Prevocational medical training accreditation

Site visit report - Taranaki District Health Board

Date of accreditation assessment: 27 and 28 July 2021

Date of report: 8 December 2021

Background

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

(b) 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[1]. 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.

Prevocational training providers are usually accredited for a period of 4 years. Council may request that progress reports be provided to it during this period.

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

Name of training provider:	Taranaki District Health Board (DHB)
Name of sites:	Taranaki Base Hospital, New Plymouth
Date of training provider accreditation visit:	27 and 28 July 2021
Accreditation visit team members:	Dr Ken Clark (Accreditation team Chair) Dr Rachelle Love Ms Kath Fox Dr Deepika Singh Dr Darren Ritchie Ms Joan Simeon Ms Hollie Bennett
Date of previous training provider accreditation visit:	26 and 27 July 2017

Key staff the accreditation visit team met:

Chief Executive:	Ms Rosemary Clements Ms Gillian Campbell (acting CE)
Chief Medical Officer:	Dr Greg Simmons
Director of Prevocational Training:	Dr Jonathan Albrett
Prevocational Educational Supervisors:	Dr Raj Kumar Dr Claire Frost Dr Richard Smiley
RMO unit staff:	Ms Jackie Sewell Ms Taryn Hall Ms Shelley White Ms Shylah Jones

Key data about the training provider:

Number of interns at training provider: 31
Number of PGY1s: 18
Number of PGY2s: 13

Number of accredited clinical attachments (current): 38
Number of accredited community-based attachments: 7

Section A – Executive Summary

Taranaki DHB is performing well as an educator and trainer of interns, with the staff working extremely hard to fulfil the DHB's role as a prevocational medical training provider. The Medical Council of New Zealand (Council) recognises the ever-present challenges relating to high demand for health services and issues in respect to available resource. The challenges and ramifications relating to COVID-19 over the last year are also acknowledged.

Taranaki DHB is committed to prevocational education and training as a strategic priority. It has a strategic plan for the medical workforce, and the Māori Health strategy includes a focus on workforce. Equally, intern training is embraced by the DHB and the programme in place is based on sound medical education principles and on MCNZ standards.

It now has a strengthened Resident Medical Officer (RMO) Support Unit. The revised structure and staffing to support intern training is applauded. Oversight of the prevocational educational supervisors is provided by a committed, and informed, Clinical Director of Training. The leadership provided by the Clinical Director of Training is outstanding. It is also very clear that there is executive level support for prevocational training at Taranaki DHB.

The interns working at Taranaki DHB feel well supported and signalled to the accreditation team that there is great learning and training during the attachments. Interns feel that there is an excellent level of supervision, both during daytime and after-hours, with accessible senior support overnight. Interns and faculty recognise that there have been difficulties recently with roster gaps, and cross-cover requirements, but this has been in the context of reduced staffing which is not unique to Taranaki as a training provider. High demand for health services has also impacted on the ability for interns to attend formal educational sessions but Taranaki DHB needs to ensure that interns in PGY1 attend at least two thirds of these sessions.

While the DHB is performing very well as a trainer, the accreditation team identified several areas where actions will be required in order for Council's standards to be met. There are no formal processes for interns to give anonymous feedback in respect to the training programme, including feedback relating to supervisors, whether they be educational or clinical, or on aspects of the RMO Support Unit. This is an important monitoring requirement and while it is accepted that this is challenging in the context of a smaller DHB it does need to be advanced. In addition, intern progress in ePort is not currently being adequately monitored. This has resulted in a lack of follow up to ensure beginning, mid-attachment and end of attachment meetings with clinical supervisors are taking place and being recorded in a timely way. A system of monitoring of intern progress and occurrence of beginning, mid and end of clinical supervisor meetings must be put in place, using the functionality available in ePort.

