



Prevocational medical training accreditation  
report:  
South Canterbury District Health Board

Date of site visit: 24 and 25 July 2018

## 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<sup>1</sup>. Clinical attachments may only be accredited if they form part of the intern training programme provided by an accredited training provider.

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

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

Training providers are accredited for the provision of education and training for interns (prevocational medical training) for a period of 3 years. However, interim reports may be requested during this period. Please refer to Council's [Policy on the accreditation of prevocational medical training providers](#) for further information.

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<sup>1</sup> Doctors who have passed NZREX Clinical prior to 30 November 2014 and who meet the specified criteria, are eligible to complete all of their PGY1 requirements in a primary care setting. Please refer to Council's prevocational medical training policy.

# The Medical Council of New Zealand's accreditation of South Canterbury District Health Board



<b>Name of training provider:</b>	South Canterbury District Health Board
<b>Name of sites:</b>	Timaru Hospital
<b>Date of training provider accreditation visit:</b>	24 and 25 July 2018
<b>Accreditation visit team members:</b>	Dr Pamela Hale, Accreditation Team Chair Professor John Nacey Ms Kim Ngārimu Dr John Geddes Dr Mike Fleete Ms Raylene Bateman Ms Sidonie Mrs Elmarie Stander
<b>Date of previous training provider accreditation visit:</b>	22 September 2015
<b>Key staff the accreditation visit team met:</b>	
Chief Executive:	Mr Nigel Trainor
Chief Medical Officer:	Dr Steven Earnshaw
Director of Patient, Nursing and Midwifery:	Ms Lisa Blackler
Prevocational Educational Supervisors:	Dr Steven Slagle and Dr Elaine Clark
RMO Unit Manager:	Ms Kara Hayes
<b>Key data about the training provider:</b>	
Number of interns at training provider: 15	
Number of PGY1s: 8	Number of PGY2s: 7
Number of accredited clinical attachments (current):	20
Number of accredited community based attachments:	2

## Section A – Executive Summary

South Canterbury District Health Board (DHB) serves a population of about 50,000 living in the region around the city of Timaru.

The DHB recently implemented a new strategic focus, outlined in its document *Strategic Direction – Navigating our Future* that predominantly focuses on an integrated approach to valuing the DHB's people. However, the document does not specifically identify prevocational medical education as a strategic priority. There is also limited reference to prevocational training as it relates to Māori health.

The establishment of relationships with the Māori Health sector needs further strengthening and the DHB will need to develop cultural competence and cultural safety educational programmes as part of the intern experience. This component of the intern training programme is being developed.

There are 15 interns working in Timaru Hospital across a range of clinical attachments in secondary medical and surgical specialties. The DHB has two accredited community based attachments (CBAs), one in general practice and one in community mental health. These provide opportunities for PGY2s to gain experience in a community setting. South Canterbury DHB has already achieved compliance with Council's expectation that all interns will complete a CBA during the course of their two prevocational years.

South Canterbury DHB is delivering a high quality training experience for its interns and demonstrates a strong commitment and a sound educational approach to prevocational education. Interns are able to participate in meaningful clinical work across a diverse range of care environments where there are excellent learning opportunities.

There is clear commitment and high engagement by the Chief Medical Officer (CMO), executive leadership team including the Director of Patient, Nursing and Midwifery, the Resident Medical Officer (RMO) Unit Manager, the prevocational educational supervisors, and the clinical supervisors.

Regular CMO/intern meetings and the Intern Steering and Guidance Group allow for regular feedback of issues and oversight of how the education and training programme is being delivered. There is a supportive and collegial culture within the DHB that enhances the clinical environment and pastoral aspects of the interns' experiences and, as a result, any issues or concerns with interns are identified promptly and responded to appropriately. This is supported by the close working relationship between interns and clinical supervisors, the RMO Unit Manager, prevocational educational supervisors and CMO.

Interns value the support they receive and access to leave and allocation to clinical attachments is seen as fair and transparent.

