



Te Kaunihera Rata
o Aotearoa

**Medical Council
of New Zealand**

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

Date of site visit: 30 and 31 March 2021
Date of report: 26 August 2021

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.

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.

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



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**Medical Council
of New Zealand**

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

Name of training provider:	MidCentral District Health Board (DHB)
Name of sites:	Palmerston North Hospital
Date of training provider accreditation visit:	30 and 31 March 2021
Accreditation visit team members:	Prof John Nacey (Chair) Ms Susan Hughes Dr Stephen Child Dr Alice Stringer Dr Fraser Jeffery Ms Raylene Bateman Ms Holly Hart
Date of previous training provider accreditation visit:	12 October 2016
Key staff the accreditation visit team met:	
Chief Executive:	Dr Jeff Brown (Acting)
Chief Medical Officer:	Dr Kelvin Billingham
Director of Medical Training:	Dr Janine Stevens
Prevocational Educational Supervisors:	Dr Adolph Nanguzgambo Dr Nathalie de Vries Dr Paul Harper Dr Janine Stevens Dr Kamran Rostami
RMO Unit staff:	Ms Christine Wood Ms Yvonne Detmar Ms Pauline Armstrong
Key data about the training provider:	
Number of interns at training provider: 45	
Number of PGY1s: 23	Number of PGY2s: 22
Number of hospital-based accredited clinical attachments:	43
Number of accredited community-based attachments:	5

Section A – Executive Summary

MidCentral District Health Board (DHB) serves a population of 180,000 people with most living in Palmerston North City. This increases to 500,000 people for the delivery of some tertiary services. In addition, the hospital is a teaching hospital affiliated to the University of Otago medical school. Approximately 18% of the population are aged 65 years or older. Māori make up over 20% of MidCentral DHB's population.

The base regional hospital in Palmerston North is a 350-bed secondary care hospital with a dedicated intensive care unit, coronary care unit and neonatal unit and provides one of the largest trauma centres in New Zealand. The hospital provides services to a geographic area of around 880,000 hectares and spans the North Island of New Zealand from the western coast of the Manawatu, Horowhenua and Ōtaki districts to the Tararua district on the eastern coast.

MidCentral DHB is to be commended on its visionary medical education strategy and subsequent infrastructure development. The passion of the prevocational educational supervisors and other parties involved in prevocational training reflects positively on the DHB and is to be commended.

The PGY1 teaching programme is well structured, however interns expressed frustration with their inability to consistently attend the programme due to clinical commitments. At present there is no formal PGY2 teaching programme and while this remains a work-in-progress, interns felt that increased Senior Medical Officer (SMO) leadership in the development of the programme would be highly valuable and greatly appreciated.

Interns were particularly concerned by the lack of fit for purpose IT systems and a continued reliance on paper-based systems that are substandard. Staff have raised this matter with the DHB on several occasions but it appears that no action has been taken. Interns believe this creates inefficiency and clinical risk to the extent that patient health and safety may be compromised. A particular concern for interns is the requirement that they must sign-off printed laboratory and radiology results but these results can relate to patients whose clinical care the intern has not been involved in. The clinical supervisors shared similar concerns and expressed considerable frustration with the “substandard” state of the hospital IT systems.

There is a robust handover system for the medical teams with formal handover at 8am, 4pm and at the beginning of the night shift. However, interns raised concerns that at the end of a night shift covering surgical wards there is no safe system to alert appropriate clinical teams to patients of concern.

There is excellent orientation for interns at the beginning of their employment with MidCentral DHB that is well received and receives positive feedback. However, orientation for interns is variable at the beginning of individual clinical attachments with formal orientation only available in a few departments such as the Emergency Department. Orientation resources such as booklets outlining attachment expectations are not routinely provided to interns at the beginning of their attachment. Interns have attempted to create some resources such as formal recording of attachment expectations during the handover process.

MidCentral DHB is to be commended on the strategic priority assigned to teaching and learning and the high level of engagement with the prevocational training programme.