Taranaki DHB is working towards providing a culturally safe environment for its patients, their whānau, and for its staff including interns. However, the accreditation team is concerned that there is a lack of formalised teaching on cultural safety and health equity within the intern training programme. There are examples of excellent opportunities available for the intern cohort, such as the Parihaka "Treaty and Me" sessions, however these have not been universally accessible. Taranaki DHB acknowledges that there are further opportunities for inclusion of these sessions into the formal training programme. There also needs to be consideration of the ability of the Māori health services to meaningfully engage in health professional education and embed the excellent Māori Health strategy into clinical practice. The DHB will need to ensure that interns receive the supervision, training and support to develop their cultural competence in order to deliver culturally safe care.

Major progress has been made in respect to areas of concern noted at the DHB's last accreditation in 2017, however there is a need for continued focus on several specific areas. Structured and formalised handovers need to be in place to promote continuity of quality care. In addition, on informed consent, Taranaki DHB

must continue to work to achieve adherence to both its own and Council's policies. Finally, the DHB must formalise a transparent process that outlines the allocation of interns to various clinical attachments.

Taranaki DHB is an exemplar in allowing interns access to appropriate professional development leave. There are excellent mechanisms to allow for fair and transparent allocation of professional development leave and Interns feel that they are freely able to engage with external continuing medical education.

The DHB is commended for the effective and sensitive pathways it has in place to support interns experiencing difficulties. The pathways are well established and known to interns, prevocational supervisors, clinical supervisors and the educational support team. Senior staff see the principle of confidentiality as of utmost importance. Examples of support include additional leave, wellness plans developed in cooperation with human resources personnel, and graduated return-to-work plans where required.

The accreditation visit was conducted in excellent spirit and at all times in a constructive manner. The accreditation team was extremely grateful for all the information provided both before and during the visit.

Overall, Taranaki DHB has met 14 of the 21 sets of Council's standards *Accreditation standards for training providers.* Six sets of standards are substantially met:

2.3 Relationships to support medical education.
3.1 Programme components.
3.2 ePort
3.3 Formal education programme.
6.1 Establishing and allocating accredited clinical attachments.
6.2 Welfare and support.

One set of standards were not met:

5 Monitoring and evaluation of the intern training programme.

Twelve required actions were identified, along with seven recommendations and two commendations. The required actions are:

1. Effective partnerships with Māori must be established to support intern training and education. To achieve this, there needs to be consideration of the ability of the Māori health services to meaningfully engage in health professional education and embed the Māori health strategic intent into clinical practice. (Standard 2.3.3)
2. Taranaki DHB must ensure that interns receive the supervision, training, and support to develop their cultural competence in order to deliver culturally safe care. (Standard 3.1.5)
3. Although systems are currently in place at handover, structured and formalised handovers must be developed to promote continuity of quality care at all points of handover. (Standard 3.1.9)
4. Taranaki DHB must adhere to Council's policy on obtaining informed consent. (Standard 3.1.10)
5. Taranaki DHB must ensure that interns, RMO Support Unit staff, prevocational educational and clinical supervisors are familiar with ePort and should ensure compliance with its use. (Standard 3.2.1)
6. Taranaki DHB must facilitate interns in PGY1 being able to attend at least two thirds of formal educational sessions. (Standard 3.3.2)
7. The formal education programme must provide content on Māori health and culture, and achieving health equity, including the relationship between culture and health. (Standard 3.3.4)
8. A system of monitoring of intern progress and ensuring that beginning, mid and end of clinical attachment supervisor meetings must be put in place, using the functionality available in ePort. (Standard 5.1)
9. A system to enable interns to provide anonymous feedback on prevocational educational supervisors and RMO Support Unit staff must be put in place. (Standard 5.4)

10. A systematic approach to evaluating intern feedback about clinical supervisors must be put in place to ensure it informs ongoing quality supervision. This process must be transparent and provide assurance to interns around anonymity. (Standard 5.5)
11. Taranaki DHB must formalise a process and/or documentation for allocating interns to various clinical attachments. (Standard 6.1.3)
12. Taranaki DHB must ensure that interns are practicing within a culturally safe environment. (Standard 6.2.3)

Section B – Overall outcome of the accreditation assessment

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

Taranaki District Health Board holds accreditation until 31 December 2025.

