Te Kaunihera Rata
o Aotearoa

Medical Council of New Zealand

Prevocational medical training accreditation – report for: Northland District Health Board

Date of virtual site visit: 1-2 September 2021
Date of report: 8 December 2021

Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

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 Northland District Health Board

Name of training provider:	Northland District Health Board (DHB)
Name of sites:	Whangarei Hospital
Date of training provider accreditation visit:	1 & 2 September 2021
Accreditation visit team members:	Prof. John Nacey (Accreditation team Chair) Ms Susan Hughes Dr Stephen Child Dr Mandy Perrin Dr Fraser Jeffery Ms Emily Douglas Ms Krystiarna Jarnet Ms Holly Hart
Date of previous training provider accreditation visit:	27 & 28 June 2017
Key staff the accreditation visit team met:	
Chief Executive:	Dr Nick Chamberlain
Chief Medical Officer:	Dr Mike Roberts
Deputy Chief Medical Officer:	Dr Jennifer Walker
Prevocational Educational Supervisors:	Dr Fiona Bowles Dr Rob Coup Dr Ralph Fuchs Dr Mick Killeen Dr Adam Mullan
RMO unit staff:	Ms Tina Harrop Ms Ashley Sefton Ms Sharney Smith Ms Emma Fisher Ms Leyla Dumbleton
Admin assistant to prevocational educational supervisors	Ms Janet Walters-Gleeson
Key data about the training provider:	
Number of interns at training provider:	36
Number of PGY1s:	17
Number of PGY2s:	19
Number of accredited clinical attachments:	29
Number of accredited community-based attachments:	4

Section A – Executive Summary

Northland District Health Board (DHB) serves a population of 193,000 which is significantly older than the New Zealand national average. This includes a much higher proportion of Māori (37%) and a lower proportion of Pasifika people. In addition, Northland DHB has a very high proportion of people in the most deprived section of the population while the least deprived section is under-represented. Poverty remains the greatest driver of health needs. This is in the context of a General Practice "workforce crisis" resulting in increasing direct patient self-referral to Whangarei Hospital's Emergency Department. The Hospital is described as being in "dire straits" physically with the proposed partial rebuild reportedly having a $200M shortfall.

Northland DHB recognises prevocational medical education and training in its strategic priorities and has demonstrated enthusiasm and commitment in ensuring these priorities are met. The executive leadership team and senior clinicians are to be commended for demonstrating a high level of engagement in the intern training programme. Nevertheless, strategic commitment to interns being involved in the governance structure and various committees in relation to the DHB's intern training programme is required and must be formalized. It is accepted that this occurs informally at present and is dependent on the person occupying the Chief Medical Officer (CMO) position. This needs to be embedded within the strategic documentation and processes to ensure that this commitment continues irrespective of who occupies the position of CMO. The DHB previously had an established Medical Education Committee that provided oversight of the prevocational medical programme. This committee included interns, prevocational educational supervisors and reported to the clinical governance committee. The DHB should consider reconstituting this committee as a means of ensuring satisfactory oversight of the prevocational medical programme.

The current CMO is to be commended for his extraordinary commitment to ensuring a high-quality training programme. It is essential that the incoming Chief Medical Officer continues this excellent work.

The process for allocating attachments for interns in their PGY2 year is fair and transparent. However, involving the intern's prevocational educational supervisors in this process may enhance the allocation process.

Cultural competence of all staff is a clearly stated priority for the DHB but although the DHB has provided examples of where interns have received opportunities to develop their cultural competence, this is an area that should have more focus.

The DHB generally complies with Council's policy on obtaining informed consent. However, interns holding the on-call medical house officer phone reported being asked to consent oncology and haematology patients for infusions or medicines they were not competent to administer. The formal education programme is highly valued by interns, but the DHB must ensure that this programme provides content on Māori health and culture and the means of achieving Māori Health Equity. This includes the relationship between Māori culture and health.

The DHB's handling of orientation at the start of each clinical attachment is variable with very positive feedback with respect to orientation in the Emergency Department whereas the Interns report that there is no apparent orientation to other departments. The DHB must ensure that orientation is provided at the start of all clinical attachments ensuring familiarity with key staff, systems, policies and processes relevant to that clinical attachment. The DHB must ensure that mechanisms are in place to enable interns to provide anonymous feedback to prevocational educational supervisors, RMO unit staff and others involved in intern training.

