



# Prevocational medical training accreditation report: Wairarapa District Health Board

Date of site visit: 24 August 2016

Date of report: 13 December 2016

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## Background

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

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

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

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

### Process

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

1. A self-assessment undertaken by Wairarapa DHB, with documentation provided to the Medical Council of New Zealand (Council).
2. Interns being invited to complete a questionnaire about their education experience at Wairarapa DHB.
3. A site visit by an accreditation team to Wairarapa Hospital on 24 August 2016 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 Wairarapa DHB staff.

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

Following the accreditation visit:

1. A draft accreditation report is provided to the training provider.
2. The training provider is invited to comment on the factual accuracy of the report and conclusions.
3. Council's Education Committee considers the draft accreditation report and response from the training provider and make recommendations to Council.
4. Council will consider the Committee's recommendations and make a final accreditation decision.
5. The final accreditation report and Council's decision will be provided to the training provider.
6. The training provider 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 Wairarapa District Health Board



<b>Name of training provider:</b>	Wairarapa District Health Board
<b>Name of site(s):</b>	Wairarapa Hospital
<b>Date of training provider accreditation visit:</b>	24 August 2016
<b>Accreditation visit team members:</b>	Professor John Nacey (Chair) Dr Pamela Hale Ms Kim Ngārimu Dr Aldoph Nanguzgambo Dr Kevin Morris Ms Eleanor Quirke
<b>Key staff the accreditation visit team met with:</b>	
Chief Executive:	Ms Adri Isbister
Chief Medical Officer	Dr Tom Gibson
Prevocational Educational Supervisors:	Mr Bob Sahakian Dr Tim Matthews
Other staff:	Ms Jill Stringer (Director Wairarapa Health Services) Ms Jenny Rutherford (SMO/RMO Unit Manager) Ms Gretchen Dean (HR Manager)
<b>Number of interns at training provider:</b>	
Postgraduate year 1 interns:	7
Postgraduate year 2 interns:	4

## Section A – Executive Summary

The three DHB model involving Wairarapa DHB, Hutt Valley DHB and Capital and Coast DHB is in a process of devolution with many of the roles that formerly sat across the three DHBs being reconfigured to two DHBs. Wairarapa DHB have appointed their own Chief Medical Officer and as part of the change process Wairarapa, Hutt Valley, and Capital and Coast DHBs have confirmed their intent to work collaboratively on integrating practices and policies where appropriate. Currently the Resident Medical Officer (RMO) office is managed across Wairarapa and Hutt Valley DHBs. It has not been determined whether the RMO office will revert to a single DHB structure when the change process is complete. It is intended that a regional three DHB programme for intern placement will continue and that the current management and supervision of interns will remain unchanged. Given the relatively small size of Wairarapa DHB it is not possible for the DHB to provide for all the educational and training needs of interns locally. Strong links with the two other Wellington region DHBs as well as other organisations are important to help ensure comprehensive education of the interns.

While the DHB is committed to ensuring high quality training, there is no documentation that demonstrates that this has been accorded a strategic priority. Similarly there is no strategic plan demonstrating the ongoing development and support of a sustainable medical education and training programme. The recently appointed Executive Leader of Medical Services has overall responsibility for intern training. However, there is no current intern representation in the governance of the intern training programme and the transitional arrangements and the management of interns has created uncertainty for staff at all levels.

It is noted that where there are any concerns about intern performance that may impact on patient safety there are high levels of staff and organisational support available. However, this is highly dependent on the skill and goodwill of the current hospital staff. It is important that this is formalised into documented policy and procedures.

Wairarapa DHB's participation in the regional intern training programme provides for one 13 week accredited clinical attachment at Wairarapa Hospital. Overall the regional intern training programme provides a broad based experience, which is sufficient for the interns to achieve the professional development plan goals and attain the learning outcomes in the *New Zealand Curriculum Framework for Prevocational Medical Training*. The breadth of learning opportunities provided by the DHB, including clinical society meetings, intern teaching, journal club, the multidisciplinary meetings and the departmental meetings, is commended. Allocation to specific attachments is undertaken on a regional basis and the clinical attachments comply with time requirements specified by Council.