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

- The overall outcome of the assessment for accreditation is 'substantially met', and
- Taranaki 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 Taranaki DHB provide a progress report by 30 June 2022 that satisfies Council that the following required actions have been addressed:

1. Effective partnerships with Māori must be established to support intern training and education. To achieve this, there needs to be consideration of the ability of the Māori health services to meaningfully engage in health professional education and embed the Māori health strategic intent into clinical practice. (Standard 2.3.3)
2. Taranaki DHB must ensure that interns receive the supervision, training, and support to develop their cultural competence in order to deliver culturally safe care. (Standard 3.1.5)
3. Although systems are currently in place at handover, structured and formalised handovers must be developed to promote continuity of quality care at all points of handover. (Standard 3.1.9)
4. Taranaki DHB must adhere to Council's policy on obtaining informed consent. (Standard 3.1.10)
5. Taranaki DHB must ensure that interns, RMO Support Unit staff, prevocational educational and clinical supervisors are familiar with ePort and should ensure compliance with its use. (Standard 3.2.1)
6. Taranaki DHB must facilitate interns in PGY1 being able to attend at least two thirds of formal educational sessions. (Standard 3.3.2)
7. The formal education programme must provide content on Māori health and culture, and achieving health equity, including the relationship between culture and health. (Standard 3.3.4)
8. A system of monitoring of intern progress and ensuring that beginning, mid and end of clinical attachment supervisor meetings must be put in place, using the functionality available in ePort. (Standard 5.1)
9. A system to enable interns to provide anonymous feedback on prevocational educational supervisors and RMO Support Unit staff must be put in place. (Standard 5.4)
10. A systematic approach to evaluating intern feedback about clinical supervisors must be put in place to ensure it informs ongoing quality supervision. This process must be transparent and provide assurance to interns around anonymity. (Standard 5.5)
11. Taranaki DHB must formalise a process and/or documentation for allocating interns to various clinical attachments. (Standard 6.1.3)
12. Taranaki DHB must ensure that interns are practicing within a culturally safe environment. (Standard 6.2.3)

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:

Taranaki DHB has developed an overarching Medical Workforce Strategic Plan 2019 – 23 that outlines its vision and values for its workforce, strategies for developing a fit for purpose sustainable workforce that meets community needs, commitment to the enhancement of medical education and training, and initiatives to increase the Māori medical workforce. The strategic plan expresses strong commitment to high standards of medical education, training, and practice.

Initiatives have been developed to address challenges in recruitment and retention, and to enhance training and education programmes for interns. An example of the DHB's commitment to better integration of education, training and research is the restructuring of the former Medical Management Unit into a Resident Medical Officer (RMO) Support Unit. The RMO Support Unit is well regarded, and there has been significant progress over the past two years in rebuilding this key support function for interns.

Māori health and a commitment to addressing health inequity and further developing the Māori workforce is emphasised in the Medical Workforce Strategic plan and in the overarching Māori Health Strategy Refresh Te Kawau Maro. The WhyOra and DHB scholarship programmes are specific student initiatives targeted at growing a larger future Māori medical workforce.

In 2019, a Clinical Governance Framework was introduced to support the continuous improvement and quality of services. Overall responsibility for the provision and quality of medical education and training rests with the DHB's Medical Training and Education Committee. Although it has not met for some months, the Committee intends to meet quarterly, and intern representation is included in its membership. Interns were invited to volunteer for the role of intern representative on the Medical Training and Education Committee. The Terms of Reference for the Committee are comprehensive, and encompass the quality of training and supervision, career planning, pastoral care, and access to training opportunities and education and training facilities.

The DHB actively engages in the Council's accreditation cycle.

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 Chief Medical Adviser and the Director of Clinical Training have clearly documented executive accountability for meeting all required standards, and the quality of the intern training programme.