Overall, MidCentral DHB has met 15 of the 21 sets of Council's standards *Accreditation standards for training providers*. Six sets of standards are substantially met:

1. 3.1 Programme components
2. 3.3 Formal education programme
3. 3.4 Orientation
4. 5.0 Monitoring and evaluation of the intern training programme
5. 6.2 Welfare and support
6. 7.0 Facilities

Eight required actions were identified, along with 6 recommendations and 6 commendations. The required actions are:

1. MidCentral DHB must continue to ensure that interns are allocated to a CBA over the course of their 2-year internship and report to Council by 31 January 2022 on the number of their PGY1s and PGY2s who have completed a CBA. (Standard 3.1.6)
2. MidCentral DHB must ensure that the barriers to PGY1 interns attending the formal education programme have been addressed to enable interns to attend at least two thirds of the formal teaching programme. (Standard 3.3.2)
3. MidCentral DHB must provide structured teaching and learning sessions for PGY2 interns. (Standard 3.3.3)
4. MidCentral DHB must provide orientation for interns at the start of each clinical attachment, which includes information and expectations for the attachment. (Standard 3.4.2)
5. MidCentral DHB must ensure it has an effective process to enable interns to provide anonymous feedback on their prevocational educational supervisors (Standard 5.4).
6. MidCentral DHB must ensure interns are not required to sign off results for patients not under their care. (Standard 6.2.1)
7. The sign off of results must occur in a timely manner to avoid any risk to patient safety. (Standard 6.2.1)
8. The DHB must ensure interns have access to appropriate, fit-for-purpose IT processes and systems that support them to safely carry out their work. (Standard 7.1)

Section B – Overall outcome of the accreditation assessment

The overall rating for the accreditation of MidCentral DHB as a training provider for prevocational medical training	Substantially Met
<p>MidCentral District Health Board holds accreditation until 31 October 2025.</p> <p>Council approved the <i>Prevocational medical training accreditation report: MidCentral District Health Board</i> and determined that:</p> <ul style="list-style-type: none">• the overall outcome of the assessment for accreditation is ‘substantially met’, and• MidCentral DHB is accredited for prevocational medical training for a period of four years, until 31 October 2025. This date is subject to the DHB satisfactorily addressing the required actions in the report which are set out below. <p>Council has requested that MidCentral DHB provide progress reports by the dates outlined below that satisfies Council that the following required actions have been addressed:</p> <p>By 31 January 2022:</p> <ol style="list-style-type: none">1. MidCentral DHB must continue to ensure that interns are allocated to a CBA over the course of their 2-year internship and report to Council by 31 January 2022 on the number of their PGY1s and PGY2s who have completed a CBA. (Standard 3.1.6)3. MidCentral DHB must provide structured teaching and learning sessions for PGY2 interns. (Standard 3.3.3)4. MidCentral DHB must provide orientation for interns at the start of each clinical attachment, which includes information and expectations for the attachment. (Standard 3.4.2)5. MidCentral DHB must ensure it has an effective process to enable interns to provide anonymous feedback on their prevocational educational supervisors (Standard 5.4).7. The sign off of results must occur in a timely manner to avoid any risk to patient safety. (Standard 6.2.1)8. The DHB must provide Council with a plan detailing how, and by when, interns will have access to appropriate, fit-for-purpose IT processes and systems that support them to safely carry out their work (Standard 7.1) <p>By 30 April 2022:</p> <ol style="list-style-type: none">1. MidCentral DHB must ensure that the barriers to PGY1 interns attending the formal education programme have been addressed to enable interns to attend at least two thirds of the formal teaching programme. (Standard 3.3.2)6. MidCentral DHB must ensure interns are not required to sign off results for patients not under their care. (Standard 6.2.1) <p>By 30 November 2022:</p> <ol style="list-style-type: none">8. The DHB must ensure interns have access to appropriate, fit-for-purpose IT processes and systems that support them to safely carry out their work. (Standard 7.1)	