Interns starting at the beginning of the year and those commencing through the year are well supported through an effective orientation programme, with shadowing considered a valued component that helps interns learn about the facilities and resources, expectations around their role and the culture and learning environment of the DHB. However, orientation relating to the expectations on particular attachments differs between departments and a more consistent method of delivering key information to interns could be valuable.

The interns greatly value the direct intern to clinical supervisor apprenticeship model, which allows excellent teaching including opportunities to perform procedures which would be unavailable in larger DHBs, such well as attending operating theatres and outpatient clinics.

Informed consent processes are appropriate and handover is generally well structured across the DHB. However the DHB is considering a more detailed approach for daily handover that is similar to what occurs on weekends. This would provide a more robust process.

In general, South Canterbury DHB has a positive and supportive culture, and delivers a comprehensive intern training programme.

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

1. Standard 1 Strategic Priorities
2. Standard 2.3 Relationships to support medical education
3. Standard 3.1 Programme component
4. Standard 3.5 Flexible training
5. Standard 4.3 Supervision – Clinical supervisors
6. Standard 5 Monitoring and evaluation of the intern training programme

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

1. South Canterbury DHB must ensure that high standards of medical practice, education and training are reflected as key priorities in their strategic planning documents
2. South Canterbury DHB must develop a strategic plan that addresses the ongoing development and support of high quality prevocational medical training and education.
3. South Canterbury DHB must ensure that its strategic plan addresses specific prevocational medical education on Māori health.
4. South Canterbury DHB must progress the establishment of relationships with the Māori health sector to support intern training and education.
5. South Canterbury DHB provide evidence of satisfactory implementation of cultural competence and education in the intern training programme.
6. South Canterbury DHB must ensure there is a formal policy to accommodate flexible training for interns.
7. South Canterbury DHB must ensure that all clinical supervisors undertake relevant training in supervision within 12 months of appointment as a clinical supervisor.
8. South Canterbury DHB must develop processes that allows for interns to provide anonymous feedback regarding the prevocational educational supervisors, RMO unit staff, and others involved in intern training.
9. South Canterbury DHB must routinely evaluate the effectiveness of the clinical supervisors.

## Section B – Overall outcome of the accreditation assessment

The overall rating for the accreditation of South Canterbury DHB as a training provider for prevocational medical training	<b>SUBSTANTIALLY MET</b>
<p>South Canterbury District Health Board holds accreditation until <b>31 December 2021*</b>, subject to Council receiving an interim report within 6 months (by <b>14 June 2019</b>), that satisfies Council that the following required actions have been satisfactorily addressed:</p> <ol style="list-style-type: none"> <li>1. South Canterbury DHB must ensure that high standards of medical practice, education and training are reflected as key priorities in its strategic planning documents. (Standard 1.1)</li> <li>2. South Canterbury DHB must develop a strategic plan that addresses the ongoing development and support of high quality prevocational medical training and education. (Standard 1.2)</li> <li>3. South Canterbury DHB must ensure that its strategic plan addresses specific prevocational medical education on Māori health. (Standard 1.3)</li> <li>4. South Canterbury DHB must progress the establishment of relationships with the Māori health sector to support intern training and education. (Standard 2.3.3)</li> <li>5. South Canterbury DHB to provide evidence of satisfactory implementation of cultural competence and education in the intern training programme. (Standard 3.1.5)</li> <li>6. South Canterbury DHB must ensure there is a formal policy to accommodate flexible training for interns. (Standard 3.5.1)</li> <li>7. South Canterbury DHB must ensure that all clinical supervisors undertake relevant training in supervision within 12 months of appointment as a clinical supervisor. (Standard 4.3.3)</li> <li>8. South Canterbury DHB must develop processes that allows for interns to provide anonymous feedback regarding the prevocational educational supervisors, RMO unit staff, and others involved in intern training. (Standard 5.4)</li> <li>9. South Canterbury DHB must routinely evaluate the effectiveness of the clinical supervisors. (Standard 5.5)</li> </ol> <p>If, 12 months after accreditation has been granted, all the required actions have not satisfactorily been addressed, a further accreditation assessment will be required within 6 months of Council's decision.</p>	