Wairarapa DHB does not accept postgraduate year 1 interns in the first 6 months (quarters one and two) as they are required to undertake night and emergency department duties as part of their clinical attachment. On commencement of their attachments in the second half of the year, one postgraduate year 1 intern is rostered on nights with a postgraduate year 2 intern. The night time junior team has access to consultants by phone and consultants must attend in person when asked to by the junior team.

There is a formal handover each day at 4pm in the presence of a clinical supervisor. The location of this handover is in the emergency department. Another handover occurs at 10pm to the night team. The clinical supervisors, interns and prevocational educational supervisor reported that the handover processes at the DHB are effective and raised no concerns.

The DHB has a documented informed consent policy, which is well understood by the interns and senior medical staff. The interns reported no concerns regarding the informed consent process at the DHB.

The number of interns working at the DHB varies from quarter to quarter, and this has led to the Council's required ratio of one prevocational educational supervisor to 10 interns being exceeded at times. The DHB must ensure that they have sufficient prevocational educational supervisors appointed and interns

appropriately allocated to meet the requirements. Clinical supervision is provided by the vocationally registered senior medical staff, who are enthusiastic and engaged in the process. Interns reported they received an appropriate level of supervision, and felt well supported with immediate back up being available at all times when needed. The DHB are to be commended for the close level of contact between interns, clinical supervisors, prevocational educational supervisors and CMO that provides many opportunities for timely and effective feedback to interns. Interns who are not performing at the required standard are recognised early in their attachment due to the close supervision. Appropriate remedial plans are developed by the prevocational educational supervisor with assistance of the Chief Medical Officer and the RMO Unit. Wairarapa DHB collaborates with Hutt Valley DHB and Capital and Coast DHB to support interns in difficulty, as interns rotate around the three DHBs in the Wellington region. The duties, rostering, working hours and supervision of interns are appropriate. However, there is a variable level of comfort among interns in terms of their level of responsibility at night. While the interns reported that onsite senior medical officer supervision was available and effective, Wairarapa DHB needs to address the concerns of those interns expressing anxiety and concern about night time responsibilities. There is a clear policy, shared between Wairarapa, Capital and Coast and Hutt Valley DHBs, on workplace bullying and harassment. Interns and senior medical staff work closely together, and this contributes to an overall safe and effective learning environment.

Overall, the DHB met 17 of the 22 sets of standards of Council's *Accreditation standards for training providers*. There are two sets of standards that were not met and three sets of standards which were substantially met. The DHB will be required to meet these within 6 months of this report being finalised.

The two sets of standards that were not met are:

- 1. Strategic Priorities
- 3.3 Formal education programme

The three sets of standards that were substantially met are:

- 2.1 The context of intern training
- 4.2 Supervision
- 5 Monitoring and evaluation of the intern training programme

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

1. Evidence must be provided to demonstrate that high quality intern training is a strategic priority at Wairarapa DHB. This must be reflected in the organisation's planning documents.
2. There must be intern representation in the governance of the intern training programme at Wairarapa DHB.
3. Wairarapa DHB must develop documentation detailing the processes and management responsibilities for interns, including the management of concerns about intern performance that may impact upon the health and safety of the public.
4. Wairarapa DHB must review and structure its approach to the formal education programme to ensure interns have the opportunity to achieve the learning outcomes in the *New Zealand Curriculum Framework for Prevocational Medical Training* not otherwise available through the completion of clinical attachments.
5. Postgraduate year 2 interns at Wairarapa DHB must have access to a formal education programme during the first two quarters of the year.
6. Wairarapa DHB must maintain Council's required ratio of prevocational educational supervisors to interns (max 1:10).
7. Wairarapa DHB must ensure that appropriate processes are in place to ensure the currency of accredited clinical attachments once the change process involving the three Wellington region DHBs is completed.
8. Wairarapa DHB must ensure that feedback is incorporated into quality improvement strategies for the intern training programme.