The DHB must ensure that supervisor effectiveness is routinely reviewed. This must consider feedback from interns.

It is acknowledged that the DHB has been going through a process to improve provision of overnight care at Whangarei Hospital. This arose following concerns raised around patient safety and stress on interns at night. Nevertheless, the DHB must ensure that the rostering of interns, particularly at night, is consistent with the delivery of safe patient care.

Interns expressed the view that leave was not always applied fairly and transparently. However, given the difficulty between service and leave requirements it is apparent that the RMO unit is managing leave as fairly and equitably as possible within the constraints of the current system.

Although the DHB is aware that Māori interns may have additional cultural obligations this recognition is provided on an ad hoc basis. The DHB must ensure that it has formalized, flexible processes for Māori interns who may have additional cultural obligations, to enable those obligations to be met.

Overall, Northland DHB has met 16 of the 21 sets of Council's standards *Accreditation standards for training providers.* Five sets of standards are substantially met:

3.1 Programme components
3.3 Formal education programme
3.4 Orientation
5.0 Monitoring and evaluation of the intern training programme
6.2 Welfare and support

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

1. The DHB must ensure that interns are represented in the governance of the intern training programme. (Standard 1.5)
2. The DHB must ensure that interns receive supervision and opportunities to develop their cultural competence in order to deliver culturally-safe patient care. (Standard 3.1.5)
3. The DHB must ensure that it adheres to Council's Policy on Informed consent. (Standard 3.1.10)
4. The DHB must ensure that the formal education programme provides content on Māori health and culture, and achieving Māori health equity, including the relationship between culture and health. (Standard 3.3.4)
5. The DHB must ensure that orientation is provided at the start of all clinical attachments, ensuring familiarity with key staff, systems, policies and processes relevant to that clinical attachment. (Standard 3.4.2)
6. The DHB must ensure that mechanisms are in place to enable interns to provide anonymous feedback to prevocational educational supervisors, RMO unit staff and others involved in intern training. (Standard 5.4)
7. The DHB must ensure that it routinely reviews supervisor effectiveness taking into account feedback from interns. (Standard 5.5)
8. The DHB must ensure that interns working at night receive appropriate support to deliver safe patient care (Standard 3.1.8)
9. The DHB must ensure that it has formalised flexible processes for Māori interns who may have additional cultural obligations, to enable those obligations to be met. (Standard 6.2.8)

The following two recommendations were made:

1. The DHB should consider involvement of prevocational educational supervisors in the allocation process for PGY2s clinical attachments.
2. The DHB should consider aligning the handover of registrars and house officers at the beginning of night shift.

The following two commendations were made:

1. The accreditation team commends the executive leadership and senior clinicians who have demonstrated a high level of engagement in the intern training programme.
2. The accreditation team commends the CMO for his extraordinary commitment to ensuring a high-quality training programme.

Section B – Overall outcome of the accreditation assessment

The overall rating for the accreditation of Northland DHB as a training provider for prevocational medical training	**Substantially met**

Northland District Health Board holds accreditation until 31 December 2025.

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

- The overall outcome of the assessment for accreditation is 'substantially met', and
- Northland DHB is accredited for prevocational medical training for a period of four years, until **31 December 2025**. This date is subject to the DHB satisfactorily addressing the required actions in the report which are set out below.

Council has requested that Northland DHB provide a progress report by 30 June 2022 that satisfies Council that the following required actions have been addressed:

1. The DHB must ensure that interns are represented in the governance of the intern training programme. (Standard 1.5)
2. The DHB must ensure that interns receive supervision and opportunities to develop their cultural competence in order to deliver culturally-safe patient care. (Standard 3.1.5)
3. The DHB must ensure that interns working at night receive appropriate support to deliver safe patient care (Standard 3.1.8)
4. The DHB must ensure that it adheres to Council's Policy on Informed consent. (Standard 3.1.10)
5. The DHB must ensure that the formal education programme provides content on Māori health and culture, and achieving Māori health equity, including the relationship between culture and health. (Standard 3.3.4)
6. The DHB must ensure that orientation is provided at the start of all clinical attachments, ensuring familiarity with key staff, systems, policies and processes relevant to that clinical attachment. (Standard 3.4.2)
7. The DHB must ensure that mechanisms are in place to enable interns to provide anonymous feedback to prevocational educational supervisors, RMO unit staff and others involved in intern training. (Standard 5.4)
8. The DHB must ensure that it routinely reviews supervisor effectiveness taking into account feedback from interns. (Standard 5.5)
9. The DHB must ensure that it has formalised flexible processes for Māori interns who may have additional cultural obligations, to enable those obligations to be met. (Standard 6.2.8).