Appropriately resourced and effective structures are in place to manage the intern programme. Since the last accreditation, Taranaki DHB has undertaken a full restructuring of its RMO Support Unit. This included a comprehensive review with stakeholders including interns, prevocational educational supervisors and RMO Support Unit staff. This has resulted in a significant investment in the new RMO Support Unit, which includes a unit manager, two RMO coordinators, an educational officer and the Director of Clinical Training. The RMO Support Unit Manager works closely with the HR department and RMO Support Unit team in relation to intern recruitment and retention.

Any serious health or performance concern is discussed confidentially between the intern, their prevocational educational supervisor, the RMO Support Unit Manager and the Director of Clinical Training. There is a close relationship with the Chief Medical Advisor who is informed of serious health or other concerns regarding individual interns. Notification of concerns to Council is timely and appropriate.

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:

Taranaki DHB's intern training programme is clearly based upon sound medical educational principles as evidenced by the organisation's key strategic documents, the structure and functioning of its programme, and the attitudes and skills exhibited by those involved in the programme.

Taranaki DHB has an increasing body of educational expertise. The DHB is now affiliated with the University of Auckland's School of Medicine and has students attached for the full fifth year and trainee intern year of the undergraduate programme. This has resulted in an increase in exposure to training in education provided to clinical supervisors in each of the relevant departments. In addition, the DHB is involved in multiple post-graduate medical college training programmes with trained educational supervisors in several clinical disciplines. Clinical supervisors must provide evidence of training in clinical supervision and every prevocational educational supervisor is expected to attend the annual meeting with the Council.

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:

Taranaki DHB has relationships with a wide range of organisations involved in undergraduate and post-graduate training including the University of Auckland's School of Medicine and a number of medical colleges. Additionally, there are established formal links for training in community settings including hospice, public health, Hawera Hospital, community aspects of older people's health, urgent care, and community paediatrics.

While the DHB has a strong Māori health strategy, and there are links between the intern training programme and the Māori Health Services, these services do not currently have the capacity to provide substantive education and support to interns. This needs to be addressed if the DHB is to support intern training and education in this respect.

It is commendable that the DHB is finalising a community-based attachment with Tui Ora, a Māori community health provider. DHB employees also have the opportunity for learning on a marae at Parihaka. There are efforts to protect places on each of these courses for interns, but to date only a small number of interns have been able to participate.

Required actions:

1. Effective partnerships with Māori must be established to support intern training and education. To achieve this, there needs to be consideration of the ability of the Māori health services to meaningfully engage in health professional education and embed the Māori health strategic intent into clinical practice. (Standard 2.3.3)

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 intern training programme is designed to achieve the goals of the New Zealand Curriculum Framework by exposing interns to a wide range of clinical experience. The completion of 8 clinical attachments during the intern's prevocational training is well supported, which in aggregate provides a broad-based experience of medical practice.

A clear process has now been developed to facilitate suitable allocation of clinical attachments. Interns indicate their career path, preferred three attachments for PGY2 and undergo a short interview. This enables a fair and transparent system for allocation of accredited clinical attachments, which is aligned with the intern's PDP goals.

Taranaki DHB needs to ensure that interns receive the supervision and opportunities to develop their cultural competence so they can deliver patient care in a culturally safe manner. Cultural competency is included in orientation but remains unsupported during the interns' ongoing training.

The DHB has seven community-based attachments (CBAs) in place and is working to establish more general practice CBAs. All interns are required to complete a CBA during their two-year intern training programme.

Before being rostered to nights, interns must have completed three months of acute medicine. Interns are well supported at night. There is access to the onsite emergency department senior medical officer, as well as the medical, obstetric and anaesthetic registrar. The surgical registrar is on call from home. The Patient at Risk nurse has been a valuable resource.

A structured handover occurs daily at 8am and 10pm. There is also a 4pm handover but this is held inconsistently and only for specific patients due to inadequate time and increased workload. There is a need to put in place a more robust system for the 4pm handover to ensure patient safety and continuity of care.

The informed consent policy developed by Taranaki DHB is an exemplar document. The DHB has provided evidence of its ongoing improvement in complying with Council's Informed Consent policy. However, interns report that they have been asked to consent for procedures and prescribe medication such as chemotherapy that is outside their scope of practice.