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:			
<p>Comments:</p> <p>MidCentral DHB acknowledges the importance of clinical education and views this as an important driver to achieving clinical excellence and high-quality patient care. This is reflected in the updated <i>Prevocational Medical Education and Training (MET) Strategy and Action Plan 2020-2022</i> (the Strategy and Action Plan). This strategy is intended to support continued improvement of the prevocational medical training programme at MidCentral DHB for the next 3 years, at which time it will be subject to further review.</p> <p>The DHB demonstrates a high level of engagement from Chief Executive Officer (CEO) and Chief Medical Officer (CMO) to support and continually improve the intern training programme, with the development of the Strategy and Action Plan and the appointment of a 0.3 FTE Director of Medical Training (Director).</p> <p>MidCentral DHB has ensured that interns are well supported by the prevocational educational supervisors. The five prevocational educational supervisor positions are each funded 0.1FTE allowing protected time for educational support and pastoral care. MidCentral DHB also funds an Intern Teaching Co-ordinator (0.1FTE), which is held by a SMO who is also a prevocational educational supervisor and is experienced in medical education and training. This role is intended to ensure the effective organisation and delivery of a well-organised programme that is clinically, culturally and professionally relevant in meeting the interns' learning needs. The Teaching Co-ordinator works collaboratively with the Director and the Medical Administration Unit (MAU) team. The CMO retains overall accountability for the prevocational training and education programme.</p> <p>MidCentral DHB is committed to improving Māori health and addressing the health inequities experienced by Māori across the MidCentral district. This is explicit in the DHB's strategic plan and is also a focus of the Strategy and Action Plan. MidCentral DHB supports Māori workforce development and has a current Māori workforce development plan (<i>Kaimahi Ora, Whānau Ora</i>). This plan actively promotes recruiting and retaining Māori doctors. In 2021, MidCentral DHB began assigning new interns who identify as Māori to a prevocational educational supervisor who is Māori.</p>			

At a governance level, MidCentral DHB has established a Medical Education and Training Group (METG) to oversee medical education and training with a particular focus on prevocational training. This group, led by the CMO and chaired by the Director, has a broad membership that includes interns. Recently, the DHB has established an Intern Teaching Group, led by the Intern Teaching Co-ordinator. This group allows interns to help design the content of the formal teaching programme.

Clinical governance of the prevocational education and training programme is provided by the CMO, Director, the prevocational educational supervisor team and the Medical Education and Training Group (METG). The programme is ably supported by clinical supervisors across a range of clinical areas and an experienced MAU team.

Further operational oversight is provided by the Prevocational and General Registrant Doctors Operational Committee. This group includes the Director, prevocational educational supervisors and members of MAU. It regularly meets to discuss operational aspects of prevocational medical education and training such as interns' progress, applications for continuing medical education and interns who may need additional support.

Commendation:

- The DHB is commended for implementing a governance and operational framework that prioritises delivery of a high-quality prevocational training programme. This includes the development of the Intern Teaching Group, Medical Education and Training group, Director of Medical Training, and the appointment of a Māori prevocational educational supervisor who offers support to interns who identify as Māori.

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:

MidCentral DHB has appointed a Director at 0.3 FTE to provide leadership to the intern training programme. The Director expressed the view that this was adequate resourcing to undertake this role, which is pivotal to the success of the intern training programme. The programme is well supported by the CMO, who takes a keen interest in intern development and learning opportunities.

The Director is one of the prevocational educational supervisors. The other prevocational educational supervisors confirmed that they were also adequately resourced to carry out their role. They are each allocated between 6 and 10 interns and where necessary, interns can switch supervisors. If one of the prevocational educational supervisors is absent for an extended period of time, then their allocated interns are transferred to another prevocational educational supervisor.

The development of an Intern Teaching Group is encouraging, and this group is seen as a helpful interface between the interns and prevocational educational supervisors. The group enables interns to request topics they want covered in the formal training programme and to drive improvement of the training programme.

The Director, the prevocational educational supervisors and the Intern Teaching Group intend to work together to ensure that a bespoke PGY2 formal education programme is developed and available in the 2022 year.