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:

Northland 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 in demonstrating a determination and enthusiasm to ensure this strategic priority is met. There is a strong focus on improving Māori health with widespread engagement with Māori across Northland to inform the new *Te Tai Tokerau Northland Health Strategy to 2040*. This document encompasses nine strategic goals each of which are presented against the te Tiriti o Waitangi principle of tino rangatiratanga - equity, active protection and partnership.

The executive leadership team and senior clinicians have demonstrated a high level of engagement in the intern training programme. Nevertheless, there is no apparent strategic commitment to ensuring intern representation on the programme. The DHB must ensure that interns are represented and that this representation is formalised. At present, it is apparent that intern representation is dependent on the person occupying the Chief Medical Officer (CMO) position and it is therefore important that intern representation is embedded within the strategic documentation and processes to ensure that this commitment continues irrespective of who occupies the CMO role.

Previously the DHB had established a medical education committee that provided oversight of the prevocational medical programme. This committee included interns, prevocational educational supervisors and reported to the clinical governance committee. Reimplementation of this committee may meet these concerns.

Commendation:

- The accreditation team commends the executive leadership and senior clinicians who have demonstrated a high level of engagement in the intern training programme.

Required actions:

1. The DHB must ensure that interns are represented in the governance of the intern training programme.

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:

From its CMO to the prevocational educational supervisors, Northland DHB clearly demonstrates that it has the mechanisms and appropriate resources to plan, develop, implement and review the intern training programme. The CMO's commitment to meeting prevocational education and training standards and to ensure the quality of training and education is beyond doubt.

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. The Northland DHB keeps a Clinical Issues Log in the CMO's office. That Log is reviewed at each Medical Executive Leadership meeting to ensure that there is clear visibility and documentation of clinical concerns.

There has been approval given to develop a Clinical Ethics Advisory Group from which any staff member can seek advice on the management of ethically challenging clinical situations.

Undoubtedly due to Northland's geographic position and size, it has developed a strong focus on supporting telehealth initiatives which have expanded further over the period of the pandemic. This allows for clinical educational meetings across Northland and regionally and offers a range of options to support patients with new models of care and provide new models for primary and secondary care.

Commendation:

- The accreditation team commends the CMO for his extraordinary commitment to ensuring a high-quality training programme.

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:
Northland DHB's intern training programme is underpinned by sound medical educational principles. This is reflected in the structure and style of teaching at the DHB, with a focus on case-based, simulated and interactive learning. The DHB has also mapped out the learning needs analysis for the prevocational medical training programme.

There are strong links with the University of Auckland, with a growing number of senior clinicians being appointed to positions at the university. This ensures the DHB has breadth of experience 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:
Northland DHB has effective working relationships with external organisations. The DHB is a member of the Northern DHB Regional group, which includes Auckland, Waitematā and Counties Manukau DHBs. It also has strong links with the University of Auckland with on-site representation. The CMO and CEO regularly meet with the Faculty of Medical and Health Sciences.

Northland DHB coordinates the local delivery of its intern training programme including community-based attachments (CBAs). The DHB collaborates with key stakeholders to deliver the CBA programme, which includes the local general practice network.

Te Poutokomanawa, Northland DHB's Māori Health Service, is involved in the PGY1's noho marae at Whakapara Marae. Although it has only been taking place since 2020, the DHB says that the noho marae is a key element of its orientation programme. Te Poutokomanawa has supported year 5 and 6 medical students from the University of Auckland by facilitating noho marae. This is complemented with cultural awareness and te Tiriti o Waitangi training, and a focus on health equity.

Te Poutokomanawa lead the Tū Tira Kaupapa Māori Symposium each year that all Māori staff, including interns, are invited to attend. The Symposium aims to grow intellectual and cultural knowledge for Māori staff on improving overall Māori health and provides staff with the opportunity to network with their colleagues.