Required actions:

2. Taranaki DHB must ensure that interns receive the supervision, training, and support to develop their cultural competence in order to deliver culturally safe care. (Standard 3.1.5)
3. Although systems are currently in place at handover, structured and formalised handovers must be developed to promote continuity of quality care at all points of handover. (Standard 3.1.9)
4. Taranaki DHB must adhere to Council's policy on obtaining informed consent. (Standard 3.1.10)

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:

Taranaki DHB has 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. The Education support co-ordinator ensures that reminders are sent to interns to complete the clinical attachment meetings with clinical supervisors.

Clinical and prevocational educational supervisors meet regularly with the interns to review the goals in their PDP and to monitor progress.

Utilisation of ePort is not at satisfactory levels and Taranaki DHB support staff recognise limitations in their ability to navigate ePort, they are however keen to further their training to improve the DHB's ePort compliance.

Recommendation:

1. The DHB should consider sending reminders to clinical supervisors to improve and support ePort compliance.

Required action:

5. Taranaki DHB must ensure that interns, RMO Support Unit staff, prevocational educational and clinical supervisors are familiar with ePort and should ensure compliance with its use. (Standard 3.2.1)

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:

Taranaki DHB has a weekly formal teaching programme for PGY1 interns. This programme has been developed by the Director of Clinical Training. The Training and Education Committee aims to provide high quality medical education and training; however, it has been unable to meet regularly and contribute to the development of this programme.

The teaching programme has been adjusted to meet the needs of the interns to support and develop their learning. There is a commitment to ensure that the topics are relevant to the interns and that sessions are peer selected.

Attendance by interns is encouraged but hindered by their work commitments. The medical attachments were identified as being busy and impacting on attendance. Pagers are held by the RMO Support Unit but teaching time is not always protected as interns are still contacted by phone during the session.

Taranaki DHB does not currently have a separate PGY2 formal education programme. PGY2s are offered the same education programme as PGY1s and have access to other learning opportunities and teaching within clinical attachments.

Māori health and culture is included in the intern orientation programme in addition to the DHB's well-received marae-based learning day. However, the formal education programme lacks content on Māori health and culture, and achieving health equity, including the relationship between culture and health.

A Health and Wellness session is included in the interns' orientation programme.

Interns are provided with a wide range of learning opportunities during clinical attachments. The DHB is highly supportive of interns attending educational courses and has a robust system in place to ensure equity and transparency.

Required actions:

6. Taranaki DHB must facilitate interns in PGY1 being able to attend at least two thirds of formal educational sessions. (Standard 3.3.2)
7. The formal education programme must provide content on Māori health and culture, and achieving health equity, including the relationship between culture and health. (Standard 3.3.4)

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 provides a comprehensive four-day orientation programme at the beginning of the intern year and an abbreviated programme for interns commencing employment partway through the year. The orientation includes introducing interns to key staff and providing them with an outline of key policies.

Each department has orientation documentation, either contained within the Taranaki DHB RMO Handbook or as a standalone document which is made available to interns.

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:

The DHB has accommodated flexible clinical attachments for PGY2s to allow for reduced hours and job sharing. Requests are considered on an individual basis by the RMO Support Unit.

Recommendation:

2. While Taranaki DHB has processes in place to facilitate flexible training, the DHB should provide more clarity on when such flexibility is able to be applied.

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:
Taranaki DHB has formal processes in place to make sure that interns, clinical supervisors, prevocational educational supervisors and the RMO Support Unit staff are aware of the requirements of the intern training programme. Information on ePort is provided to interns during their orientation. Clinical supervisors are provided with the Council's Clinical Supervisor Guide and the requirements of the role before being added to ePort.

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:
Taranaki DHB currently meets Council's ratio of 1:10 prevocational educational supervisors to interns. There are four current prevocational educational supervisors and there are plans to transition the Director of Clinical Training into a supervisory role, enabling the appointment of another prevocational educational supervisor to maintain this ratio.

