical supervisors outside of the formal supervisory meetings.

The prevocational educational supervisors are well supported by the Clinical Education and Training Unit (CETU).

Commendations:

The Clinical Education and Training Unit provides excellent support to the prevocational educational supervisors.

Required action:

- 7. Council’s required ratio of prevocational educational supervisors to interns (1:10), with FTE protected time, must be met at all times.
- 8. Council’s serious concerns regarding medical night cover must be addressed. Interns must be appropriately supported and supervised by qualified medical staff at all times.

4.3 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: | | | |

Comments:

Clinical supervisors are actively encouraged to attend training workshops and attendance is monitored by the Resident Medical Officer (RMO) Unit. Reports are presented to the prevocational educational supervisor meetings every 6 weeks. There has been good uptake of training by the clinical supervisors. At the time of the accreditation site visit, a proposal was being considered for on-site clinical supervisor training sessions conducted by the prevocational educational supervisors.

All prevocational educational supervisors attend Council’s annual prevocational educational supervisor workshops.

Staff involved in training have the opportunity to access professional development activities including a medical education programme and diploma at the University of Auckland. Staff are also encouraged to attend workshops and medical college supervisor training.

Required actions:

Nil.

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:**Comments:**

The Resident Medical Officer (RMO) Unit staff monitor ePort to ensure that clinical supervisors meet with interns at the beginning, middle and end of clinical attachments. Staff follow up with any clinical supervisors who have not recorded feedback in ePort for each of these meetings. Notifications about compliance sent through ePort are monitored by the prevocational educational supervisors and discussed at each of the 6-weekly meetings with the Clinical Education and Training Unit (CETU).

The CETU and the prevocational educational supervisors have appropriate and efficient structures in place to manage interns. A draft policy has been developed regarding the supervisory and management approach of the intern in difficulty to formalise the processes already in place. However, the assistance provided to interns in difficulty can be impeded by the lack of information shared by the clinical supervisors with the prevocational educational supervisors. There must be effective communication between the clinical supervisors and prevocational educational supervisors to ensure the timely and appropriate management of concerns around an intern not performing at the required standard of competence.

Commendation:

The RMO Unit and prevocational educational supervisors effectively monitor intern progress and ensure that clinical supervisor meetings occur and are recorded in ePort.

| | | | |
|---|---|--------------------------|----------------|
| 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: <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 lay person. | | |
| 4.5.3 | The panel follows Council’s <i>Guide for Advisory Panels</i> . | | |
| 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: <ul style="list-style-type: none"> • 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: The advisory panels are well established and are work effectively. The panels meet biannually, with separate meetings held to consider progress the of the postgraduate year 1 and 2 interns. Additional advisory panel meetings are scheduled during the year as needed for interns who complete postgraduate year 1 outside the usual period. | | | |
| 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: | | | |
| <p>Comments: The advisory panel reviews and makes recommendations to Council about the satisfactory completion of postgraduate year 2 for each intern. This is an effective process.</p> <p>Required action: Nil.</p> | | | |

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: | | | |
| <p>Comments: Waikato DHB has processes and mechanisms in place to ensure the currency of accredited clinical attachments. Each prevocational educational supervisor is allocated specific departments to oversee and review.</p> <p>The Clinical Education and Training Unit (CETU) develops the formal teaching programme with input from interns. There are separate programmes for each of the postgraduate year 1 and postgraduate year 2 years. The formal teaching programme is reviewed annually, which includes intern focus groups. The results inform the topics and scheduling for the following year.</p> <p>The Wellbeing and Innovations RMO Educational Development (W.I.R.E.D) group contributes to quality improvement initiatives. The Clinical Director of Training reports annually to the Board of Clinical Governance and the Executive Team on intern training and education.</p> <p>The DHB has reported progress on issues raised during the course of the last accreditation visit.</p> <p>Required actions: Nil.</p> | | | |

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: | | | |
| <p>Comment: Waikato DHB has processes in place for applying for accreditation of clinical attachments. These have recently been redrafted to accommodate the requirements of accreditation for community based attachments.</p> <p>The DHB has clear processes for allocating interns to clinical attachments. The DHB aims to ensure that interns are allocated to at least two of their four preferred attachments. Although interns confirmed that they were allocated to some of their preferred attachments, they do not consider the process transparent.</p> <p>The DHB maintains a register of the clinical supervisors for each clinical attachment.</p> <p>Required actions: Nil.</p> | | | |
| 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: | | | |
| <p>Comments:</p> | | | |

Several interns reported feeling overwhelmed with the volume of tasks they are expected to complete each shift. This is particularly at night and during the weekend. This is compounded by the lack of an effective triage system. The current paging-system and lack of an effective task manager impact on interns' ability to prioritise clinical tasks.