A webinar series is available for all DHB staff from the annual Tū Tira Kaupapa Māori Symposium, to increase staff awareness and knowledge of Māori health matters. Available presentations include Dr Elana Curtis speaking on Cultural Safety and Professor Rangi Matamua speaking on Decolonising Time.

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:
Northland DHB provides a comprehensive training programme that provides opportunities for interns to meet their learning objectives through a broad variety of clinical attachments.

Allocation of clinical attachments beyond the PGY1 year is conducted by Resident Medical Officer unit staff taking into account the preferences of interns and their indicated career pathways. However, feedback from interns was mixed and the prevocational educational supervisors are not involved at present. The inclusion of the prevocational educational supervisors in attachment allocation may enhance this process.

The DHB provides an introduction into Northland's Māori health and culture during its orientation programme through a noho marae. The DHB's Māori Health Directorate also provide optional learning modules and an annual symposium on Māori health for all staff. However, these learning opportunities are not integrated into the prevocational training programme. A greater focus on Māori health in the DHB's intern training programme will enrich interns' development of culturally safe practice.

There are sufficient CBAs to allow each intern to be placed in a CBA before the completion of PGY2. The CBAs offered include general practice, palliative care and rural hospital medicine at Kaitaia Hospital.

Interns are not rostered on nights during the first six months of their PGY1 year.

Although the interns we spoke to felt safe and supported at night, and able to contact senior doctors at home, the provision of safe night care, including the rostering of interns at nights, has been identified as an issue by the DHB. This was acknowledged in a March 2021 report by the Associate CMO, titled *Safer Overnight Care* at Whangarei Hospital. This report arose from concerns raised around patient safety and stress on interns and other staff rostered on nights. The recommendations from this report have resulted in another intern being added to nights along with additional nursing staff. These improvements have been allocated funding by the DHB and are undergoing implementation.

Currently on nights, there are three interns at the hospital, one on paediatrics, one on obstetrics and gynaecology and the other covering the remaining hospital departments. There is one medical registrar on site and surgical registrars on call. There are also Intensive Care Unit and anaesthetic registrars on site. Specialised departments were highly cognisant of their need to support their interns.

There is a structured handover between interns on the evening and night shifts which senior nurses are present. Medical registrars have a separate handover one hour earlier. Whilst interns felt that their current handover was effective and well supported, aligning the handovers of medical registrars and interns is likely to strengthen support for interns at night.

There is almost full compliance with Council's policy on informed consent. Interns at Northland DHB do not consent for endoscopic or surgical procedures. However, interns carrying the on-call medical house officer phone reported being asked to consent oncology and haematology patients for medications or infusions for which they are not competent to do so.

Recommendations:

- The DHB should consider involvement of prevocational educational supervisors in the allocation process for PGY2s' clinical attachments.
- The DHB should consider aligning the handover of registrars and house officers at the beginning of night shift.

Required actions:

2. The DHB must ensure that interns receive supervision and opportunities to develop their cultural competence in order to deliver culturally-safe patient care.
3. The DHB must ensure that it adheres to Council's Policy on Informed consent.
4. The DHB must ensure that the rostering of interns, particularly at night, is consistent with the delivery of safe patient care.

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 role of ePort is highlighted at intern orientation. The components of the training record in ePort are explained in detail at the first meeting between the prevocational educational supervisor and intern. At each subsequent end of attachment meeting, the prevocational educational supervisor reviews each component of ePort with the intern to ensure that the training record is being optimally utilised.

Interns develop their professional development plans with guidance and regular review from their prevocational education supervisor.

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 formal education programme is valued by interns at Northland DHB. It has been designed to ensure interns meet the NZCF learning outcomes and will be updated to bring this in line with the 14 learning activities. Session facilitators are drawn from the senior medical officers and registrars. PGY2 interns also contribute to the intern training programme by facilitating sessions.

Services are frequently reminded of the need for their interns to attend protected teaching time and as a result attendance is high. Interns who are off-site are able to use Zoom to attend education sessions virtually. Attendance is recorded at the start of each session and this is monitored by each intern's prevocational education supervisor.

Teaching for PGY2 interns is provided by individual departments who provide their own service-specific teaching programme. It was acknowledged that PGY2 interns on relief runs have decreased teaching opportunities.