## Overall outcome of the assessment

The overall rating for the accreditation of Wairarapa DHB as a training provider for prevocational medical training is:	SUBSTANTIALLY MET
<p>Wairarapa DHB holds accreditation until <b>13 December 2019</b> subject to Council receiving an interim report from Wairarapa DHB by 13 June 2017 that satisfies Council that the following required actions have been satisfactorily addressed:</p> <ol style="list-style-type: none"><li>1. Evidence must be provided to demonstrate that high quality intern training is a strategic priority at Wairarapa DHB. This must be reflected in the organisation's planning documents.</li><li>2. There must be intern representation in the governance of the intern training programme at Wairarapa DHB.</li><li>3. Wairarapa DHB must develop documentation detailing the processes and management responsibilities for interns, including the management of concerns about intern performance that may impact upon the health and safety of the public.</li><li>4. Wairarapa DHB must review and structure its approach to the formal education programme to ensure interns have the opportunity to achieve the learning outcomes in the <i>New Zealand Curriculum Framework for Prevocational Medical Training</i> not otherwise available through the completion of clinical attachments.</li><li>5. Postgraduate year 2 interns at Wairarapa DHB must have access to a formal education programme during the first two quarters of the year.</li><li>6. Wairarapa DHB must maintain Council's required ratio of prevocational educational supervisors to interns (max 1:10).</li><li>7. Wairarapa DHB must ensure that appropriate processes are in place to ensure the currency of accredited clinical attachments once the change process involving the three Wellington region DHBs is completed.</li><li>8. Wairarapa DHB must ensure that feedback is incorporated into quality improvement strategies for the intern training programme.</li></ol>	

## 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><b>Comments:</b></p> <p>Wairarapa DHB is a relatively small DHB with a geographically defined population of around 43,000. This compares to 145,000 for Hutt Valley DHB, and 300,000 for Capital and Coast DHB. With a correspondingly small budget for a population that is spread over a wide geographic area, the Wairarapa DHB depends on the regional partners to provide a number of specialised services for Wairarapa patients. Nevertheless, the primary focus continues to be the provision of local services that can be delivered safely, effectively and affordably.</p> <p>The three DHB model involving Wairarapa DHB, Hutt Valley DHB and Capital and Coast DHB is in a process of devolution. Many of the roles that formerly sat across the three DHBs are being reconfigured to two DHBs. In early 2015 the Hutt Valley Board with Wairarapa Board decided to appoint Chief Executives dedicated to each DHB. The Wairarapa have also appointed their own Chief Medical Officer (CMO). As part of the change process Wairarapa, Hutt Valley, and Capital and Coast DHBs have confirmed their intent to work collaboratively on integrating practices and policies where appropriate.</p> <p>Currently the Resident Medical Officer (RMO) Unit is managed across Wairarapa and Hutt Valley DHBs. It has not been determined whether the RMO Unit will revert to a single DHB structure when the change process is complete. It is intended that a regional three DHB programme for intern placement will continue and that the current management and supervision of interns will remain unchanged.</p>			

While the DHB is committed to ensuring high quality training, there is no documentation that demonstrates that this has been accorded a strategic priority. Similarly there is no strategic plan demonstrating the ongoing development and support of a sustainable medical education and training programme.

It is reassuring to note that the recently appointed Executive Leader Medical Services (CMO) has been charged with reorganising and reinvigorating the clinical governance arrangements and has overall responsibility for intern training. However, there is no current intern representation in the governance of the intern training programme. Intern representation is important in order to enable effective and appropriate input into the entire training experience.

**Required actions:**

1. Evidence must be provided to demonstrate that high quality intern training is a strategic priority at Wairarapa DHB. This must be reflected in the organisation’s planning documents.
2. There must be intern representation in the governance of the intern training programme at Wairarapa DHB.