Interns expressed considerable concern about instances where their roster only became available on or after their clinical attachment had commenced. This occurred when the Resident Medical Officer (RMO) Unit was particularly short-staffed. The DHB has undertaken a review of its rostering processes. It is expected that concerns raised by the interns will be addressed by the review.

Interns and senior medical staff advised of allegations of harassment and bullying. In addition, an external review addressing harassment and bullying is being undertaken in the General Medicine Department. It was further advised that instances of bullying are under-reported because interns have concerns about confidentiality and potential repercussions.

While it is recognised that the interns can access career advice and personal counselling, the confidentiality of the DHB's Health and Safety Service has been compromised. The Accreditation Team was advised that staff using this service have been asked to waive their right to privacy.

Information about the process for accessing professional development leave is provided in the Resident Medical Officer (RMO) Manual of Generic Processes for Managers. Leave applications must be submitted three months in advance. Applications are considered by the department educator (in the case of study leave which becomes available in the postgraduate year 2), Clinical Directors and Clinical Supervisors (in the case of conference leave). However, interns hold significant concerns about leave procedures, including the procedures for accessing professional development leave.

Interns are actively encouraged to maintain their own wellbeing, and to enrol with a general practitioner. Formal education sessions on wellbeing are included in the intern orientation programme and the formal education programme.

All staff reported that the process of applying for, and having annual leave approved, is ineffective. Interns do not get timely responses to leave requests. The RMO Unit report that the reason for delays is related to understaffing.

Required actions:

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

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:

An online handbook, notification of e-learning courses, and the formal education course programme are provided via a mix of direct email and through the intern website. The formal education programme is also discussed, in a half-day introductory session, at orientation.

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: | | | |
| <p>Comments: Waikato DHB has developed a draft policy <i>Monitoring and Evaluation of Resident Medical Officer Training</i>, which outlines pathways for interns to access help to address training related concerns and this includes an appeals process. The DHB described a graduated system for resolving training related disputes, involving the prevocational education supervisors, clinical supervisors and ultimately recourse could be sought through the Chief Medical Officer.</p> <p>Required actions: Nil.</p> | | | |

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 process for reporting an unsatisfactory end-of-clinical attachment assessment are clear and documented within ePort. Prevocational educational supervisors at the DHB meet on a 6-weekly basis, and these meetings include a standing agenda item on interns in difficulty. The prevocational educational supervisors are aware of when to notify Council of interns who are not performing at the required standard of competence.</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:</p> <p>The interns have access to computers across the campus. There are appropriate computer resources located in the library and wards. Wireless internet is available across much of the campus to allow access for the intern's access via portable devices.</p> <p>There is an excellent clinical skills simulation laboratory, which is run as a joint venture with University of Auckland School of Medicine. This has an operating theatre and ward area for the interns to develop and practice skills in a realistic environment. Scenarios are remotely managed, with recording facilities available for later playback and review.</p> <p>A RMO lounge is provided in the newly rebuilt part of the hospital. The Resident Medical Officer (RMO) lounge includes a computer area with four computers and an available printer. Interns have facilities for hot drinks and hot snacks with various recreational options available. It also includes sleeping and change areas, with a separate locker room for intern use.</p> <p>There is a large library with access to online journals and textbooks. Attached to the library is a series of well-resourced meeting rooms.</p> <p>The DHB has a Health and Safety policy, which is available on the DHB intranet.</p> <p>Commendations:</p> <ul style="list-style-type: none"> • The DHB is to be commended on the range and quality of the educational facilities provided to their interns. • A facilities upgrade has resulted in an excellent living environment for the interns. <p>Required actions:</p> <p>Nil.</p> | | | |