Aside from orientation, the Māori Health Directorate does not have any input into the formal education programme currently. Thus, there are no specific education sessions on Māori health and culture or achieving Māori health equity.

The formal education programme includes CMO-facilitated sessions on self-care, peer support and time management.

Required actions:

5. The DHB must ensure that the formal education programme provides content on Māori health and culture, and achieving Māori health equity, including the relationship between culture and health.

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 Northland DHB provides a comprehensive orientation at the beginning of PGY1 to ensure interns are familiar with its policies and processes. Interns are formally welcomed with a pōwhiri at Whakapara Marae which is highly valued.

The orientation at the start of each clinical attachment is variable. Some attachments have a well-developed orientation programme, such as for the Emergency Department and paediatrics. However, interns reported that for other departments there was no specific orientation. Whilst information booklets have been created to familiarise interns with the processes within each department these are not routinely sent to interns at the start of every attachment.

Required actions:

6. The DHB must ensure that orientation is provided at the start of all clinical attachments, ensuring familiarity with key staff, systems, policies and processes relevant to that clinical attachment.

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:

The Northland DHB has had considerable experience in providing flexible training plans for interns in recent years for a variety of circumstances. The RMO unit in conjunction with the intern, prevocational educational supervisor, and CMO work together to develop an appropriate plan.

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:
Northland DHB has systems in place to ensure all interns understand the requirements of the training programme. These are outlined during orientation and explained in more depth when they meet with their prevocational educational supervisor at the start of the year and reinforced again at the end of each attachment. The administrative assistant sends regular reminders to the interns when it is necessary to complete requirements on ePort.

All prevocational educational supervisors and clinical supervisors have access to relevant Council documents on the intranet and their workshops. The CMO has an open-door policy where the prevocational educational supervisors, clinical supervisors and interns can discuss any issues about training.

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:
Northland DHB has just appointed a fourth prevocational educational supervisor, which ensures it now has the appropriate ratio of prevocational educational supervisors to interns.

The prevocational educational supervisors attend the annual Council meeting. If this cannot occur there is good communication to ensure they inform each other of updates.

There are no formal meetings between the CMO and prevocational educational supervisors. Instead, the CMO promotes an open-door policy, which enables prevocational educational supervisors to easily approach him with any issues or concerns. The relationship between the CMO and prevocational educational supervisors appears to be very good, which results in regular informal meetings. This ensures the CMO has good oversight of the training programme and provides assurance that the prevocational educational supervisors are fulfilling the obligations of their role.

Administrative support is available to the prevocational educational supervisors in the form of an administrative assistant 0.5FTE. She is responsible for arranging the meetings between interns and prevocational educational supervisors, teaching, room availability and ePort reminders.

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:
The RMO unit ensures the correct criteria are met before clinical supervisors are appointed. This includes ensuring that they complete the relevant training in supervision and assessment within 12 months of their appointment, which is also monitored by the CMO. Clinical supervisors are encouraged to attend workshops by the Council or their individual colleges on supervision and giving feedback.

Interns report they were well supported, and they had no issues calling consultants for help, even at night. There used to be an oncology run as one of the PGY1 attachments, but issues were identified shortly after an intern started. These issues were addressed very quickly with the intern being removed from the attachment and it has not been reinstated.

The prevocational educational supervisors are clinical supervisors for the relief clinical attachment. The interns maintain an activity diary, which enables the supervisors to obtain feedback from relevant consultants.

All staff involved in intern training have access to time and funds for 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:

Regular formal feedback is provided to interns, which is documented in ePort. They have regular meetings with the clinical supervisor during each attachment and the prevocational educational supervisor at the end of the clinical attachment. The arrangement of the meetings between the prevocational educational supervisors and interns are facilitated by the administrative support, who also send regular reminders to the interns and clinical supervisors to arrange meetings for mid and end of clinical attachments.

Northland DHB has clearly demonstrated it has a robust system for identifying interns who are not performing at the required standard of competence. They have a clear policy to support interns in difficulty and there is good communication between clinical supervisors, prevocational educational supervisors and the CMO when there are any concerns. The prevocational educational supervisors work closely with the RMO unit to ensure the interns receive the necessary support.

The prevocational educational supervisors inform the Council of interns in difficulty.

