Te Kaunihera Rata o Aotearoa

Medical Council of New Zealand

Prevocational medical training accreditation – site visit report for: Waikato District Health Board

Date of assessment: 14 and 15 September 2021

Date of report: 8 December 2021

Medical Council of New Zealand

Te Kaunihera Rata o Aotearoa

Background

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

(a) prescribing the qualifications required for scopes of practice, and, for that purpose to accredit and monitor educational institutions and degrees, courses of studies, or programmes

(e) recognising, accrediting, and setting programmes to ensure the ongoing competence of health practitioners.

The Council will accredit training providers to provide prevocational medical education and training through the delivery of an intern training programme who have:

- structures and systems in place to ensure interns have sufficient opportunity:
  - to attain the learning outcomes of the *New Zealand Curriculum Framework for Prevocational Medical Training* (NZCF), and
  - to satisfactorily complete the requirements for prevocational medical training over the course of PGY1 and PGY2
- an integrated system of education, support and supervision for interns
- individual clinical attachments that meet Council's accreditation standards and provide a breadth of clinical experience and high quality education and learning.

The standards for accreditation of training providers identify the core criteria that must exist in all accredited intern training programmes while allowing flexibility in the ways in which the training provider can demonstrate they meet the accreditation standards.

Prevocational medical training (the intern training programme) spans the two years following registration with Council and includes both postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2). Prevocational medical training must be completed by all graduates of New Zealand and Australian accredited medical schools and doctors who have sat and passed the New Zealand Registration Examination (NZREX Clinical). Doctors undertaking this training are referred to as interns.

Interns must complete their internship in an intern training programme provided by an accredited training provider. Interns complete a variety of accredited clinical attachments, which take place in a mix of both hospital and community settings. Clinical attachments may only be accredited if they form part of the intern training programme provided by an accredited training provider.

Prevocational medical training ensures that interns further develop their clinical and professional skills. This is achieved by interns satisfactorily completing four accredited clinical attachments in each of the two prevocational years, setting and completing goals in their professional development plan (PDP) and recording the attainment of the learning outcomes in the NZCF.

The purpose of accrediting prevocational medical training providers and its intern training programme is to ensure that the training provider meets Council's standards for the provision of education and training of interns. The purpose of accrediting clinical attachments for prevocational medical training is to ensure interns have access to quality feedback and assessment and supervision, as well as a breadth of experience with opportunity to achieve the learning outcomes in the NZCF.

Training providers are accredited for the provision of education and training for interns (prevocational medical training) for a period of 4 years. However, interim reports may be requested during this period. Please refer to Council's *Policy on the accreditation of prevocational medical training providers* for further information.

Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

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

Name of training provider:	Waikato District Health Board (DHB)
Name of sites:	Waikato Hospital
Date of training provider accreditation visit:	14 and 15 September 2021
Accreditation visit team members:	Prof. John Nacey (Accreditation team Chair) Ms Kim Ngārimu Dr Chris Lewis Dr Suzanne Busch Dr Emma Espiner Ms Joan Simeon Ms Holly Hart
Date of previous training provider accreditation visit:	1 and 2 August 2017
Key staff the accreditation visit team met:	
Chief Executive:	Dr Kevin Snee
Chief Medical Officer:	Dr Margaret Fisher (Secondary and Tertiary Care) Dr Julia Carr (Primary Care)
Clinical Training Director:	Dr Wayne de Beer
Prevocational Educational Supervisors:	Dr Jules Schofield Dr Elizabeth Fussell (resigned July 2021) Mr Nand Kejriwal Dr Alan Crowther Mr Askar Kukkady Dr Matthew Jenkins Dr (Leo) Shengyang Liao Dr Susan Bray Dr Richard Shepherd Dr Deepika Singh Dr Kubendran Govender (appointed July 2021)
RMO unit staff:	Jenny Rutherford Rebecca Sundaresan Pauline Jesudoss Michelle Belcher Kate Johnson Khaliah Tapu
Clinical Education & Training unit staff:	Dr Helen Clark Carol Stevenson

Other key people who have a role within the prevocational training programme:

Senior trainee and Co-Chair of the RMO Council	Dr Moushumi Das
Operations Manager – Medicine and OPR	Andrea Coxhead
Operations Manager – Surgery	Dean Blake
Waikato Clinical School Simulation Unit	Rob Sinclair
Medical Director – Surgery & Anaesthesia	Mr Rowan French
Surgical CD	Mr Grant Christey
Medical Director – Medicine, ED & Critical Care	Dr Graham Mills
Past CMO	Dr Gary Hopgood
CHO – Medicine	Dr Hannah Maxwell
CHO – Surgery	Dr Thomas Hoffman

Key data about the training provider

Number of interns at training provider:

Number of PGY1s:	46
Number of PGY2s:	47

Number of accredited clinical attachments (current):	99
Number of accredited community-based attachments:	11

Section A – Executive Summary

The Waikato District Health Board (DHB) is committed to providing a high-quality environment for prevocational medical education and training. The DHB recognises prevocational medical education in its strategic priorities and has demonstrated an enthusiasm and commitment to make sure that these priorities are met. The executive leadership team and senior clinicians are to be commended for the high level of engagement and commitment they have demonstrated toward the intern training programme.