Effort has been made to ensure diversity amongst the prevocational educational supervisors, in order to reflect the potential needs of the intern group. Prevocational educational supervisors attend the annual prevocational educational supervisor meeting undertaken by Council.

Oversight of the prevocational educational supervisors is provided by a committed and informed Director of Clinical Training, whose leadership has led to the production of a high-quality training programme for interns.

The prevocational educational supervisor group meet formally with the Director of Clinical Training on a quarterly basis, and more frequently as the need arises but this has been less structured in the past 24 months.

Administrative support is available to the prevocational educational supervisor group, largely from the RMO Support Unit. However, workload issues continue in the RMO Support Unit due to a key staff member transitioning into the role while continuing work commitments elsewhere in the DHB.

Recommendations:

3. Taranaki DHB should review the current administrative support available to prevocational educational supervisors.
4. The prevocational educational supervisors at Taranaki DHB would benefit from regular structured meetings with their colleagues, Director of Clinical Training and Chief Medical Adviser.

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:
All Senior Medical Officers (SMOs) are expected to take part in the teaching and training of interns, and interns report a high level of SMO engagement, high quality of supervision and high quality informal and formal teaching.

Clinical supervisors, other SMOs and registrars regularly contribute to the formal education programme, which is diverse and covers a range of medical and professional topics.

Interns are supervised at an appropriate level for their experience, abilities and responsibilities. New clinical supervisors are actively encouraged to complete the online Level 1 Clinical Supervision Course on ePort. Other supervision courses are offered by individual vocational training providers. However, the DHB does not record or monitor completion of supervision courses by clinical supervisors. It is recognised that clinical supervisors bring a range of skills to their roles, and a number have attended relevant supervisor training courses through vocational training providers.

Both interns and clinical supervisors reported that relief clinical attachments were well supported and supervised. This was attributed to the medium size of the hospital, which facilitated relationships and communication.

Recommendation:

5. Taranaki DHB should establish a process to record and monitor completion of supervision training by its clinical supervisors and promote training amongst existing supervisors.

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:
Taranaki DHB expects interns to meet with their clinical supervisors within the first two weeks of starting a clinical attachment. Goals for the clinical attachment are expected to be discussed at this meeting.

Prevocational educational supervisors monitor interns' progress on clinical attachments and overall progress in ePort.

There is an effective and sensitive pathway to support the intern in difficulty. This pathway is well established and known to interns, prevocational educational supervisors, clinical supervisors, and the educational support team. This is enhanced by the close relationship between the prevocational educational supervisors and the Director of Clinical Training. The plan for any interns with particular needs is handled privately. This approach highlights both the value that Taranaki DHB places on its people as well as the close collegial relationships within the DHB.

The RMO Support Unit, the Director of Clinical Training and the Chief Medical Advisor are aware of the requirement to notify Council where an intern is not performing. All intern training issues are discussed at the quarterly meetings that the prevocational educational supervisors, Clinical Director of Training and RMO Support Unit staff attend.

Commendation:
Taranaki DHB is to be commended on the breadth of support provided for the intern experiencing difficulties, including its engagement with hauora Māori and psychiatric support.

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:

Taranaki DHB follows Council's Advisory Panel Guide and ePort guide for Advisory Panel members to recommend registration in the General scope of practice.

The DHB advises interns when they have met the requirements for PGY1 and to apply for registration in the General Scope of practice.

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:

Interns reported some confusion with registration processes and were not able to obtain adequate guidance from RMO Support Unit staff due to new appointments within the unit. However, these issues were remedied by liaising with Council staff.

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:

There is a Training and Education Committee that the DHB reports meets four times a year and it has intern representation as well as the Director of Clinical Training, prevocational educational supervisor and Education Coordinator. However, the interns reported that the Committee has not met over the past 8 months.

The RMO Support Unit manager and Director of Clinical Training meet monthly. There is an opportunity to include the prevocational educational supervisors in this meeting and this could further strengthen the DHB's prevocational medical education programme.