### **\*Added – 31 October 2019**

At its meeting on 4 September 2019, Council proposed to extend South Canterbury DHB's accreditation from 31 December 2021 to 31 December 2022. The extension was proposed on the condition that South Canterbury DHB provide a progress report to Council by 31 July 2021 that informs Council of:

- 1) the DHB's progress in meeting Council's requirement around community based attachments (CBA). The requirement is that interns must complete a CBA over the course of their two prevocational years by 2020. Council's expectation is that all interns who are beginning PGY2 in November 2020 will have completed a CBA by the time they complete PGY2.

South Canterbury DHB has agreed to the proposed extension of its accreditation period to 31 December 2022.



## 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><b>Comments</b></p> <p>In February 2018 South Canterbury DHB launched its strategic direction “Navigating Our Future”. This document demonstrates an integrated approach to the DHB valuing its people and contains significant detail around the DHB’s mission and value. The strategy is based around the key priorities of “productive partnerships, integrated person-centred care, valuing our people, health equity for all and fit for future”. In parallel with the launch of the strategic direction, the DHB has embarked on four broad projects that are intended to help deliver the best outcomes for patients and staff. These are “the surgical journey, the mental health and addictions journey, staff leave and IT IS strategy.” There is a very strong emphasis on He waka eke noa – that the goals cannot be achieved unless there is strong commitment from all DHB staff. With such clearly articulated strategies, it was disappointing that the DHB has still not documented prevocational medical education as a strategic priority despite this being an ongoing request by Council since the 2015 accreditation visit.</p> <p>There is no comprehensive strategic planning document for the ongoing development and support of the prevocational medical training and education programme.</p> <p>The DHB’s strategic plan does not explicitly address Māori health equity. However, the team recognises that recent efforts have been made to focus on cultural competency with the development of a Māori health policy, cultural competence framework and action plan. The accreditation team looks forward to being updated on progress with embedding this into the prevocational medical training programme.</p> <p>South Canterbury DHB started the implementation of a new management structure in 2016 with a review conducted in January 2018. This has resulted in the prevocational educational supervisors, RMO Unit Manager and the interns reporting to the Director of Patients, Nursing and Midwifery. The Director and the RMO Unit Manager are actively engaged in educational planning for interns, the Intern Steering and Guidance Group meetings and RMO engagement sessions.</p>			



South Canterbury DHB provides opportunities for PGY1s and PGY2s to be involved in the governance of the intern training programme, however this is not mandated. Currently these opportunities are taken up by PGY3s.

South Canterbury DHB engage with regular accreditation cycles of Council.

**Commendation**

- The DHB demonstrates an excellent culture of inclusiveness and collegiality amongst all staff, including interns.

**Recommendation**

- The DHB should have PGY1 and PGY2 representation in the governance of the intern training programme.

**Required actions**

1. The DHB must ensure that high standards of medical practice, education and training are reflected as key priorities in their strategic planning documents.
2. The DHB must develop a strategic plan that addresses the ongoing development and support of high quality prevocational medical training and education.
3. The DHB must ensure that its strategic plan addresses specific prevocational medical education on Māori health.

## 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**

South Canterbury DHB has the authority, responsibility, appropriate resources and mechanisms to deliver the intern training programme. Regular review of the programme occurs and changes are made accordingly. One example of improvements made is the recently initiated programme of clinical simulation training activities.

The CMO has clear executive accountability and authority for intern training, holds monthly meetings with the interns and reviews their training regularly.

The RMO Unit Manager has the responsibility for day-to-day management and supports the prevocational educational supervisors and clinical supervisors in their management and training of the

interns. The interns report to the CMO for professional matters, and to the Director of Patients, Nursing and Midwifery for organisational matters.

There is an Intern Steering and Guidance Group which meets regularly and is an effective forum for managing issues and concerns raised by interns.

