



Te Kaunihera Rata
o Aotearoa

**Medical Council
of New Zealand**

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

Date of site visit: 26 August 2020

Date of report: 14 October 2020

Background

The Council accredits¹ training providers to provide prevocational medical education and training through the delivery of an intern training programme.

To be accredited, training providers must 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 requirements 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) covers 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, progress reports may be requested during this period.

As a result of the accreditation assessment, an overall outcome rating is given to the training provider:

- 'Met'
- 'Substantially Met'
- 'Not Met'

A rating of 'Not Met' is applied if the intern training programme has major deficiencies and is substantively below the accreditation standards for training providers.

¹ Section 118 of the Health Practitioners Competence Assurance Act 2003.

When Council decide the overall outcome rating is 'Not Met', then the training provider will require a follow up site visit within 12 months.

Please refer to Council's [*Policy on the accreditation of prevocational medical training providers*](#) for further information.

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



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of New Zealand**

Name of training provider: Southern District Health Board (DHB)

Name of sites: Dunedin Hospital

Date of training provider accreditation visit: 26 August 2020

Accreditation team members: Professor John Nacey (Chair)
Susan Hughes
Dr John Thwaites
Dr Carmen Chan
Joan Simeon
Hollie Bennett

Date of previous accreditation visit: 15 and 16 October 2019

DHB staff that met with the accreditation team:

Chief Executive: Chris Fleming
Chief Medical Officer: Dr Nigel Millar
Clinical Director of Training: Dr David Gow
Prevocational Educational Supervisors: Dr Rebecca Ayers
Dr Brendan Arnold
Dr Belinda Green
Dr Claire Shadwell
Dr Amy Leuthauser
Dr Alice Febery
RMO Unit staff: Rhonda Skilling
Marlene Griffin
Debbie Schaaf
Brier Bousie
Clair MacGregor
Heather Wicks
Linda Geros
Jessica Savage
Liz Hope

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

Megan Boivin, General Manager Operations
Patrick Ng, Executive Director Specialist Services
Lisa Gestro, Executive Director Strategy, Primary & Community
Janine Cochrane, General Manager Surgical Services and Radiology Directorate
Mr Stephen Packer, Medical Director Surgical Services and Radiology Directorate

Karin Drummond, General Manager Medicine Women's and Children's Directorate
Dr Caroline Collins, Medical Director Medicine Women's and Children's Directorate
Louise Travers, General Manager Mental Health, Addictions and Intellectual Disability Directorate
Dr Evan Mason, Medical Director Mental Health, Addictions and Intellectual Disability Directorate
Glenn Symon, General Manager Community Services
Dr Hywel Lloyd, Medical Director Community Services

Information about the training provider:

Number of interns at training provider:	
Number of PGY1s:	44
Number of PGY2s	40
Number of accredited clinical attachments (current):	71
Number of accredited community based attachments:	2

Section A – Executive Summary

The [Prevocational medical training accreditation report: Southern District Health Board \(12 February 2020\)](#) included 16 required actions, arising from the accreditation assessment that took place in October 2019. In May 2020, Southern DHB provided a progress report that satisfied Council that it had met required actions 10, 11 and 16. Therefore, this report will only focus on the remaining 13 required actions.

Accreditation assessment - October 2019

Southern DHB was assessed by Council against the *Accreditation standards for training providers* for the purposes of providing prevocational medical training for interns. The DHB's outcome was an overall rating for the accreditation of Southern DHB as a training provider of prevocational medical training of 'not met'. Council accredited the DHB on an interim basis to 31 October 2020 subject to 16 required actions being completed within specified timeframes, and a further assessment and accreditation team site visit being completed before 31 August 2020.

Accreditation outcome - August 2020

Southern DHB has made significant progress in terms of improving the overall quality of education and training of interns. This is reflected by the positive commentary received by the accreditation team from the interns, prevocational educational supervisors, clinical supervisors and senior management.

The DHB has completed a draft annual plan that demonstrates a commitment to the delivery of high quality medical education and training and it is noted that the DHB intend to appoint a Medical Director of RMO workforce with a role that specifically focuses on education and training.

The creation of the interim position of Medical Director of RMO workforce has the potential to provide oversight and cohesive accountability and leadership in the area of intern education and it is encouraging to note the intention of the DHB for this position to be made permanent. An appropriate permanent appointment that has responsibility and accountability across prevocational medical training will provide greater assurance to Council that the necessary leadership is in place to ensure a high quality and sustainable intern training programme.