The recent cyber-attack in a background of the COVID-19 pandemic has had a significant impact on the DHB staff, including interns. The accreditation team commends the DHB for the cooperative manner in which its staff have responded to this crisis.

Waikato DHB has a significant focus on Māori health and the need to address health equity. This is reflected at both the DHB level in Te Korowai Waiora and at the regional level in the Te Manawa Taki Regional Equity Plan.

The DHB has reconstituted and improved the governance structure with the establishment of a Resident Medical Officer (RMO) Council. This Council is co-chaired by the Clinical Training Director (CTD) and a senior (advanced) trainee registrar and includes representation of interns, chief house officers, senior clinicians and management. The RMO Council is an effective mechanism for the governance of the intern training programme and can rapidly resolve issues of concern. Executive accountability for prevocational medical education is held by the Chief Medical Officer (CMO) and CTD.

The intern training programme is underpinned by sound medical education principles and supported by the expertise of the Clinical Education and Training Unit (CETU) team. These principles include interns as learners, self-directed learning, learning within social constructs, recognition of the impact of the environment on learning and performance assessment. The Medical Council commend the DHB for supporting a high quality prevocational educational programme that is underpinned by a significant level of medical education expertise. This is particularly with respect to the CTD, the Medical Education Officer and the lead prevocational educational supervisor who all hold postgraduate qualifications in medical education.

The Medical Council places significant importance on DHBs establishing appropriate relationships with iwi and Māori health providers and others in the health sector to inform the development and implementation of the intern training programme. However, the Medical Council did not receive evidence that there are relationships with external Māori health providers and the DHB should ensure these relationships are established. Furthermore, the DHB is encouraged to develop community-based attachments in Māori health settings.

The recent cyber-attack has had a significant impact on the ability of the DHB to continue with the formal education programme. Despite this, the accreditation team was impressed with the overall response of all staff and the agility and responsiveness of those involved in prevocational medical education training. CETU staff minimised the impact on the formal teaching programme with virtual teaching becoming available within one week.

The DHB is fortunate to have an excellent group of prevocational educational supervisors who are well supported by the CETU, the CTD and the lead prevocational educational supervisor. The prevocational educational supervisors have appropriate numbers of interns under their supervision and appropriate time is allocated for this role. The accreditation team recognises that attempts have been made to appoint Māori clinicians as prevocational educational supervisors and that workforce limitations have prevented this from happening. Nevertheless, the DHB is encouraged to persevere in its attempt to recruit Māori prevocational educational supervisors.

The Medical Council is impressed by the comprehensive system for obtaining feedback from interns and is satisfied that this has led to changes in measurable outcomes within the programme.

The DHB is commended for the significant progress it has made on improving the intern training programme which is now of very high quality and highly regarded by senior staff and interns. This is particularly admirable given that the DHB has had significant external pressures over the last 18 months related to the cyber-attack and the COVID pandemic. The Medical Council is impressed with the high quality prevocational medical education programme that is being delivered.

Overall, Waikato DHB has met 21 of the 21 sets of Council's standards *Accreditation standards for training providers.*

Commendations:

1. The DHB is commended on the comprehensive range of monitoring and evaluation tools that are employed and for utilising the outcomes of monitoring and evaluation to re calibrate the intern training programme.
2. The accreditation team commend the DHB for establishing the Chief House Officer roles, which are an effective mechanism for coordination and communication of issues among interns.
3. In addition, the new RMO Council is an effective mechanism for the oversight of important matters relating to the intern training programme.
4. The accreditation team commend the DHB for supporting a high-quality prevocational educational programme that is underpinned by a high level of medical education expertise. This is particularly with respect to the director of clinical training, the medical education officer and the lead prevocational educational supervisor who all hold post-graduate qualifications in medical education.

Recommendations:

1. It is recommended that the DHB establish relationships with iwi within their region to inform and support the intern training programme.
2. The accreditation team recognise the commitments to Māori workforce development articulated in the Te Manawa Taki regional equity plan. The DHB is encouraged to act on these commitments, including sustainable and adequately resourced educational, pastoral and cultural support for Māori and Pasifika interns at the DHB.

Required Actions:

There are no required actions arising from this report.

Section B – Overall outcome of the accreditation assessment

The overall rating for the accreditation of Waikato DHB as a training provider for prevocational medical training	**Met**

Waikato District Health Board holds accreditation until **31 December 2025**.

Council approved the *Prevocational medical training accreditation report: Waikato District Health Board* and determined that:

- The overall outcome of the assessment for accreditation is 'met', and
- Waikato DHB is accredited for prevocational medical training for a period of four years, until **31 December 2025**.

Section C – Accreditation Standards

1 Strategic priorities

1	Strategic priorities
1.1	High standards of medical practice, education, and training are key strategic priorities for the training provider.
1.2	The training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education.
1.3	The training provider's strategic plan addresses Māori health.
1.4	The training provider has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice.
1.5	The training provider ensures intern representation in the governance of the intern training programme.
1.6	The training provider will engage in the regular accreditation cycle of the Council, which will occur at least every three years.

1. Strategic priorities

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

Waikato DHB is committed to providing a high-quality environment for prevocational medical education and training. This is reflected in the DHB recognising prevocational medical education in its strategic priorities and has demonstrated a determination and enthusiasm to ensure this strategic priority is met. The executive leadership team and senior clinicians are to be commended on the high level of engagement with the intern training programme.