There is a high level of engagement and commitment by the CMO, prevocational educational supervisors, RMO Unit Manager and Director of Patients, Nursing and Midwifery, who all focus on intern welfare and education. There is a close working relationship between these staff and the interns, and this enables any issues to be understood and actioned appropriately.

There is a recently documented procedure regarding how the DHB informs Council of changes to a health service or the intern training programme.

**Commendations**

- The prevocational educational supervisors and CMO are to be commended for their enthusiasm and engagement with prevocational medical training.
- The CMO holds monthly meetings with interns. These are well attended and enable direct communication of any issues.

**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	<b>X</b>		

**Commentary:**

**Comments**

The close relationship between clinical supervisors and interns allows for the direct teaching opportunities, which are based on medical educational principles.

All clinical supervisors are vocationally registered specialists and have expertise in teaching. Most have undergone clinical supervision and education training. Interns are also supported by the expertise in the wider multi-disciplinary team.

**Commendation**

- Interns value the quality of education provided through the close relationship with clinical supervisors which affords excellent learning opportunities from clinicians experienced in education principles.

**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

There are good links with Otago University and Canterbury DHB with respect to training and education. The DHB are part of the South Island Alliance network and has connections to teaching sessions out of Christchurch via video-link.

The RMO Unit is an integral part of the intern training programme and the level of support and coordination provided is held in high regard by both the interns and the DHB executive team.

However, the DHB has not sufficiently demonstrated an established working relationship with the Māori health sector, practitioners, Māori communities, or iwi with regard to prevocational medical training. The team recognised that the Māori health policy states that the DHB will work with the Takata Whenua, and that initiatives have been signalled in the cultural competence plan.

##### Required actions

- The DHB must progress the establishment of relationships with the Māori health sector to support intern training and education.

## 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 structured to support interns to attain the learning outcomes in the NZCF. Learning outcomes can be achieved through a range of clinical attachments and through regular formal teaching sessions. However, the learning opportunities are not clearly mapped to NZCF learning outcomes. South Canterbury DHB should utilise the NZCF to identify potential learning gaps to ensure training encapsulates all areas of the curriculum.

The direct intern to clinical supervisor apprenticeship model allows excellent teaching including opportunities to perform procedures which would be unavailable in larger DHBs, such as attending operating theatres and outpatient clinics.

All interns complete eight accredited clinical attachments. Attachments are allocated to ensure a wide range of experience is available for each intern. For PGY2 attachments, priority is given to individual preferences and training needs where possible. The DHB clinical allocation process is both transparent and fair.

There are two CBAs available, one in general practice, and one in community mental health. All PGY2 interns are able to be rostered to a CBA, and South Canterbury DHB is already fully compliant with Council's expectation that by 2020, all interns will undertake a CBA during the course of their two prevocational years. Interns were particularly complimentary about the general practice attachment, which provided a wide range of experience and was supportive of interns being released to attend regular teaching sessions at Timaru Hospital.

Interns are not rostered on night duties in the first 6 months of PGY1. During weekend and evening duties, the RMO Unit matches PGY1 interns with either PGY2 or PGY3 doctors to ensure PGY1 interns have sufficient support, and to maintain appropriate levels of experience to manage the hospital's clinical needs. Supervising consultants are readily accessible for advice and are happy to attend the hospital at short notice as required. The interns are appreciative of the easy accessibility of their supervisors.

As of yet there has been no formal cultural competence component included in the training programme. South Canterbury DHB has a number of cultural competence workforce development initiatives which will be mandatory for all staff, including interns. A Māori health teaching session has been scheduled for August 2018 and there is a plan to institute marae visits as part of intern orientation to the DHB.

There are formal handover sessions between doctors (both interns and PGY3 or above) at the beginning and end of night shifts. Handover then divides along departmental lines, at which point Senior Medical Officers (SMO) attend. A written handover occurs prior to weekends. While handover was considered to function well, and provides opportunities for teaching, there was a general feeling from SMOs that this area requires careful monitoring due to recent alteration to rosters following RMO contract negotiations.