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 DHB has an advisory panel to consider progress for all interns at the end of the PGY1 year. This is chaired by the CMO and includes all the prevocational educational supervisors and a lay person. At the meeting the ePort for each intern is reviewed to ensure they meet the required criteria outlined by the Council for recommendation for registration in the General Scope of Practice.

The administrative assistant and RMO unit ensure that interns who are eligible for consideration for general registration have applied prior to the meeting

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 RMO unit assists PGY2s in applying for endorsement removal. At the end of attachment meeting, the prevocational educational supervisor ensures all criteria has been adequately completed by the intern. The process is finalised once application for endorsement removal has been made.

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:

Northland DHB appears to have processes in place to monitor feedback from the formal didactic teaching programme. Dedicated 0.5 FTE for coordination of this programme is in place and commendable. While individual intern attendance is monitored and distributed to relevant individuals, the DHB could consider noting attendance by department to monitor departmental performance in intern release for protected time.

The Northern Regional Alliance administers end of attachment surveys and provides feedback to the DHB but the poor response rate and collated responses limit the usefulness of this information.

While the individuals involved in the intern teaching programme appear to be exemplary in their dedication and skills of intern education, some attention could be given to "closing the loop" regarding quality monitoring. No process exists for prevocational educational supervisors to receive feedback from interns on their performance nor is there a robust formal process for intern feedback on formal and informal training. While it is commendable that PGY2s are involved in the delivery of the didactic teaching programme, it is notable that their own PGY2 training appears to be self-selected from individual training around the DHB. The accreditation team note the possible suggestion of an overlapping 6 quarter programme, and it may be that stronger involvement of PGY1 and PGY2 in overall teaching design processes would assist in this transformation.

Similarly, the creation of regular CMO and prevocational educational supervisor meetings as well as a formal "curriculum committee" structure with prevocational educational supervisor/interns could assist in consistent sustainable quality development of intern teaching, and promote closer liaison between interns and management.

Required actions:

7. The DHB must ensure that mechanisms are in place to enable interns to provide anonymous feedback to prevocational educational supervisors, RMO unit staff and others involved in intern training.
8. The DHB must ensure that it routinely reviews supervisor effectiveness taking into account feedback from interns.

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:
There are formal processes in place to ensure the currency of accredited clinical attachments. There are processes in place for new clinical attachments to be established. There is room for additional input from prevocational educational supervisors when new attachments are being created.

The interns are well informed about the process for applying for attachment allocation for PYG2.

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 DHB works to provide a safe environment for its staff. The interns feel well supported by their CMO and Associate CMO and feel comfortable raising issues to them.

The process of applying for annual leave is not always seen as fair or transparent by the interns. The accreditation team has reviewed this issue closely, including speaking with the RMO unit at length. While there is a tension between service and leave requirements, the procedure for dealing with leave applications is as fair and transparent as possible within the constraints of the system.

Although the DHB is aware that Māori interns may have additional cultural obligations, any recognition of these obligations is on an ad hoc basis at present. The DHB must ensure that it has formalised flexible processes for Māori interns who may have additional cultural obligations, to enable those obligations to be met.

Required actions:
9. The DHB must ensure that it has formalised flexible processes for Māori interns who may have additional cultural obligations, to enable those obligations to be met.

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 interns at Northland DHB feel empowered and confident raising any issues with the CMO. Communication with the intern group is actively managed by the CMO, prevocational educational supervisors and RMO unit. Formalising intern representation on the governance group will provide an additional means of ensuring that interns feel well informed. **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: The CMO, Associate CMO and prevocational educational supervisors support interns with any issues that arise with training or supervision. The interns feel confident that any issues raised are dealt with appropriately and confidentially. This informal process is supported by formal clear processes and pathways for training related dispute resolution. **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:

Northland DHB has excellent library resources. An on-site 24/7 Library at Whangarei Hospital is available and online resources are available as needed. There are seven computers with WiFi available for interns to use. Two of these have Zoom capabilities.

Interns report that access to ward-based resources, such as access to computers for prescribing or clinical learning has been challenging due to physical space available and the number of computers.

The RMO lounge is private and equipped with internet access.

Interns are satisfied that the educational resources, facilities, and infrastructure available to them sufficiently supports their learning, and that the electronic resources available are suitable.

Required actions:

Nil.