The office of the MAU oversees the intern training programme, and the commitment of its staff to the education and wellbeing of interns was readily apparent and plainly appreciated by the interns.

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:

MidCentral DHB demonstrates a commitment to supporting interns to develop and learn the skills and competencies they need to lead them into the next phase of their career. This includes adherence to achieving the learning activities as set out in the intern learning framework and supporting interns to become independent and resilient learners in a safe environment.

The DHB has three key principles underpinning teaching programme:

- fostering of resilient learners happens in a safe environment.
- New learnings are scaffolded onto existing knowledge.
- Improvements in the teaching programme are made regularly based on intern feedback.

Supported by the CMO, the prevocational educational supervisors provide guidance and support to their interns to ensure learning is undertaken according to good practice.

The Intern Teaching Co-ordinator has completed a postgraduate certificate in Higher Education (Clinical Education), while the Director has a postgraduate certificate in Tertiary Teaching. All prevocational educational supervisors attend Council's annual workshops.

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:			
<p>Comments: MidCentral DHB holds strong relationships with the University of Otago Wellington School of Medicine, and also with community providers through its community-based attachments (CBAs).</p> <p>The DHB works closely with the local Primary Health Organisation, THINK Hauora, and collaborates on a number of initiatives of common interest. Primary care is clearly an integrated part of the intern educational experience and forms an essential element in their learning.</p> <p>MidCentral DHB is the key provider of intern education in the region and therefore coordinates all of the training programme. The delivery of the programme is well supported by the MAU team, which co-ordinate intern feedback, record teaching attendance and provide other key administrative support to ensure the training programme is running smoothly.</p> <p>The DHB is dedicated to improving Māori health and equity, and works closely with the Māori health team, Pae Ora Paiaka Whaiora Hauora Māori Directorate to incorporate Māori health and equity into its intern training programme. This includes welcoming new interns into the organisation with a formal pōwhiri and providing support for the training programme. Work is also underway, in collaboration with local Māori health providers, to develop a Māori CBA.</p> <p>Required actions: Nil.</p>			

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	<p>The training provider selects suitable clinical attachments for training on the basis of the experiences that interns can expect to achieve, including the:</p> <ul style="list-style-type: none"> • 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:

MidCentral DHB provides a wide range of clinical attachments to enable interns to attain the learning requirements.

From 2021, all interns are being assigned to a CBA. The DHB has worked hard to develop a sufficient number of CBA to ensure every intern is allocated to a CBA over the course of their two intern years. The relationship between the DHB and CBA providers is well-established and there is intention to continue to increase the number of providers to enable flexibility to meet intern and provider preferences. The DHB highlighted the benefits of quality CBAs in encouraging community-based careers and in aligning with its aspiration for increased community-based care for patients. To ensure that MidCentral DHB retains its promising momentum with CBAs, it is required to continue reporting to Council on the numbers of its interns who are allocated to a CBA over the course of their internship.

The preferences of interns are considered by the MAU when allocating interns to clinical attachments. Interns are allocated to a variety of surgical and medical attachments, with both general and sub-specialty disciplines available, to provide the interns with a broad learning experience. Although the prevocational educational supervisors are not directly involved in the allocation process, they provide overarching career planning and advice to guide an intern's choices.

Through its medical education strategy, MidCentral DHB has a strong focus on equity and understands the importance of cultural safety in the provision of care. Time is allocated for all interns to complete the two-day MidCentral DHB Te Tiriti o Waitangi, Equity and Health course and the MidCentral DHB Cultural Responsiveness in Practice course during their two intern years. To provide specific cultural support to interns who are Māori, all new interns in 2021 who have identified as Māori have been assigned to a Māori prevocational educational supervisor. There is opportunity for an intern to move to a different prevocational educational supervisor if they choose.

Interns are not rostered on nights until they have completed six months of PGY1. Two medical registrars, one general surgical registrar and one obstetrics and gynaecology registrar are on site at night. The interns reported feeling well supported and comfortable to call senior medical staff for advice overnight.