Very positive feedback was received from interns and prevocational educational supervisors that effective education and training opportunities are now being provided to the interns. This was clearly demonstrated by the collaborative approach of more senior RMOs facilitating education sessions. The interns reported that these sessions have a very practical focus. It is expected that the teaching program would be further enhanced by a systematic approach and the oversight of a leader in education and training to ensure effective delivery of a high-quality education program that covers the breadth of the curriculum framework.

Since Council's last accreditation visit, Southern DHB has now met 19 of the 21 sets of Council's *Accreditation standards for training providers*. Two sets of standards are substantially met:

1. 1.0 - Strategic priorities
2. 3.1 - Programme components

The commitment of the Interim Medical Director of the RMO Workforce is particularly commended. It is abundantly clear that the Interim Medical Director of the RMO Workforce has a passion for educating junior doctors and the interns appreciate his efforts and leadership.

Furthermore, the commitment shown by the prevocational educational supervisors is strongly commended.

Required actions from August 2020 assessment

Two required actions were identified, along with one recommendation and commendation. The required actions are:

1. Southern DHB must establish medical education as a priority with an appointment of a position that is accountable and available to provide leadership across prevocational medical training by March 2021.
2. Southern DHB must provide a plan for how it intends to meet the requirement for community based attachments to ensure that by November 2021, over the course of the two intern years, each intern completes at least one clinical attachment in a Council accredited community based attachment.

Required actions from October 2019 assessment that are now met:

2. Southern DHB must include prevocational medical education in the strategic plan to support ongoing development and delivery of high quality prevocational medical training and education.
3. Southern DHB must ensure that effective clinical governance and a quality assurance structure is in place to ensure clear lines of responsibility and accountability for intern training.
4. Southern DHB must establish a clear process for the appointment of prevocational educational supervisors to ensure that they meet Council's ratio requirement at all times.
5. Southern DHB must ensure that there are sufficient prevocational educational supervisors in place to support interns in their medical education and training.
6. Southern DHB must provide evidence that it has mechanisms and appropriate resources to plan, develop, implement and review the intern training programme.
7. Southern DHB must have a formalised process and policy as evidence that there are effective organisational and operational structures to manage interns.
8. Southern DHB must have 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.
12. Southern DHB must ensure that processes and systems are in place to monitor the intern training programme with input from interns and supervisors.
13. Southern DHB must ensure that mechanisms are in place to gather feedback from interns and supervisors and incorporate this into quality improvement strategies for the intern training programme.
14. Southern DHB must ensure that there are mechanisms in place for interns to provide anonymous feedback on their Prevocational Education Supervisor, the RMO Unit staff and others involved in the intern training programme.
15. Southern DHB must routinely evaluate supervisor effectiveness, taking into account feedback from interns.

Section B – Overall outcome of the accreditation assessment

The overall rating for the accreditation of Southern DHB as a training provider for prevocational medical training	SUBSTANTIALLY MET
<p>Southern District Health Board holds accreditation until 30 October 2024, subject to Council receiving an interim report by 30 June 2021, that satisfies Council that the following required actions have been satisfactory addressed:</p> <ol style="list-style-type: none"><li data-bbox="165 456 1385 526">1. Southern DHB must establish medical education as a priority with an appointment of a position that is accountable and available to provide leadership across prevocational medical training.<li data-bbox="165 528 1390 667">2. Southern DHB must provide a plan for how it intends to meet the requirement for community based attachments to ensure that by November 2021, over the course of the two intern years, each intern completes at least one clinical attachment in a Council accredited community based attachment. <p>If, 12 months after accreditation has been granted, all the required actions have not satisfactorily been addressed, a further accreditation assessment will be required within 6 months of Council's decision.</p>	