## 2 Organisational and operational structures

2.1 The context of intern training			
2.1.1	The training provider can demonstrate that it has the responsibility, authority, and appropriate resources and mechanisms to plan, develop, implement and review the intern training programme.		
2.1.2	The Chief Medical Officer (CMO) or their delegate (for example a Clinical Director of Training) has executive accountability for meeting prevocational education and training standards and for the quality of training and education.		
2.1.3	There are effective organisational and operational structures to manage interns.		
2.1.4	There are clear procedures to address immediately any concerns about intern performance that may impact on patient safety.		
2.1.5	Clear procedures are documented to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training.		
2.1 The context of intern training			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p><b>Comments:</b>                      The appointment of the Chief Medical Officer (Executive Leader Medical Services) is an important and positive step in ensuring that Wairarapa DHB has clear lines of responsibility and accountability for the planning, development and implementation of the intern training programme.</p> <p>With respect to structures in place to manage interns, the current transitional arrangements and the management of interns has created uncertainty for staff at all levels. As the change process evolves and comes to a conclusion, it is expected that the DHB will be able to provide clarity about the processes and management responsibilities for interns.</p>			

It is noted that where there are any concerns about intern performance that may impact on patient safety there are high levels of staff and organisational support available. However, this is highly dependent on the skill and goodwill of the current hospital staff. It is important that this is formalised into documented policy and procedures.

**Commendations:**

The recent appointment of a CMO with direct operational responsibility and accountability for interns and the Resident Medical Officer Unit.

**Required actions:**

3. Wairarapa DHB must develop documentation detailing the processes and management responsibilities for interns including the management of concerns about intern performance that may impact upon the health and safety of the public.

**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 direct support of the clinical supervisor to the intern allows excellent apprenticeship style teaching, which is to be commended. The senior medical staff at Wairarapa DHB are engaged in the provision of intern training, and have the appropriate medical expertise to provide sound teaching and assessment.

**Commendation:**

Senior medical staff at the DHB are to be commended for the direct support they provide to interns in the form of excellent apprenticeship style teaching.

**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:**

It is acknowledged that given the relatively small size of Wairarapa DHB it is not possible to provide for all the educational and training needs of interns locally. Strong links with the two other Wellington region DHBs as well as other organisations are important to help ensure comprehensive education of the interns. Wairarapa DHB is encouraged to develop appropriate video conferencing capability to access expertise from areas outside the Wairarapa.

**Recommendations:**

It is recommended that Wairarapa DHB implement a video conferencing system to enable interns to access training and education opportunities from appropriate organisations external to the DHB.

**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><b>Comments:</b>  Interns meet with their clinical supervisor at the beginning, mid and end of their clinical attachment. The clinical supervisor reviews the interns' ePort and professional development plans (PDP) during these meetings to ensure there is an accurate record of their learning from the clinical attachment that makes reference to the <i>New Zealand Curriculum Framework for Prevocational Medical Training</i>. Both the clinical supervisor and prevocational educational supervisor also work with the intern to ensure they maintain a PDP that identifies their goals and learning objectives.</p> <p>The prevocational educational supervisor monitors the interns’ ePort and is proactive in supporting interns and clinical supervisors to complete the ePort requirements. The Resident Medical Officer Unit supports the prevocational educational supervisor by sending reminders to the interns, clinical supervisors and prevocational educational supervisors regarding their beginning, mid and end of attachment assessments.</p>			
<p><b>Required actions:</b>  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"> <li>• workload for the intern and the clinical unit</li> <li>• complexity of the given clinical setting</li> <li>• mix of training experiences across the selected clinical attachments and how these, in aggregate, support achievement of the goals of the intern training programme.</li> </ul>		
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.		
<b>3.2 Programme components</b>			
	<b>Met</b>	<b>Substantially met</b>	<b>Not met</b>
Rating	<b>X</b>		
Commentary:			
<p><b>Comments:</b>  Wairarapa DHB's participation in the regional intern training programme provides for one 13 week accredited clinical attachment at Masterton Hospital. Overall the regional intern training programme provides a broad based experience, which is sufficient for the interns to achieve the professional development plan goals and attain the learning outcomes in the <i>New Zealand Curriculum Framework for Prevocational Medical Training</i>.</p> <p>Allocation to specific attachments is undertaken on a regional basis and the clinical attachments comply with time requirements specified by Council. There is a service agreement between Wairarapa DHB and Capital and Coast DHB for the recruitment of interns and allocation of attachments. Wairarapa DHB does not independently allocate interns to the clinical attachments, instead it allocates interns in collaboration with the two other regional DHBs. The prevocational educational supervisor meets with the prevocational educational supervisors from Hutt Valley DHB and Capital and Coast DHB to allocate interns to clinical attachments across the three DHBs.</p> <p>The development of the community attachments for Wairarapa DHB is currently in its planning stages with a view to implement a clinical attachment in 2017.</p>			