There is a robust handover system for medical teams with formal handover meetings at 8am, 4pm and at the beginning of night shifts. However, concerns were raised by interns on surgical attachments that at

the end of a night shift there is no clearly defined handover process. Interns reported they found it challenging to handover patients of concern to multiple surgical teams in the morning.

Informed consent processes at MidCentral DHB comply with the Medical Council's policy on informed consent. Interns reported they do not inappropriately consent for procedures.

Commendation:

- MidCentral DHB displays a strong commitment to interns gaining a sound knowledge of community care and has met Council's requirement around CBAs, which is commended.

Recommendation:

- MidCentral DHB should consider improving the handover process at the end of a night shift for interns on surgical clinical attachments.

Required actions:

1. MidCentral DHB must continue to ensure that interns are allocated to a CBA over the course of their 2-year internship and report to Council by 31 January 2022 on the number of their PGY1s and PGY2s who have completed a CBA. (Standard 3.1.6)

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:

Training interns on ePort is part of the MidCentral DHB's orientation programme for PGY1s and also forms part of its formal teaching programme.

The completion of ePort components by interns, clinical supervisors and prevocational educational supervisors is monitored by the MAU and reminders are sent to ensure ePort is regularly updated. Prevocational educational supervisors provide support to clinical supervisors in the use of ePort.

An intern's career aspirations are discussed with their prevocational educational supervisor who assists the intern in developing their professional development plan.

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:

MidCentral DHB has recently made changes to its formal intern education programme in response to feedback from interns. The new programme features a wide variety of teaching sessions aimed at developing the knowledge and skills necessary for clinical practice as a PGY1 intern. The programme has specific sessions with a Māori health focus. Regular feedback sessions between interns and the Director are also integrated within the programme.

MidCentral DHB’s formal intern teaching programme is provided on Wednesday and Friday from 12.30pm to 1.30pm. Interns reported that they were often unable to attend due to their clinical attachment workload. Attendance is recorded in MedApp and the data from this indicated that few interns were able to attend two-thirds of the formal teaching sessions. Prevocational educational supervisors acknowledged that the formal teaching programme was not sufficiently protected time and, in their view, this issue was not isolated to certain clinical attachments.

Interns also reported that learning opportunities on their clinical attachments were constrained by increasing acute clinical demands and therefore they highly value protected teaching time to ensure their ongoing development.

The intern teaching programme is intended to be for both PGY1 and PGY2 interns. However, with the focus on developing skills for PGY1s and the repetition of sessions from the previous year, PGY2 interns felt it was inadequate for their needs and did not often attend. There are other learning opportunities for PGY2 interns provided by different departments, such as journal clubs and radiology meetings, however this was not universal, particularly for interns on relief attachments. Interns have advocated for structured PGY2 intern teaching opportunities through the Intern Teaching Group and development of a programme is planned for the second half of 2021.

Pastoral care for interns was regarded as a high priority by prevocational education supervisors and the MAU staff. As a result, reflective sessions with a focus on self-care and compassion have been introduced into the formal teaching programme.

Required actions:

2. MidCentral DHB must ensure that the barriers to PGY1 interns attending the formal education programme have been addressed to enable interns to attend at least two thirds of the formal teaching programme. (Standard 3.3.2)

3. MidCentral DHB must provide structured teaching and learning sessions for PGY2 interns. (Standard 3.3.3)

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:
 MidCentral DHB provides a comprehensive orientation for PGY1 interns at the beginning of their employment. It receives positive feedback from interns and the orientation programme continues to improve each year.

Orientation for interns is variable at the beginning of individual clinical attachments with time set aside for formal orientation occurring in only a few departments, such as the Emergency Department. Interns reported that orientation resources such as a document outlining attachment expectations are not routinely provided to interns at the beginning of their attachment. Interns have attempted to create some resources themselves, for handover between interns, independent of senior medical staff.

Required actions:
 4. MidCentral DHB must provide orientation for interns at the start of each clinical attachment, which includes information and expectations for the attachment. (Standard 3.4.2)

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:
 MidCentral DHB recognises the need to provide flexible training arrangements for interns and is able to make arrangements for interns to work part-time.