There is a strong focus on improving Māori health and the need to address health equity, with widespread engagement with Māori across the Waikato that is reflected at both the DHB level in Te Korowai Waiora and at the regional level in the Te Manawa Taki regional equity plan. This regional equity plan demonstrates an excellent collaborative approach between Māori and iwi leaders working in unison with the DHB. This is a significant milestone for the Waikato region and is the direct result of an enhanced te Tiriti o Waitangi based partnership with iwi.

The COVID-19 pandemic and the recent cyber-attack have presented major challenges to the region's health system. This has had a highly significant impact on all DHB staff including interns. The Waikato DHB responded extraordinarily well to the challenges created by these events with rapid escalation and engagement in the early stages. This provided the foundation for effective recovery and a transition to the "new normal".

Since the previous Medical Council accreditation assessment of Waikato DHB in 2018 there have been significant executive changes within the DHB that have included the replacement of the DHB Board with three Government appointed commissioners. A new Chief Executive Officer and Chief Operating Officer were also appointed during this time. The executive leadership team and senior clinicians have demonstrated a high level of engagement in the intern training program. As a consequence, the DHB has reconstituted its intern governance structure with the establishment of an RMO Council. This Council is co-chaired by the CTD and a senior (advanced) trainee registrar and includes representation of interns, chief house officers, senior clinicians and hospital management. This RMO Council has been shown to be

an effective mechanism for governance of the intern training programme and able to rapidly resolve issues of concern.

In addition, the RMO Support Services unit has been restructured with the appointment of a new manager. Increased funding of the unit has resulted in greater stability and visibility of intern organisation, including transparent and timely access to leave.

Commendations:

- The accreditation team commend the DHB for establishing the Chief House Officer roles, which are an effective mechanism for coordination and communication of issues among interns.
- In addition, the new RMO Council is an effective mechanism for the oversight of important matters relating to the intern training programme.

Recommendations:

1. The DHB should extend the inclusion of RMO representation into other governance structures and broader leadership forums operating with the DHB.
2. The accreditation team recognise the commitments to Māori workforce development articulated in the Te Manawa Taki regional equity plan. The DHB is encouraged to act on these commitments, including sustainable and adequately resourced educational, pastoral and cultural support for Māori and Pasifika interns at the DHB.

Required actions:

Nil.

2 Organisational and operational structures

2.1 The context of intern training

2.1.1 The training provider demonstrates that it has the mechanisms and appropriate resources to plan, develop, implement and review the intern training programme.

2.1.2 The chief medical officer (CMO) or their delegate (for example a Clinical Director of Training) has executive accountability for meeting prevocational education and training standards and for the quality of training and education.

2.1.3 There are effective organisational and operational structures to manage interns.

2.1.4 There are clear procedures to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training.

2.1 The context of intern training

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

The CMO and CTD have executive accountability for prevocational medical education. The accreditation team note that there are effective organisational and operational structures in place to plan, develop, implement and review the intern training programme. These are robust and sustainable long term and are likely to be appropriately responsive to challenges and change. Structures include the CETU itself and the RMO Support Service. There is an RMO Council which has appropriate and comprehensive representation from both RMOs and senior DHB management. There are funded Chief House Officer Roles in both medicine and surgery to provide formal RMO leadership.

There is an impressive and extremely comprehensive system of feedback at all levels of the clinical and educational programme, with appropriate regular reporting to the CTD. This creates confidence that problems which occur will be appropriately detected and dealt with. There are comprehensive written protocols and procedures to manage interns and supervisors.

Required actions:
Nil.

2.2 Educational expertise

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

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

2.2 Educational expertise

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
The intern training programme is underpinned by sound medical educational principles and supported by the expertise of the CETU team. These principles include interns as learners, self-directed learning, learning within social constructs, recognition of the impact of the environment on learning, and performance assessment. There is collaboration between the CETU, RMO support service and the clinical and educational supervisors to build an appropriate programme of broad-based clinical attachments. There is a clear commitment to the provision of community-based attachments (CBAs) in appropriate numbers.

Commendation:

- The accreditation team commend the DHB for supporting a high-quality prevocational educational programme that is underpinned by a high level of medical education expertise. This is particularly with respect to the director of clinical training, the medical education officer and the lead prevocational educational supervisor who all hold post-graduate 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.

2.3.3 The training provider has effective partnerships with Māori health providers to support intern training and education.

2.3 Relationships to support medical education

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
Relationships have been formed with external providers to aid intern education. These include the Waikato Clinical Campus of the University of Auckland, the Medical Education Network Forum (clinical

training directors and their teams from northern NZ, led by Waikato DHB), Health Workforce New Zealand, and various community-based providers to create CBAs (see above).

Within Waikato DHB, there is a Learning Governance Group, which is a local education and training governance group for the DHB with representatives from each professional group. CETU actively liaises with postgraduate committees and training programme directors.

There is excellent support for Māori interns including a programme from Māori SMOs who specifically support Māori doctors within the Department of Medicine.

The Medical Council places importance on DHBs establishing relationships with iwi and Māori health providers and others in the health sector to inform the development and implementation of the intern training programme. However, the accreditation team did not receive evidence that there are relationships with external Māori health providers, and we encourage the DHB to ensure these relationships are in place.