Wairarapa DHB does not accept postgraduate year 1 interns in the first 6 months (quarters one and two) as they are required to undertake night and emergency department duties as part of their clinical attachment. On commencement of their attachments in the second half of the year, one postgraduate year 1 intern is rostered on nights with a postgraduate year 2 intern. The night time junior team has access to consultants by phone and consultants must attend in person when asked to by the junior team. When locum consultants are recruited, they are made aware of their night time supervisory obligations.

There is a formal handover each day at 4pm in the presence of a clinical supervisor. The location of this handover is in the emergency department. Another handover occurs at 10pm to the night team. The clinical supervisors, interns and prevocational educational supervisor reported that the handover processes at the DHB are effective and raised no concerns.

The DHB has a documented informed consent policy, which is well understood by the interns and senior medical staff. The interns reported no concerns regarding informed consent process at the DHB.

**Commendation:**

The DHB is commended for their policy on informed consent which is well implemented and senior staff understand this well.

**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 those NZCF 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:**

Wairarapa DHB is required to provide a formal education programme that supports interns to achieve the *New Zealand Curriculum Framework for Prevocational Medical Training* (NZCF) learning outcomes that are not generally available through the completion of clinical attachments. While the DHB provides a formal education programme, the content of the teaching programme is unstructured and does not specifically consider NZCF learning outcomes. As interns rotate around the three regional DHBs, Wairarapa DHB currently relies on Capital and Coast DHB and Hutt Valley DHB to provide this content. Moreover, there is no formal education programme for interns working in the first two quarters of the year. The formal education programme does not document topics such as self-care and peer support in their timetable.

The interns reported they were able to attend most formal education sessions, but that due the small size of the hospital, teaching time was not protected and they were called during the teaching sessions.

The DHB provides a breadth of work-based teaching and training, including medical society meetings, journal club, the multidisciplinary meetings and departmental meetings. Interns reported that due to the small size of the DHB, there are further opportunities for hands-on clinical experience. The close working relationship between senior medical staff and interns provides further opportunity for bedside teaching.

**Commendations:**

- The breadth of learning opportunities provided by the DHB, including clinical society meetings, intern teaching, journal club, the multidisciplinary meetings and the departmental meetings, is commended.
- The formal education programme at Wairarapa DHB should include timetabled sessions that provide interns with the opportunity to develop skills in self-care and peer support.

**Required actions:**

4. Wairarapa DHB must review and structure its approach to the formal education programme to ensure interns have the opportunity to achieve the learning outcomes in the *New Zealand Curriculum Framework for Prevocational Medical Training* not otherwise available through the completion of clinical attachments.
5. Postgraduate year 2 interns at Wairarapa DHB must have access to a formal education programme during the first two quarters of the year.

**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:

**Comments:**

A structured full day of orientation is provided to interns each quarter. The orientation programme is organised by the Resident Medical Officer (RMO) Unit coordinator, and is appreciated by interns. Locum RMO coverage is organised to relieve incoming interns of clinical duties to allow their uninterrupted participation. Returning interns have the option to selectively participate. Orientation is comprehensive with participation of all relevant clinical and administration services.