While there is no formal policy on flexible intern training, the principles in established DHB policies are applied to requests on a case-by-case basis. These include the *Work and Family Policy*, and the *Flexible Working Hours Guideline*.

MidCentral DHB staff are involved in national projects to further develop flexible training for interns.

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:			
<p>Comments:</p> <p>The interns have a comprehensive introduction to the intern training programme at the beginning of PGY1. During this orientation, time is set aside for clinical supervisors and prevocational educational supervisors to explain their role and responsibilities and the importance of intern training.</p> <p>Interns' progress through the programme is monitored on ePort to ensure that interns meet with their clinical supervisors and prevocational educational supervisors at the appropriate times throughout each attachment.</p> <p>The establishment of the Intern Teaching Group ensures there is a robust system for intern engagement in the training programme.</p> <p>Required actions: Nil.</p>			
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:			
<p>Comments:</p> <p>MidCentral DHB employs five prevocational educational supervisors, who are each allocated between six and 10 interns. There is 0.1FTE is allocated to each prevocational educational supervisor to enable them to fulfil their obligations and they find this to be sufficient.</p> <p>The prevocational educational supervisor team meet monthly to discuss any issues with the intern training programme, and any interns that may need extra support. If a prevocational educational supervisor is going to be away for more than two weeks, arrangements are made so that their interns are assigned a temporary supervisor to cover this time.</p> <p>All prevocational educational supervisors attend the annual prevocational educational supervisor meeting, hosted by Council.</p>			

The Director (who is also a prevocational educational supervisor) and the CMO provide excellent oversight and support.

The MAU provides excellent administrative support to facilitate the educational programme and enable the prevocational educational supervisors to carry out their roles effectively.

Commendation:

- The level of engagement in the intern training programme from the CMO and the Director of Medical Education in the intern training programme is commended.

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 clinical supervisors are vocationally registered SMOs and are involved in continuing medical education activities as required by their vocational colleges and Council.

Prevocational educational supervisors make themselves available to support clinical supervisors as ePort users and recommend the online clinical supervisor course provided by Council. However, a record of the relevant training in supervision and assessment each clinical supervisor has received was not provided.

There are clinical supervisors allocated to relief clinical attachments.

MidCentral DHB participates in the training of trainee interns, interns and specialty training registrars. Appropriately appointed SMOs oversee training at all levels and work well together to integrate the training programmes and ensure progression. This ensures that interns are able to be clinically supervised at a level appropriate to their experience and responsibilities.

Recommendation:

- MidCentral DHB should keep a record of training in supervision and assessment undertaken by clinical 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:			
<p>Comments: Clinical supervisors meet with interns at the beginning, middle and end of each attachment and complete the relevant ePort sections, including reviewing PDP and learning activities. This is monitored by the prevocational educational supervisors who are able to send reminders via ePort. The DHB was able to confirm that these meetings are taking place and being entered into ePort as required by Council.</p> <p>MidCentral DHB's <i>Support for a Resident Medical Officer in Difficulty Procedure</i> outlines the roles and responsibilities of interns, clinical supervisors, prevocational educational supervisors, Director of Medical Training, CMO, occupational health and safety, nursing staff and the MAU. This procedure has a comprehensive remediation plan that includes timely escalation to Council if necessary.</p> <p>The prevocational educational supervisors meet monthly to discuss any support that needs to be given to interns.</p> <p>Commendation:</p> <ul style="list-style-type: none"> The <i>Support for a Resident Medical Officer in Difficulty Procedure</i> is well thought out and comprehensive. <p>Recommendation:</p> <ul style="list-style-type: none"> Administrators could take responsibility in the first instance for ensuring clinical supervisor meetings are completed, to lessen the administrative load on the prevocational educational supervisors. <p>Required actions: Nil.</p>			
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: <ul style="list-style-type: none"> 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 <i>Advisory Panel Guide & ePort guide for Advisory Panel members</i> .		
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:

MidCentral DHB has an established process for an advisory panel to meet at the end of PGY1 year, which comprises the necessary members and follows Council's *Advisory Panel Guide & ePort guide for Advisory Panel members*.