Recommendation:

3. We recommend that the DHB establish relationships with iwi and Māori within their region to inform and support the intern training programme.

Required actions:

Nil.

3 The intern training programme

3.1 Programme components

3.1.1	The intern training programme is structured to support interns to attain the learning outcomes in the NZCF (75% by the end of PGY1 and at least 95% by the end of PGY2).
3.1.2	The intern training programme requires the satisfactory completion of eight 13-week accredited clinical attachments, which in aggregate provide a broad based experience of medical practice.
3.1.3	The training provider has a system to ensure that interns' preferences for clinical attachments are considered, mindful of the overall learning objectives of the NZCF and their individual PDP goals in the context of available positions.
3.1.4	The training provider selects suitable clinical attachments for training on the basis of the experiences that interns can expect to achieve, including the: • workload for the intern and the clinical unit • complexity of the given clinical setting • mix of training experiences across the selected clinical attachments and how they are combined to support achievement of the goals of the intern training programme.
3.1.5	The training provider has processes that ensure that interns receive the supervision and opportunities to develop their cultural competence in order to deliver patient care in a culturally-safe manner.
3.1.6	The training provider, in discussion with the intern and the prevocational educational supervisor, must ensure that over the course of the two intern years each intern spends at least one clinical attachment in a community setting.
3.1.7	Interns are not rostered on nights during the first six weeks of PGY1.
3.1.8	The training provider has process to ensure that interns working on nights are appropriately supported. Protocols are in place that clearly detail how the intern may access assistance and guidance on contacting senior medical staff.

3.1.9 The training provider ensures there are procedures in place for structured handovers between clinical teams and between shifts (morning, evening, nights and weekends) to promote continuity of quality care. The training provider ensures that interns understand their role and responsibilities in handover.

3.1.10 The training provider ensures adherence to the Council's policy on obtaining informed consent.

3.1 Programme components

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

The accreditation team was assured that the standards relating to programme components have been met. Comprehensive documentation was provided by the DHB to support this including metrics around learning activity completion by interns, role descriptions, evidence of the formal processes in place to ensure all interns meet the standards relating to programme components and a list of teaching sessions embedded in the formal education programme.

All interns at the DHB attain the learning outcomes in the NZCF and ePort meetings are held at the beginning, mid cycle and the end of attachment by prevocational educational supervisors and interns, with the group of prevocational educational supervisors taking a proactive approach to scheduling meetings and addressing issues for interns as they arise. This was documented in the evidence and confirmed in meetings with the group of prevocational educational supervisors and interns during the accreditation visit.

Waikato DHB has high levels of participation with the new Learning Activities. Its average number of reflections per intern is 39, the highest of all DHBs.

All interns complete eight 13-week accredited clinical attachments across a range of practice areas, providing a broad-based experience. The DHB has a formal process to work with interns at risk of not meeting the required 10-weeks per attachment, and an individualised approach to ensure fairness for interns when this occurs, taking into account the intern's global performance and the reason they are unable to meet the 10-week minimum, for example those who take leave to study for and sit the General Surgical Science Examination (RACS).

Clinical attachments at the DHB are selected appropriately, with consideration given to the workload for the intern, the complexity of the setting and the aggregate experience of the intern across all attachments.

The accreditation team is satisfied that there are opportunities for interns to develop cultural competence in order to deliver care in a culturally-safe manner. Orientation in PGY1 commences with a pōwhiri overseen by Te Puna Oranga, the Māori, Equity and Health Improvement directorate established in 2020. Teaching on Māori health and equity is embedded in the formal teaching programme. Interns described their experience of working closely with kaitiaki Māori on the wards to support their Māori patients, and said they felt well briefed on cultural safety. Māori interns are prioritised in the workforce plan for the DHB with Māori interns receiving additional weighting in the Advanced Choice of Employment (ACE) recruitment ranking.

The accreditation team recognise the establishment of CBAs and the placement of interns in these, and we encourage the DHB to develop CBAs in Māori health settings.

The DHB does not roster interns on nights during the first six months of PGY1, which is formalised in the PGY1 position description. Additionally, PGY1 interns do not undertake relieving work.

Interns are well supported on nights, with training provided as part of regular teaching sessions on how to prepare for night shifts. This was disrupted during the cyber-attack, with some interns unable to attend, but it is an embedded part of the teaching programme, including the session "Commencing the night call." There are clear communication channels for escalating concerns on nights and no interns reported feeling unable to approach seniors for support on nights. The accreditation team appreciates that there are clear formal channels for interns to seek help on night shifts, with a supportive informal culture underpinning this, as reported by interns at the accreditation assessment.

The process and importance of clinical handover is included in the January PGY1 orientation. This is supported by a policy for RMO to RMO clinical handovers. Structured handovers occur in both medical and surgical attachments, with formal handovers at morning and night, and informal handovers between RMOs in the afternoon. Some logistical issues were raised by interns doing surgical night shifts, as the surgical RMO covers all the surgical specialties, but is unable to attend multiple simultaneous morning handovers. Interns mitigate this by communicating specific handovers with each other by text.

The DHB has clear policies in place regarding appropriate use of informed consent. The accreditation team was made aware of an instance where interns were being inappropriately required to consent for procedures in the orthopaedic department. This was quickly escalated and acted upon with the support of a senior medical officer (SMO), and there have been no further issues with this department or others with interns inappropriately consenting for procedures. Informed consent is discussed in the start of year orientation, and interns who spoke to the accreditation team confirmed that they are told at the start of most attachments which procedures are appropriate for interns to consent and which procedures should be consented for by a senior RMO or consultant.