Section C – Accreditation Standards

1 Strategic priorities

1 Strategic priorities			
<p>There were four required actions under ‘Section 1 – Strategic Priorities’ that arose from the accreditation assessment in 2019. They were:</p> <ol style="list-style-type: none"> 1. Southern DHB must establish medical education as a priority with an appointment of a position that is accountable and available to provide leadership across prevocational medical training (<i>Standard 1.1 - High standards of medical practice, education, and training are key strategic priorities for the training provider</i>) 2. Southern DHB must include prevocational medical education in the strategic plan to support ongoing development and delivery of high quality prevocational medical training and education. (<i>Standard 1.2 - The training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education</i>) 3. Southern DHB must ensure that effective clinical governance and a quality assurance structure is in place to ensure clear lines of responsibility and accountability for intern training. (<i>Standard 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</i>) 4. Southern DHB must establish a clear process for the appointment of prevocational educational supervisors to ensure that they meet Council’s ratio requirement at all times. (<i>Standard 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</i>) 			
1. Strategic priorities			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p>Required action 1:</p> <p>Southern DHB has created a new position of Medical Director of the RMO workforce, which is being advertised shortly. The DHB expects that this role will provide oversight, accountability and leadership in intern education. The accreditation team considers it essential that the appointee provide leadership and accountability across prevocational training as well as focusing on the education and training of interns. At present the proposed role does not sufficiently focus on education and training. Given the importance this role will have on the ongoing quality of intern education and training, this role must be filled within six months.</p> <p>Commendation:</p> <ul style="list-style-type: none"> • The commitment of the Interim Medical Director of RMO Workforce to Intern training within the Southern DHB is to be commended. This individual has a passion for the education of junior doctors and his efforts and leadership is greatly appreciated by the Interns. <p>Required action:</p> <ol style="list-style-type: none"> 1. Southern DHB must establish medical education as a priority with an appointment of a position that is accountable and available to provide leadership across prevocational medical training by 20 April 2021. 			

Required action 2

Prevocational medical education has now been recognised as a strategic priority and is included in the DHB strategic plan.

This required action is now met.

Required action 3

The DHB has established a prevocational medical training governance group that is responsible for prevocational medical training across the DHB. This group report to the Chief Medical Officer (CMO) and, through the CMO, to the Board. The prevocational medical training and management committee and the prevocational educational supervisors committee both report to the prevocational medical training governance group.

This required action is now met.

Required action 4

The DHB has established a process for appointing prevocational education supervisors. The RMO Unit will actively monitor the ratio of prevocational education supervisors to interns and provide an update at each prevocational medical training and management committee meeting.

This required action is now met.

2 Organisational and operational structures

2.1 The context of intern training

There were four required actions under 'Section 2 – Organisation and operational structures' that arose from the accreditation assessment in 2019. They were:

5. Southern DHB must ensure that there are sufficient prevocational educational supervisors in place to support interns in their medical education and training (*Standard 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*)
6. Southern DHB must provide evidence that it has mechanisms and appropriate resources to plan, develop, implement and review the intern training programme (*Standard 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*)
7. Southern DHB must have a formalised process and policy as evidence that there are effective organisational and operational structures to manage interns (*Standard 2.1.3 - There are effective organisational and operational structures to manage interns*)
8. Southern DHB must have 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 (*Standard 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:

Required action 5

By increasing the number of prevocational educational supervisors at Dunedin Hospital to six, an appropriate ratio of interns to prevocational educational supervisors has been achieved. By participating

in a number of surveys about their training, the interns are able to input directly into the training they receive.

The RMO Unit is actively monitoring the ratio of prevocational educational supervisors to interns and report on this at each prevocational medical training and management committee meeting.

This required action is now met.

Required actions 6 and 7

A key component of the role of Medical Director of RMO Workforce is to be accountable for meeting the needs of intern training both within the hospital and in the community. This role is seen by the accreditation team as being critical to the continued success of intern training at the DHB.

Interns reported effective education and training opportunities such as the collaborative approach of education sessions led by senior RMOs. The interns reported that they enjoyed these sessions, which had a practical hands-on focus. However, the teaching programme would be further enhanced by a more systematic and planned approach to both content and delivery. This includes targeting identified areas for learning and development for interns. The programme would be further enhanced by appropriate oversight from a clinical leader in education and training to ensure delivery of a high quality education programme that covers the breadth of the curriculum framework.

These required actions are now met.

Required action 8

Southern DHB has developed a process for notifying Council of any changes to its training programme and accredited clinical attachments that may have a significant impact on intern training.

This required action is now met.

3 The intern training programme

3.1 Programme components

There was one required actions under ‘Section 3 – The intern training programme’ that arose from the accreditation assessment in 2019. It was:

9. Southern DHB must provide a plan for how it intends to meet the requirement for community based attachments to ensure that by November 2021, over the course of the two intern years, each intern completes at least one clinical attachment in a Council accredited community based attachment. This must be implemented by 30 June 2020 (*Standard 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 Programme components			
	Met	Substantially met	Not met
Rating		X	
Commentary:			

Required action 9

Southern DHB has two accredited community based attachments (CBAs), which are Student Health and the Otago Community Hospice. This currently allows a maximum of eight interns to complete a CBA each year. The accreditation team notes that a further nine accredited CBAs are required to ensure that the

DHB provides each of the approximately 84 interns at Southern DHB the opportunity to complete one CBA over the course of their two year internship.