The MAU maintains records of all interns and monitors the progress of each PGY1 to determine their eligibility for General Registration. Prevocational educational supervisors also keep track of which interns are able to progress.

Interns are notified of the process towards the end of PGY1 by the Director of Medical Training. The advisory panel follows Council requirements for registration in the general scope of practice and ensures that the intern meets the criteria (above at 4.5.5). This may include ensuring interns whose ACLS certification is more than 12 months old repeat the course before receiving general registration.

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 are notified by the Director at the end of their PGY2 year that they need to apply for removal of endorsement. This includes an explanation on the next steps when progressing to PGY3.

The MAU is responsible for monitoring progress and reminding interns that are eligible for removal of endorsement. It liaises with prevocational educational supervisors to ensure that there is timely review and processing of applications for removal of endorsement.

The MidCentral DHB ensures interns progress well through this process.

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:			
<p>Comments:</p> <p>MidCentral DHB has good structures in place to monitor the intern training programme, including use of the Postgraduate Hospital Educational Environment Measure (PHEEM) evaluation tool.</p> <p>Currently there appears to be no mechanism in place that enable interns to provide anonymous feedback on their prevocational educational supervisors nor is feedback from the PHEEM, or attendance at formal teaching, used to its maximum effectiveness for gathering feedback. Further data analysis with individual and departmental feedback would increase the robustness of these existing systems. It was noted that improvements in this domain were highlighted as a goal for the future.</p> <p>Similarly, while it was noted that these feedback mechanisms had appropriately raised the issue of poor IT systems support, there was universal agreement from those interviewed that the feedback loop had yet to be closed through further action.</p> <p>Although the standard of supervisor monitoring is included at a unit level through the PHEEM evaluation tool, there does not appear to be any process in place for setting individual clinical supervisor teaching expectations or feedback on clinical supervisor performance.</p> <p>MidCentral DHB has established an Intern Teaching Group for guiding the teaching curriculum. The attendance is recorded but some uncertainty exists regarding the utility of this record or quality evaluation of the teaching provided. Similarly, the interns expressed interest in exploring a wider breadth of topics in the formal teaching programme and were discussing these with the Intern Teaching Group for inclusion.</p> <p>Commendation:</p> <ul style="list-style-type: none"> Mid Central DHB has a strong network of various structures and committees to ensure there are sound processes and systems in place to monitor the intern training programme with input from both interns and supervisors. It is commended for including interns in the development of the programme and use of the PHEEM evaluation tool to gather feedback. 			

Recommendations:

- It is recommended that data obtained from attendance and PHEEM evaluations be used more effectively for quality improvement of all aspects of the intern education programme and the quality of clinical supervision.
- It is recommended that effective intern input to the formal teaching curriculum continues.

Required actions:

5. MidCentral DHB must ensure it has an effective process to enable interns to provide anonymous feedback on their prevocational educational supervisors (Standard 5.4).

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:			
<p>Comments: MidCentral DHB gathers a range of feedback about accredited clinical attachments from interns and clinical supervisors and clinical leads in departments to inform review and improvements to attachments. The review also includes ongoing monitoring to ensure improvements are sustained.</p> <p>Development of new clinical attachments is undertaken with the lead clinicians in the service to ensure a quality intern educational experience.</p> <p>Interns are able to provide their preferences (ranked according to their interests and career aspirations) for clinical attachments. The process for allocation is documented and indicates these preferences are taken into account as far as is practicable.</p> <p>The DHB has spent considerable time since its last accreditation assessment developing and implementing a strategic approach to prevocational medical training, including establishing intern-led groups to discuss issues and suggest where improvements could be made.</p> <p>The establishment of the Director role will significantly contribute to the continued development of the programme, which will include establishing improved formal teaching opportunities for PGY2s.</p>			
<p>Required actions: Nil.</p>			
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 adheres to safe working hours for interns and is considerate of individual interns’ cultural, community and whānau obligations alongside their work and learning requirements. In particular, Māori interns are offered a Māori prevocational educational supervisor for additional support and guidance, and there is a firm recognition that the Māori intern’s engagement with their community brings value to their role in the DHB.