Recommendation:

4. The accreditation team recognises the DHB's achievement in ensuring that all interns complete a community-based attachment. Noting the importance of this, we request that the DHB report to the Medical Council annually on its continued adherence to this standard (3.1.6).

Required actions:

Nil.

3.2 ePort

3.2.1 There is a system to ensure that each intern maintains their ePort as an adequate record of their learning and training experiences from their clinical attachments and other learning activities.

3.2.2 There is a system to ensure that each intern maintains a PDP in ePort that identifies their goals and learning objectives which are informed by the NZCF, mid and end of clinical attachment assessments, personal interests and vocational aspirations.

3.2.3 There are mechanisms to ensure that the clinical supervisor and the prevocational educational supervisor regularly review the goals in the intern's PDP with the intern.

3.2.4 The training provider facilitates training for PGY1s on goal setting in the PDP within the first month of the intern training programme.

3.2 ePort

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

The accreditation team was provided with evidence from ePort that all interns are maintaining an adequate record of their learning and training on ePort.

There is a system which ensures interns work with their prevocational educational supervisor to meet the requirements of a professional development plan (PDP) in ePort. This includes a proactive approach by prevocational educational supervisors to support interns individually, and regular meetings of the prevocational educational supervisors group to discuss programmatic issues and specific performance issues for individual interns.

The accreditation team was impressed with the prevocational educational supervisor group's commitment to facilitating interns' completion of their PDP. It was clear from the intern feedback that prevocational educational supervisors are seen as approachable and supportive. For example, on occasions where interns were unable to get hold of their clinical supervisors to attend to their ePort requirements, the prevocational educational supervisors would facilitate the resolution of this for the intern.

The DHB provided evidence of facilitating training for PGY1s on goal setting as part of the orientation programme within the first month of the intern training programme. This is further reinforced by a one-on-one meeting between individual interns and their prevocational educational supervisors within the first 2-3 weeks of their first clinical attachment. During this meeting, the prevocational educational supervisor and intern sign a 'Learning Contract' that explicitly outlines ePort requirements and can be referred to later in the year if needed.

Required actions:
Nil.

3.3 Formal education programme

3.3.1 The intern training programme includes a formal education programme that supports interns to achieve NCZF learning outcomes that are not generally available through the completion of clinical attachments.
3.3.2 The intern training programme is structured so that interns in PGY1 can attend at least two thirds of formal educational sessions.
3.3.3 The training provider ensures that all PGY2s attend structured education sessions.
3.3.4 The formal education programme provides content on Māori health and culture, and achieving Māori health equity, including the relationship between culture and health.
3.3.5 The training provider ensures the formal education programme provides opportunity for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out.
3.3.6 The training provider provides opportunities for additional work-based teaching and training.

3.3 Formal education programme

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
The accreditation team recognise the impact of the cyber-attack on the ability of the DHB to continue with the formal education programme. This attack had a serious impact on the various DHB systems. Despite this, the accreditation team was impressed with the overall response of all staff and also the agility and responsiveness of those involved in prevocational medical educational training. CETU staff minimised the impact on the formal teaching programme with virtual teaching becoming available within two weeks.

The CETU provides a formal education programme that supports interns to achieve NZCF learning outcomes that are not generally available through the completion of clinical attachments. Evidence was provided to the accreditation team on the content of the formal education programme and the relevant

policies in place to ensure interns meet the requirements to apply for general registration within Waikato DHB.

The accreditation team was satisfied with the evidence provided by the DHB to demonstrate required levels of attendance by PGY1 interns at formal education sessions. Teaching for PGY1 and PGY2 interns occurs weekly, with CETU staff holding interns' pagers so they are not disturbed during teaching.

There is a separate PGY2 formal education programme. PGY2 interns attend the required number of sessions. More broadly, PGY2 interns commented on the SHO roles only available for PGY2 and above as complementing the formal education programme, by giving them exposure to senior RMOs and SMOs and advanced training in subspecialty areas. There were challenges identified with ensuring all interns on CBAs are able to attend formal education with a lack of internet access being an issue for some. Others were able to excuse themselves from their CBA to attend the sessions in person in the instances where their CBA was located near the hospital. Attempts to trial remote education via MS Teams were unsuccessful, but this was considered by the DHB to be temporary, and a re-trial at the start of quarter 3 in 2021 was successful. Interns unable to attend formal education sessions due to lack of internet access were not penalised for non-attendance and were provided with pdf copies of the missed presentations.

The formal education programme provides content on Māori health, equity and the relationship between culture and health. The accreditation team also noted plans for continuing to broaden and strengthen teaching on cultural safety with CETU working towards embedding cultural safety throughout the orientation programme, and with online learning modules being developed in conjunction with Te Puna Oranga.

The accreditation team was provided with evidence of teaching in the formal education programme around self-care, wellbeing, managing stress and burn-out and dealing with bullying.