**Required actions:**

Nil.

**3.5 Flexible training**

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

**3.5 Flexible training**

	Met	Substantially met	Not met
Rating	X		

Commentary:

**Comments:**

Wairarapa DHB advised that it has not received any requests for flexible training arrangements. The DHB reported that any requests would be considered by the clinical supervisor, prevocational educational supervisor and Chief Medical Officer.

**Required actions:**

Nil.

## 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><b>Comments:</b> There are well established systems to ensure that all interns working at Wairarapa DHB have their training monitored and recorded in ePort in a timely fashion. This is overseen by the prevocational educational supervisor with assistance by the Resident Medical Officer (RMO) Unit. Clinical attachment modules allocated at the beginning of each year are structured so as to ensure interns are able to meet the requirements for a general scope of practice.</p> <p><b>Required actions:</b> Nil.</p>			
4.2 Supervision			
4.2.1	The training provider has an appropriate ratio of prevocational educational supervisors in place to oversee the training and education of interns in both PGY1 and PGY2.		
4.2.2	Mechanisms are in place to ensure clinical supervision is provided by qualified medical staff with the appropriate competencies, skills, knowledge, authority, time and resources.		
4.2.3	Interns are clinically supervised at a level appropriate to their experience and responsibilities at all times.		
4.2.4	Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.		
4.2 Supervision			
	Met	Substantially met	Not met
Rating		X	

Commentary:

**Comments:**

At present there are two prevocational educational supervisors, but all interns are currently supervised by one of the prevocational educational supervisors. The number of interns working at the DHB varies from quarter to quarter, and this has led to the Council’s required ratio of one prevocational educational supervisor to 10 interns being exceeded at times. The DHB must ensure that they have sufficient prevocational educational supervisors appointed and interns appropriately allocated to meet the requirements.

Clinical supervision is provided by the vocationally registered senior medical staff, who are enthusiastic and engaged in the supervision of interns. Interns reported they received an appropriate level of supervision, and felt well supported with immediate back up being available at all times when needed. The close level of contact between interns, the clinical supervisors, prevocational educational supervisors and the Chief Medical Officer (CMO) provides many opportunities for interns to receive timely and effective feedback.

The prevocational educational supervisors reported that they received appropriate administrative support from the Resident Medical Officer Unit.

**Commendation:**

The DHB are to be commended for the close level of contact between interns, clinical supervisors, prevocational educational supervisors and CMO that provides many opportunities for timely and effective feedback to interns.

**Required action:**

- 6. Wairarapa DHB must maintain Council’s required ratio of prevocational educational supervisors to interns (max 1:10).

**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:**

Wairarapa DHB has supported training for clinical supervisors, and many clinical supervisors have attended Council’s supervisor training workshops and online ePort training sessions. The prevocational educational supervisors have attended the annual meetings for prevocational educational supervisors conducted by Council.

**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:**  
 There are systems in place that ensure that regular meetings are held with the interns at the start of their attachment at Wairarapa DHB and during the course of the attachments. Meetings are recorded in their ePort. The apprentice model at the DHB has also enabled real time and informal feedback for interns.

Interns who are not performing at the required standard are recognised early in their attachment due to the close supervision by their clinical supervisors and prevocational educational supervisor. Appropriate remedial plans are developed by the prevocational educational supervisor with the assistance of the Chief Medical Officer and the Resident Medical Officer Unit. Wairarapa DHB collaborates with Hutt Valley DHB and Capital and Coast DHB to support interns in difficulty, as interns rotate around the three DHBs in the Wellington region. If the situation is felt to require more support than is available at the Wairarapa DHB, there have been instances where the intern has been transferred to an environment where closer supervision is more easily achieved.

**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"> <li>• a CMO or delegate (who will Chair the panel)</li> <li>• the intern's prevocational educational supervisor</li> <li>• a second prevocational educational supervisor</li> <li>• a lay person.</li> </ul>
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:
- 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:

Most interns in the Wellington region only complete one attachment at Wairarapa DHB. They therefore come under the auspices of an advisory panel at either Hutt Valley DHB or Capital and Coast DHB with whom they have done the majority of runs. There are established links between the prevocational educational supervisors at Hutt Valley, Capital and Coast and Wairarapa DHBs and communication occurs regularly between the three DHBs to discuss any concerns arising.