Intern progress in ePort is not currently being monitored adequately. This has resulted in a lack of follow up to ensure beginning, mid attachment, and end of attachment meetings with clinical supervisors are taking place and being recorded in a timely way. Additional training for the RMO Support Unit may support a more systematic approach to monitoring intern progress and clinical supervisor meetings.

Taranaki DHB uses the Postgraduate Hospital Educational Environment Measure (PHEEM) tool for interns to provide anonymous feedback following each clinical attachment. However, it was not apparent that there is a systematic approach to the analysis and use of the feedback to inform and effect changes to the training programme. Interns reported concerns that the information they provide in the feedback may not remain anonymous, given the small size of the DHB.

The feedback process would be further strengthened by providing some transparency around how the information gets collated and how it is used.

The DHB has clear processes to address matters raised by Council in relation to training and accreditation.

Recommendation:

6. The DHB consider convening a monthly meeting with all those involved in prevocational medical education including the prevocational educational supervisors, the Director of Clinical Training and the RMO Support Unit manager.

Required actions:

8. A system of monitoring of intern progress and ensuring that beginning, mid and end of clinical attachment supervisor meetings must be put in place, using the functionality available in ePort. (Standard 5.1)
9. A system to enable interns to provide anonymous feedback on prevocational educational supervisors and RMO Support Unit staff must be put in place. (Standard 5.4)
10. A systematic approach to evaluating intern feedback about clinical supervisors must be put in place to ensure it informs ongoing quality supervision. This process must be transparent and provide assurance to interns around anonymity. (Standard 5.5)

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:

Taranaki DHB has processes in place to ensure the currency of accredited clinical attachments and has provided examples of where attachments were suspended due to concerns regarding achievement of Council standards. The DHB works collaboratively between the Clinical Director of Training, Chief Medical Adviser, prevocational educational supervisors, and RMO Support Unit in the establishment of new clinical attachments.

Taranaki DHB has acknowledged difficulties in providing satisfactory allocation of interns to clinical attachments, in part due to flow-on effects from a lack of progression of senior staff due to the COVID-19 pandemic and the balance between training and service provision. As a result, intern feedback regarding the allocation of clinical attachments has been mixed. In particular, the transparency of the allocation process, especially for high-demand clinical attachments, was highlighted as an area of potential improvement by the intern cohort.

Taranaki DHB has made significant progress in ameliorating this situation, with the implementation of short interviews with the RMO Support Unit and career-planning sessions for interns. This will allow faculty to make more informed decisions regarding intern allocation, particularly at the PGY2 level. Early feedback from interns is positive with respect to these changes.

Taranaki DHB needs to respond to the intern feedback by continuing to improve the allocation process and should refer to the Taranaki DHB 'Funding for Training Decision Tree' as an excellent example of transparency, pragmatism, and fairness in a similar allocation process.

Required actions:

11. Taranaki DHB must formalise a process and/or documentation for allocating interns to various clinical attachments. (Standard 6.1.3)

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:

Taranaki DHB provides a working environment that is consistent with the delivery of high-quality training and safe patient care. There is an appropriate level of supervision, both during business- and after-hours, and interns have accessible senior support overnight. The training provider acknowledges that there have been recent difficulties with roster gaps and cross-cover requirements, but this has been in context of reduced staffing and increased demand, which is not unique to Taranaki DHB. Intern rostering remains compliant with contractual and Council requirements and overall feedback from interns was encouraging with respect to clinical training and working relationships with senior faculty.

Taranaki DHB provides a safe working and training environment, and this is supported by feedback from both interns and senior faculty. The 'PHEEM' is used as a tool to acquire regular feedback from interns on their perception of the workplace and training environment.