The DHB has recently engaged with the local PHO, WellSouth Primary Health Network, to determine the interest and capacity for CBAs with local general practices. The DHB reported that this has resulted in plans for further CBAs to be established in general practice and it is intended that interns will be placed in accredited GP attachments from the beginning of 2021. Senior DHB staff have been involved with this process including the Chief Medical Officer, Interim Medical Director of RMO Workforce, General Manager of Operations and the District RMO Unit Manager.

The DHB expects this will result in sufficient CBAs to meet Council's requirement by July 2021. However due to the impact of COVID-19 and the current restrictions on entry to New Zealand, the DHB is concerned it may not be able to recruit sufficient staff to cover interns that are allocated to a CBA over their two year internship.

The accreditation team notes the DHB's progress on satisfying Council's requirement on CBAs. However, further assurance on progress is required. Southern DHB must report to Council on this required action, specifically evidencing that it has a firm plan to establish the required number of CBAs and the placement of each intern into a CBA over the course of their two-year internship. The report must be provided to Council by 20 April 2021.

Required action:

2. Southern DHB must provide a plan for how it intends to meet the requirement for community based attachments to ensure that by November 2021, over the course of the two intern years, each intern completes at least one clinical attachment in a Council accredited community based attachment.

5 Monitoring and evaluation of the intern training programme

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There were four required actions under 'Section 5 – Monitoring and evaluation of the intern training programme' that arose from the accreditation assessment in 2019. They were:

10. Southern DHB must ensure that processes and systems are in place to monitor the intern training programme with input from interns and supervisors (*Standard 5.1 - Processes and systems are in place to monitor the intern training programme with input from interns and supervisors*)
11. Southern DHB must ensure that mechanisms are in place to gather feedback from interns and supervisors and incorporate this into quality improvement strategies for the intern training programme (*Standard 5.3 - There are mechanisms that allow feedback from interns and supervisors to be incorporated into quality improvement strategies for the intern training programme*)
12. Southern DHB must ensure that there are mechanisms in place for interns to provide anonymous feedback on their Prevocational Education Supervisor, the RMO Unit staff and others involved in the intern training programme (*Standard 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*)
13. Southern DHB must routinely evaluate supervisor effectiveness, taking into account feedback from interns (*Standard 5.5 - The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns*)

5. Monitoring and evaluation of the intern training programme			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Required action 12 Southern DHB has implemented intern feedback systems and processes to monitor its intern training programme. This includes surveying the interns about their clinical attachments each quarter, and on their prevocational educational supervisors and the RMO unit each year.</p> <p>Information from the surveys is collated and provided to the Prevocational Medical Training and Management Committee and Governance Group who act on the information accordingly.</p> <p>This required action is now met.</p>			
<p>Required action 13 Southern DHB surveys the interns each quarter to evaluate their respective clinical attachments. The survey results are then collated and provided to the Prevocational Educational supervisors for their review. Areas of both concern and positive feedback about the clinical attachments and services are then fed back to the relevant clinical supervisors by the Prevocational Educational Supervisors team. Results are also shared with the Prevocational Medical Training and Management Committee as well as the Governance Group.</p> <p>This required action is now met.</p>			
<p>Required action 14 Southern DHB has developed annual surveys to interns requesting feedback on the RMO unit staff and prevocational educational supervisors. The survey results on the RMO Unit are reviewed and discussed by the RMO Unit Manager and General Manager of Operations. The survey results on prevocational educational supervisors are also reviewed by the Interim Medical Director of RMO Workforce. The results from both surveys are incorporated into formal performance reviews by the Governance Group.</p> <p>This required action is now met.</p>			
<p>Required action 15 Southern DHB surveys interns about the quality of clinical supervision at the end of a clinical attachment. The survey results are provided to the Prevocational Educational Supervisors and the Interim Medical Director of RMO Workforce who provide the clinical teams with the interns' feedback. Interns confirmed that they receive survey requests at the end of each clinical attachment.</p> <p>This required action is now met.</p>			