Additional work-based training and teaching is available. This is offered in the form of four annual procedural learning sessions. These sessions are popular and focus on practical skills such as chest aspiration, ultrasound for vascular access, joint aspiration, lumbar puncture and advanced suturing. There are also opportunities to attend clinical audit meetings, case presentations and journal clubs within specific hospital departments, multi-disciplinary team meetings, hospital grand round, radiology and pathology meetings and the trauma forum. The DHB also offers access to vocational courses for interns with intentions around surgical vocational pathways during PGY2, and career planning support for interns intending to pursue physician training.

Required actions:
Nil.

3.4 Orientation

3.4.1 An orientation programme is provided for interns commencing employment at the beginning of the intern year and for interns commencing employment partway through the year, to ensure familiarity with the training provider policies and processes relevant to their practice and the intern training programme.

3.4.2 Orientation is provided at the start of each clinical attachment, ensuring familiarity with key staff, systems, policies and processes relevant to that clinical attachment.

3.4 Orientation

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

The DHB has a comprehensive four-day orientation programme for interns commencing employment in January. Interns who start at different times of the year are offered individual half day orientations. These are generally NZREX doctors, and existing NZREX doctors volunteer to buddy with them to help with transition. The accreditation team was provided with evidence of the RMO pocketbooks including the orientation booklet and standard operating procedure handbook.

Each clinical attachment has a formal orientation which covers issues such as informed consent, scope of the intern's role and key information about the department. The accreditation team was provided with evidence of standardised orientation documents, and evidence of the policies in place to evaluate the quality of the orientation programme in the form of the postgraduate hospital educational environment measure (PHEEM) report.

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:
There are flexible training policies in place, but they are not currently being utilised as there are no interns in the current cohort who have requested flexible training.

Required actions:
Nil.

4 Assessment and supervision

4.1 Process and systems

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

4.1 Process and systems			
	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
Waikato DHB has systems in place to ensure all those involved in prevocational training understand the requirements of the intern training programme.

Programme requirements are addressed in depth at orientation. At the initial meeting between an intern and their prevocational educational supervisor, the intern signs a learning contract, which outlines the expectations of the training programme. Interns are surveyed with respect to their understanding of the requirements and survey results show good understanding.

The CETU and prevocational educational supervisors hold monthly meetings. These include discussion and solutions around the training programme. Compliance with ePort is monitored and actions are taken if there are any concerns.

Clinical supervisors are trained on their clinical supervision role when they start in the role. The Director of Clinical Training has spoken at Grand Round on the topic of educating other SMOs on education and training. When interns were surveyed in February 2021 with respect to their clinical supervisors, they found that the clinical supervisors knowledge of the training program results is excellent.

Required actions:
Nil.

4.2 Supervision – Prevocational educational supervisors

4.2.1 The training provider has an appropriate ratio of prevocational educational supervisors in place to oversee the training and education of interns in both PGY1 and PGY2.

4.2.2 Prevocational educational supervisors attend an annual prevocational educational supervisor meeting conducted by Council.

4.2.3 There is oversight of the prevocational educational supervisors by the CMO (or delegate) to ensure that they are effectively fulfilling the obligations of their role.

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

4.2 Supervision – Prevocational educational supervisors

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
Waikato DHB currently has 10 prevocational education supervisors for approximately 98 interns but these numbers fluctuate depending on late finishers or employment gaps being filled. Recent issues with unexpected prevocational educational supervisor absences were identified early and mitigated as best as possible.

Prevocational educational supervisors have adequate provision of time to carry out their roles.

The prevocational educational supervisors are well supported by the CETU, the CTD (CMO delegate) and the lead prevocational educational supervisor. There is a buddy system for new prevocational educational supervisors.

The prevocational educational supervisors all attend the Medical Council annual meeting other than those who have only just started in the role. A record is kept of their attendance.

The prevocational educational supervisors receive excellent support from CETU and RMO unit staff.

It is recognised that attempts have been made to appoint Māori clinicians as prevocational educational supervisors and that workforce limitations have prevented this from happening. The accreditation team encourage the DHB to persevere in its attempt to recruit Māori prevocational educational supervisors.

The prevocational educational supervisors do not have specific training to support Māori or Pacific Island interns.

Required actions:
Nil.

4.3 Supervision – Clinical supervisors

4.3.1 Mechanisms are in place to ensure clinical supervisors have the appropriate competencies, skills, knowledge, authority, time and resources to meet the requirements of their role.

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

4.3.3 Clinical supervisors undertake relevant training in supervision and assessment as soon as practicable after commencing their supervisory role. This must be within 12 months of appointment as a clinical supervisor.

4.3.4 The training provider maintains a small group of clinical supervisors for relief clinical attachments.

4.3.5 All staff involved in intern training have access to professional development activities to support their teaching and educational practice and the quality of the intern training programme.

4.3 Supervision – Clinical supervisors

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

Waikato DHB supports clinical supervisors in undertaking relevant training in supervision and assessment. Clinical supervisors demonstrated a strong understanding of the requirements of their role and felt well-supported by their DHB in pursuing further training opportunities. There are robust processes for when a new clinical supervisor commences work with the DHB to encourage and educate them with respect to training and supervision obligations.

The CETU does not record training completed by clinical supervisors but this is a future goal.

Intern feedback reflects that they feel well supported and supervised by clinical supervisors. They report positively about the quality of feedback they receive. Interns are supervised to a level that is appropriate for their experience, abilities, and responsibilities. Interns reported feeling comfortable with the level of senior support available at work, including on night duties.