The DHB has a documented policy to prevent unacceptable behaviour, bullying and harassment; and also has a documented policy on diversity and inclusion.

MAU staff and prevocational educational supervisors are available to assist the intern with career planning and progression.

The DHB has formalised and actively manages pastoral care for interns, which has led to the provision of reflective practice sessions linked to spiritual care and wellbeing. This provides interns with the opportunity to explore and discuss situations they have found difficult and stressful, in an appropriate and safe environment.

The RMO unit has shown a commitment to supporting intern wellbeing, particularly during the challenges of the COVID-19 pandemic and the transition between the trainee intern year and PGY1. They can anticipate difficulties as well as reacting appropriately to support interns.

While there did not appear to be specific issues relating to applying for and taking annual leave, some interns expressed concern around the transparency of decisions to decline applications to attend educational courses and sought more detailed explanation around these decisions.

Interns are encouraged to find their own GP and if this is proving difficult, the DHB will provide assistance and reach out to primary care practices and find a GP for them.

Interns expressed some safety concerns for both themselves and patients relating to having to sign off results not requested by them, for patients not in their care. Sign off was also often for results of tests that were not recent. This caused anxiety for the interns who were placed in an unsafe clinical position.

Commendation:

- The DHB is commended for its strong support mechanisms and a focus on cultural safety for Māori interns, including being assigned to a Māori prevocational educational supervisor.

Recommendation:

- The DHB should communicate clearly with interns around professional development course applications to provide clear reasons why a request has been declined and/or offer alternative options that may be more appropriate.

Required actions:

6. MidCentral DHB must ensure interns are not required to sign off results for patients not under their care. (Standard 6.2.1)
7. The sign off of results must occur in a timely manner to avoid any risk to patient safety. (6.2.1)

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:

Interns are provided with information relating to training, including use of written communications to advise about formal teaching sessions, Grand Rounds and other topical meetings. Reminders are sent to interns using MedApp.

Required actions:

Nil.

6.4 Resolution of training problems and disputes

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

6.4 Resolution of training problems and disputes

	Met	Substantially met	Not met
Rating	X		

Commentary:

Comments:

Interns have access to a range of support to resolve concerns or disputes relating to training, including intern representatives who are part of the METG. Issues can also be raised directly with the MAU and the intern's allocated prevocational educational supervisor who can discuss with the Director of Medical Training and/or the CMO.

The DHB has a written *Support for a Resident Medical Officer in Difficulty Procedure* (review 4.4).

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:			
<p>Comments:</p> <p>Interns have access to appropriate resources and facilities. This includes a computer within the Resident Medical Officer lounge and additional computers in the library, online learning modules, a simulation training facility and appropriate training venues. There is significant development underway currently to improve these spaces.</p> <p>Although positive feedback was received from interns about the facilities available to them, it was noted by clinical supervisors and prevocational educational supervisors that it was difficult to access a private room for individual intern meetings with interns.</p> <p>Interns were particularly concerned by the lack of fit-for-purpose IT systems across the hospital and a continued reliance on paper-based systems that are inadequate. They were of the view that this issue has been raised with the DHB on multiple occasions but not actioned. They believe that this creates inefficiency and clinical risk, and plainly raised issues of patient health and safety. For example, interns took responsibility for the hand-written sign-off of the laboratory and radiology results, including patients for whom they had not been involved in their clinical care.</p> <p>The DHB provides an appropriate working and learning environment for interns. There are clear policies for workplace safety, incident reporting and the prevention of unacceptable behaviour, harassment and bullying. The close contact that is maintained between interns and their prevocational educational supervisor and clinical supervisors is also a factor in maintaining a safe working and learning environment.</p> <p>Required actions:</p> <p>8. The DHB must ensure interns have access to appropriate, fit-for-purpose IT processes and systems that support them to safely carry out their work. (Standard 7.1)</p>			