In addition, Wairarapa DHB is in the process of establishing their own advisory panel. It is important that the advisory panel considers the intern's performance throughout the year, as well their performance at Wairarapa DHB, when making recommendations to Council.

##### Required actions:

Nil.

#### 4.6 Signoff for completion of PGY2

- 4.6.1 There is a process for the prevocational educational supervisor to review progress of each intern at the end of PGY2, and to recommend to Council whether a PGY2 has satisfactorily achieved the goals in the PDP.

#### 4.6 Signoff for completion of PGY2

	Met	Substantially met	Not met
Rating	X		

Commentary:

##### Comments:

Plans are in place to undertake review of progress at the end of postgraduate year 2. Clinical attachment assessments are completed for interns in postgraduate year 2.

##### Required actions:

Nil.

## 5 Monitoring and evaluation of the intern training programme

### 5 Monitoring and evaluation of the intern training programme

5.1	Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.		
5.2	Processes and systems are in place to monitor the intern training programme with input from interns and supervisors.		
5.3	There are mechanisms that allow feedback from interns and supervisors to be incorporated into any quality improvement strategies for the intern training programme.		
5.4	There is a process to address any matters raised by Council in relation to training, including those arising from accreditation visits.		
<b>5. Monitoring and evaluation of the intern training programme</b>			
	<b>Met</b>	<b>Substantially met</b>	<b>Not met</b>
Rating		<b>X</b>	
Commentary:			
<p><b>Comments:</b></p> <p>The processes and mechanisms to ensure currency of accredited clinical attachments involves an annual review of each attachment. The review is initiated by the Resident Medical Officer (RMO) Unit, with input from clinical and prevocational educational supervisors, Wairarapa DHB management and interns, and with support from the Hutt Valley DHB. Council will require reassurance that appropriate processes will be in place once the change process involving the three DHBs is completed.</p> <p>Mechanisms exist to elicit feedback from interns and supervisors about the intern training programme, including a meeting in the latter part of the clinical attachment between interns, the Director of Health Services and a human resources staff member. The purpose of this meeting is to identify any issues that have arisen during the course of the attachment, and suggest changes to improve the intern training programme. Interns were generally positive about the opportunities for feedback that are afforded to them. While these processes exist, the extent to which feedback contributes to quality improvement of the intern training programme is less clear. The DHB must ensure that feedback is incorporated into the intern training programme.</p> <p>Any matters raised by Council, including those arising from accreditation visits, are addressed by appropriate staff, which may include the Chief Medical Officer, prevocational educational supervisors, the RMO Unit and the Human Resources Manager.</p> <p><b>Required actions:</b></p> <ol style="list-style-type: none"> <li>7. Wairarapa DHB must ensure that appropriate processes are in place to ensure the currency of accredited clinical attachments once the change process involving the three Wellington region DHBs is completed.</li> <li>8. Wairarapa DHB must ensure that feedback is incorporated into quality improvement strategies for the intern training programme.</li> </ol>			

## 6 Implementing the education and training framework

<b>6.1</b>	<b>Establishing and allocating accredited clinical attachments</b>		
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:

**Comment:**

The accreditation of clinical attachments is currently managed by the Wellington regional training hub. Wairarapa DHB has a service agreement with Capital and Coast DHB for the recruitment and allocation of interns, and interns reported that the allocation process was fair and transparent. Clinical attachments within the three DHBs in the Wellington region are grouped into modules. Interns indicate their preference for a module of clinical attachments, and allocation meetings are held annually with prevocational educational supervisor representatives attending from each DHB. Interns' preferences and training direction are given high consideration.

The details of clinical supervisors allocated to each clinical attachment are maintained by the Resident Medical Officer (RMO) Unit.