Waikato DHB maintains a pool of experienced clinical supervisors to supervise interns on relief. Work books and multisource feedback contribute to assessment and feedback for interns undertaking relief attachments.

There are a number of mechanisms available for all staff to access professional development activities to support their teaching and educational practice.

Required actions:

Nil.

4.4 Feedback and assessment

4.4.1 Systems are in place to ensure that regular, formal feedback is provided to interns and documented in ePort on their performance within each clinical attachment, including end of clinical attachment assessments. This should also cover the intern's progress in completing the goals in their PDP and in attaining the learning outcomes in the NZCF.

4.4.2 There are processes to identify interns who are not performing at the required standard of competence. These ensure that the clinical supervisor discusses concerns with the intern, the prevocational educational supervisor, and that the CMO (or delegate) is advised when appropriate. A remediation plan must be developed, documented and implemented with a focus on supporting the intern and patient safety.

4.4.3 There are processes in place to ensure prevocational educational supervisors inform Council in a timely manner of interns not performing at the required standard of competence.

4.4 Feedback and assessment			
	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
Compliance with mid-attachment and end-of-attachment clinical supervision is monitored by the prevocational educational supervisors' group at their monthly meetings. This ensures that any supervisors have the time to undertake supervision and any lag in clinical supervision is addressed in a timely manner.

Interns are surveyed regarding the quality of supervisor feedback including the ePort knowledge of their supervisors.

The CETU has created a guideline in regards to the supervisory and management approach of the doctor in difficulty. The monthly meetings between the CETU and the prevocational educational supervisors include "Struggling Interns" as a standing agenda item.

There is clear guidance regarding the path to take with respect to notification and assistance.

Required actions:
Nil.

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

4.5.1 The training provider has established advisory panels to consider progress of each intern at the end of the PGY1 year that comprise:
- a CMO or delegate (who will chair the panel)
- the intern's prevocational educational supervisor
- a second prevocational educational supervisor
- a layperson.

4.5.2 The panel follows Council's *Advisory Panel Guide & ePort guide for Advisory Panel members*.

4.5.3 There is a process in place to monitor that each eligible PGY1 is considered by an advisory panel.

4.5.4 There is a process in place to monitor that all interns who are eligible to apply for registration in the General scope of practice have applied in ePort.

4.5.5 The advisory panel bases its recommendation for registration in the General scope of practice on whether the intern has:
- satisfactorily completed four accredited clinical attachments
- substantively attained the learning outcomes outlined in the NZCF (see standard 3.1.1)
- completed a minimum of 10 weeks (full time equivalent) in each clinical attachment
- developed an acceptable PDP for PGY2, to be completed during PGY2
- advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE Advanced less than 12 months old.

4.5 Advisory panel to recommend registration in the General scope of practice			
	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
The Waikato DHB Advisory Panel is chaired by the CTD. Multiple advisory panels are established during the year to facilitate the assessment of year-end (PGY1s). There are also ad hoc smaller panels for 'late starters" and NZREX doctors. The educational administrator ensures that the intern's own prevocational

educational supervisor attends for the interns being presented and an additional (second) prevocational educational supervisor.

The panel follows the Council's *Advisory Panel Guide.* There is a check list used by the interns and prevocational educational supervisors to aid in completing the requirements before the panel meeting. The CETU and prevocational educational supervisor group have designed a handout demonstrating how the intern applies for general registration.

The CDT and prevocational educational supervisors follow-up on progress for those interns that did not meet the criteria and guide them on completing any remaining tasks before reconsideration by the panel.

Required actions:
Nil.

4.6 End of PGY2 – removal of endorsement on practising certificate

4.6.1 There is a monitoring mechanism in place to ensure that all eligible PGY2s have applied to have the endorsement removed from their practising certificates.

4.6.2 There is a monitoring mechanism in place to ensure that prevocational educational supervisors have reviewed the progress of interns who have applied to have their endorsement removed.

4.6 End of PGY2 – removal of endorsement on practising certificate			
	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
The ePort progress of PGY2 interns is reviewed by prevocational educational supervisors.

If all Council requirements are met at the end of PGY2, the intern's prevocational educational supervisor emails the rest of the prevocational educational supervisor group, detailing the requirements that have been achieved on ePort and stating the intern's career choice.

They will recommend the intern for Removal of Endorsements from General Registration once they have received agreement from at least six prevocational educational supervisors.

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 systems are in place to monitor the intern training programme with input from interns and supervisors.

5.2 There are mechanisms in place that enable interns to provide anonymous feedback about their educational experience on each clinical attachment.

5.3 There are mechanisms that allow feedback from interns and supervisors to be incorporated into quality improvement strategies for the intern training programme.

5.4	There are mechanisms in place that enable interns to provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training.
5.5	The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns.
5.6	There is a process to address any matters raised by Council in relation to training, including those arising from accreditation visits.

5. Monitoring and evaluation of the intern training programme

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

The DHB has robust systems in place for the ongoing monitoring, evaluation and improvement of the prevocational education training programme. The range of mechanisms include:

- intern surveys, including both the PHEEM and year end training inventory (YETI) surveys, and
- surveying on an issue specific basis as required,
- focus groups to provide more in-depth feedback,
- structured forums, including the RMO Council and professional group forums, to provide oversight of the performance of the intern training programme, and
- an ability through the RMO Council to rapidly address issues as they arise.