Taranaki DHB strives to provide a culturally safe environment and has demonstrated a commitment to incorporate further elements on cultural safety into the training programme and continue to work towards implementing Te Kawau Mārō (Taranaki Māori Health Strategy Refresh 2020) into clinical practice. However, there is currently a lack of standardised teaching on cultural safety and equity within the formal training programme. It is acknowledged that there are unique opportunities for the intern cohort, such as the 'Parihaka Treaty and Me' sessions, but these have not been universally accessible to interns. Additionally, interns have had limited engagement with the Māori Health Unit at Taranaki DHB. This is likely to reflect significant levels of demand and inadequate staffing within the Māori Health Unit and is an important area for improvement given the underlying population that the DHB serves.

The accreditation team was not able to receive specific feedback from Māori interns or from the Māori Health Unit. The training provider acknowledges that there is a low level of Māori workforce relative to the underlying population. Taranaki DHB has several mechanisms at an institutional level to achieve more equitable and representative staffing including at an intern level.

The RMO Support Unit and senior faculty run an annual careers evening, and interns are provided with career guidance from their prevocational educational supervisors. Furthermore, the RMO Support Unit has begun conducting short interviews with all interns to help develop a career plan, and this will inform

future clinical attachment allocations. Intern feedback regarding formal career guidance has been very positive and expansion of this aspect of the training programme would be well-received.

Taranaki DHB has an exemplary process to achieve fair, pragmatic, and transparent allocation of interns to professional development leave. This is documented within the Taranaki DHB 'Funding for Training Decision Tree'. Interns feel comfortable in accessing professional development leave where it would benefit their training experience. Taranaki DHB supports interns to attend medical conferences when they are presenting.

Taranaki DHB is committed to providing an environment that supports interns and prioritises well-being. The prevocational educational supervisors, clinical supervisors, and Clinical Director of Training demonstrate a great interest in maintaining the health and welfare of the intern. Interns are actively encouraged to register with a general practitioner and EAP counselling is available to all staff at the DHB. Where interns have had difficulties, individual wellness plans and graduated return-to-work programmes have been implemented. Wider DHB staff and external providers have been utilised when required to provide further support to the interns. The training provider has an annual 'activities weekend' with current and future interns, which provides clinical and wellbeing education to interns and this is particularly beneficial for interns new to the region.

Annual leave allocations are dealt with in a fair and transparent matters within the context of contractual obligations and service requirements.

Commendation:
Taranaki DHB provides an excellent example of a procedure that allow interns access to appropriate professional development leave.

Recommendation:

7. Taranaki DHB could expand the formal career guidance given to interns throughout their training programme.

Required actions:

12. Taranaki DHB must ensure that interns are practicing within a culturally safe environment. (Standard 6.2.3)

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:
Taranaki DHB provides accessible information to interns regarding the training programme via a variety of electronic methods. There is regular communication between the RMO Support Unit and interns.

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:

There are several mechanisms to support interns to address problems with training-related issues. Furthermore, senior faculty ensure confidentiality is of utmost importance. Specific examples of processes implemented to support interns include additional leave, wellness plans, and graduated return-to-work plans. Overall, interns feel comfortable in discussing concerns with clinical supervisors, prevocational educational supervisors, and the Clinical Director of Training.

There are demonstrated examples of pathways for resolution of training-related disputes; for example, escalation of specific concerns to the Training and Education Committee for further discussion and 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:

Interns at Taranaki DHB have a wide range of facilities and educational resources to support their ongoing training experience, and this was well-supported by intern feedback.

Formal teaching takes place within a dedicated education centre that includes multi-functional meeting rooms, computer labs, and a large auditorium for presentations and lectures.

Taranaki DHB provides a library co-located with the education centre and RMO Support Unit. This is available at any hour via keypad and is staffed during business hours. Interns are provided access to standard electronic resources, including full-text journals, textbooks, and clinical databases such as UpToDate and the Cochrane Library. Furthermore, the library provides a variety of resources that support and promote workplace wellness. On-site librarians can assist interns with literature searches and can provide training on research methods when required.

Interns have access to a comfortable RMO lounge with kitchen facilities, television, and a separate bedroom for interns on overnight duties. Computer facilities are provided within the RMO lounge, DHB library, and wards. Interns can book IT equipment if they wish to work off-site.

Required actions:

Nil.