**Required actions:**

Nil.

### 6.2 Welfare and support

6.2.1 The duties, rostering, working hours and supervision of interns are consistent with the delivery of high quality training and safe patient care within a safe working environment, including freedom from harassment.

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

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

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

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

### 6.2 Welfare and support

	Met	Substantially met	Not met
Rating	X		

Commentary:

**Comments:**

The duties, rostering, working hours and supervision of interns are appropriate. However, there is a variable level of comfort among interns in terms of their level of responsibility at night. While the interns reported that onsite senior medical officer supervision was available and effective, Wairarapa DHB needs to address the concerns of those interns expressing anxiety and concern about night time responsibilities.

Wairarapa DHB confirmed that the interns are aware of and have access to the Employee Assistance Programme which is part of the DHB's Health, Safety and Wellness strategy. However, the DHB acknowledged that it does not actively assist interns in finding a local general practitioner. Although interns generally work at Wairarapa DHB for only 13 weeks, it is important that the DHB provide assistance for those interns who desire to register with a local general practitioner.

Professional development leave is available under the terms of the employment contract and managed through the Resident Medical Officer (RMO) Unit in a transparent manner. Applications for annual leave are dealt with through the RMO office. Interns are requested to take leave commensurate with the length of the attachment so that the cost of leave is shared equitably between the two other Wellington region DHBs and Wairarapa DHB. The interns did not report any concerns regarding the process for applying and being granted annual leave.

**Recommendations:**

- The concerns raised by some interns regarding the duties and responsibilities of an intern who is rostered to work at night should be addressed by the DHB.
- Interns should be actively encouraged by Wairarapa DHB to register with a general practitioner.

**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:**

The DHB communicates formally and informally with interns. The DHB sends out a formalised timetable for the formal education sessions in advance. The RMO Unit sends out reminders about the Medical Society and interns' teaching meetings via the hospital mobile phones that each intern carries. Informal communication occurs in the weekly interactions between interns and the RMO Unit and SMOs.

**Required actions:**

Nil.

**6.4 Resolution of training problems and disputes**

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

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

**6.4 Resolution of training problems and disputes**

	Met	Substantially met	Not met
Rating	X		

Commentary:

**Comments:**

The DHB advised that any concerns regarding an intern's training would be first escalated to the prevocational educational supervisor. If any gaps in training were identified these would be addressed by either in house or external training as appropriate. If the intern had issues with their prevocational educational supervisor then they are encouraged to bring these concerns directly to the CMO or Human Resources. The interns are advised of this during orientation to the DHB. The DHB also has a code of conduct and a disciplinary policy document that apply to all its employees.

**Required actions:**

Nil.

## 7 Communication with Council

### 7.1 Process and systems

7.1 There are processes in place so that prevocational educational supervisors inform Council in a timely manner of interns whom they identify as not performing at the required standard of competence.

#### 7. Process and systems

	Met	Substantially met	Not met
Rating	X		

Commentary:

**Comments:**

The prevocational educational supervisors at Wairarapa DHB have processes to inform Council in a timely manner of interns whom they identify as not performing at the required standard of competence. Clinical supervisors, prevocational educational supervisors and the Chief Medical Officer work closely to manage any intern who is not performing at the required standard of competence.

**Required actions:**

Nil.

## 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:

**Comments:**

Interns have access to appropriate resources and facilities. There is a library at Masterton Hospital, and interns have access to online library facilities through the Wairarapa DHB intranet. Interns are able to access computer facilities. Masterton Hospital has a training centre with rooms for teaching sessions and meetings. There is also a skills lab that is available to interns. The interns did not raise any concerns around the facilities provided by Wairarapa DHB.

The DHB provides a safe working and learning environment for interns. There is a clear policy, shared between Wairarapa, Capital and Coast and Hutt Valley DHBs on workplace bullying and harassment. Interns and senior medical staff work closely together, and this contributes to a safe and effective learning environment for interns.

**Required actions:**

Nil.