Interns have a number of opportunities to provide anonymous feedback, principally through the YETI and PHEEM survey tools. The YETI is administered at the end of each year, and the PHEEM is administered at the end of each clinical attachment. In addition, the CETU administers annual surveys seeking intern feedback on their supervision experiences.

The RMO Council operates a 'traffic light' system, in order to prioritise and maintain visibility of issues requiring remediation. The CETU reviews the formal education programme annually, and makes adjustments where possible to the programme based on the feedback it receives.

Issues raised by the RMO Council with respect to the intern training programme are addressed through the CETU, the prevocational educational supervisor monthly meetings and at the RMO Council. Issues arising from an accreditation visit form part of the DHB's reporting to the RMO Council.

Commendation:

- The DHB is commended for the comprehensive range of monitoring and evaluation tools that are employed, and for utilising the outcomes of monitoring and evaluation to recalibrate and improve the intern training programme.

Required actions:

Nil.

6 Implementing the education and training framework

6.1	Establishing and allocating accredited clinical attachments
6.1.1	Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.
6.1.2	The training provider has processes for establishing new clinical attachments.
6.1.3	The process of allocation of interns to clinical attachments is transparent and fair.

6.1 Establishing and allocating accredited clinical attachments			
	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
The CETU has developed a standard operating procedure (SOP) for the accreditation and re-accreditation of clinical attachments. There is a quarterly review of currency of attachments by the Medical Educational Officer. Additionally, each prevocational educational supervisor takes responsibility for oversight of a certain number of clinical attachments, and a prevocational educational supervisor and the Medical Educational Officer will undertake a formal accreditation visit for new clinical attachments. As described earlier, there are several feedback mechanisms in place through which problems can be raised and dealt with. The processes and timelines regarding allocations is well documented.

Required actions:
Nil.

6.2 Welfare and support

6.2.1 The duties, rostering, working hours and supervision of interns are consistent with the delivery of high quality training and safe patient care.

6.2.2 The training provider ensures a safe working and training environment, which is free from bullying, discrimination and sexual harassment.

6.2.3 The training provider ensures a culturally-safe environment.

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

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

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

6.2.7 Applications for annual leave are dealt with fairly and transparently.

6.2.8 The training provider recognises that Māori interns may have additional cultural obligations, and has flexible processes to enable those obligations to be met.

6.2 Welfare and support			
	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
The RMO support unit undertakes appropriate consultation to ensure rosters are compliant with employment contracts, and that there are clear processes for annual and educational leave. The RMO Council provides a mechanism for interns to provide feedback directly to DHB management. There are now appropriate policies and procedures in place regarding reporting of bullying and harassment, and regular feedback regarding this is sought. The training programme includes sessions about cultural safety and the DHB has a clear commitment to improving equity. The process of career counselling is clearly described, as are the resources available for personal counselling (general practitioner, Employee Assistance Programme and the prevocational educational supervisor team). The DHB reimburses the full membership costs of Te Ohu Rata o Aotearoa (Te ORA) to eligible employees. There is a commitment to recruitment of Māori SMOs to prevocational educational supervisor roles, which to date has been limited by availability.

The accreditation team acknowledge the significant impact the cyber incursion has had on all staff including interns and commends the DHB for the cooperative manner in which its staff have responded to this crisis.

The accreditation team notes the high levels of satisfaction amongst interns in the leave approval processes, and in their interactions with the RMO unit in general.

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 accreditation team was provided with documentation demonstrating that there is clear communication with interns about all aspects of the training programme, including PGY1 orientation, the prevocational educational supervisor team, and weekly PGY1 and PGY2 teaching.

The aims and goals of each weekly teaching session are made clear. Feedback is routinely sought, and attendance is closely monitored.

Required actions:
Nil.

6.4 Resolution of training problems and disputes

6.4.1 There are processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality.
6.4.2 There are clear and impartial pathways for timely resolution of training-related disputes.

6.4 Resolution of training problems and disputes

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
Interns are encouraged to address difficulties with their clinical and/or prevocational educational supervisors in the first instance. Evidence was provided of several other mechanisms by which concerns could also be raised – via the CDT, RMO support services, chief house officers, and RMO Council; regular written feedback is also sought about all aspects of the training programme. These surveys appear to have a good response rate.

Required actions:
Nil.

7 Facilities

7 Facilities

7.1	Interns have access to appropriate educational resources, facilities and infrastructure to support their training.		
7. Facilities			
	Met	Substantially met	Not met
Rating	**X**		
Commentary:			

Comments:
Interns have access to computers across campus, though they did report a lack of availability of computer hardware on some wards. Adaptations are needed to ensure adequate access to online teaching in the clinical environment. The accreditation team notes that adaptations were made with respect to the delivery of training during the cyber-attack including increasing reliance on cloud-based tools like MS Teams.

The RMO lounge provides a sitting area, lockers, bathroom and limited sleeping quarters. It also has cable TV, kitchen (including beverages) and workstation areas. It is in a central location close to the medical and surgical wards, and the cafeteria.

The Bryant Education Centre has been recently updated. This space has meeting rooms and a simulation centre. It also includes the library, which provides resources including individual tutoring sessions, the library catalogue, and more study spaces.

Required actions:
Nil.