The DHB indicated it would consider a more robust documented approach to daily handover, as well as weekends, to minimise risk.

There are clear processes for informed consent at South Canterbury DHB. Obtaining consent is not considered to be a role for interns and consent is performed by staff performing the relevant procedures. Interns do not feel pressure to obtain consent for procedures they are unfamiliar with and this is supported by senior medical staff.

#### Commendations

- South Canterbury DHB is to be commended on being fully compliant with the Council’s CBA requirements.
- The general practice CBA offers excellent learning opportunities and support for interns.
- The direct intern to clinical supervisor apprenticeship model allows excellent teaching including opportunities to perform procedures which would be unavailable in larger DHBs, such as attending operating theatres and outpatient clinics.

#### Recommendations

- The DHB should utilise the NZCF to further inform its training programme. This should ensure learning opportunities provide appropriate coverage of the NZCF learning outcomes.
- The DHB should ensure handover procedures remain robust within the context of recent roster changes.

#### Required actions

5. The DHB provide evidence of satisfactory implementation of cultural competence and education in the intern training programme.

### 3.2 ePort

- 3.2.1 There is a system to ensure that each intern maintains their ePort as an adequate record of their learning and training experiences from their clinical attachments and other learning activities.
- 3.2.2 There is a system to ensure that each intern maintains a PDP in ePort that identifies their goals and learning objectives which are informed by the NZCF, mid and end of clinical attachment assessments, personal interests and vocational aspirations.
- 3.2.3 There are mechanisms to ensure that the clinical supervisor and the prevocational educational supervisor regularly review the goals in the intern’s PDP with the intern.
- 3.2.4 The training provider facilitates training for PGY1s on goal setting in the PDP within the first month of the intern training programme.

#### 3.2 ePort

	Met	Substantially met	Not met
Rating	X		

#### Commentary:

##### Comments

The prevocational educational supervisors meet regularly with interns and assist them in maintaining their ePort. Interns at the start of PGY1 are oriented to ePort by their respective prevocational educational supervisor. Goals are set as part of a PDP which is discussed with both clinical and prevocational educational supervisors. Vocational aspirations are discussed with interns, and supervisors advise interns as to who the best local contacts are to further discuss training plans.

Clinical supervisors meet with interns at the start of attachments. There is frequent interaction with clinical supervisors due to the close working relationships throughout attachments. Prevocational educational supervisors act as advisors for clinical supervisors using ePort, and are able to prompt clinical supervisors to undertake beginning, mid, and end of attachment meetings should this be required.

**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

A formal education programme complementing clinical experience occurs for 2 hours on a weekly basis. This enables a wide range of NZCF related outcomes to be addressed. It also includes sessions on self-care.

The timing of the teaching session has recently been altered as it was recognised that interns on surgical attachments were unable to attend teaching at its original, later, start time. This has enabled increased attendance at teaching, but timing of teaching often overlaps theatre attendance requirements, and has also been noted to overlap with preadmission clinics at times. However, the current programme is able to provide interns with the ability to achieve an overall attendance of two thirds of sessions.

Whilst there are no formal PGY2 specific topics in the regular teaching programme there continues to be opportunities to attend this teaching session, as well as opportunities for PGY2s to attend and present at the hospital Grand Round clinical meeting.

The Director of Māori health provides a session to all interns at orientation and a formal teaching session on Māori health and culture is scheduled for August 2018.

As well as the formal teaching programme and attending the hospital Grand Round clinical meeting there are also opportunities for learning via emergency department led sessions on relevant topics. The handover processes also provide for 'teaching moments' to occur. A new innovation currently being developed is that of simulated scenarios. A simulation room has been established, and various sessions covering clinical, communication, and professionalism topics are being considered. It is envisaged that simulation sessions will complement other elements of the teaching programme and that these are intended to be inter-professional in nature.

#### Commendations

- The DHB should be commended for its intended development of innovative simulation scenarios.

#### Recommendations

- The DHB review the timetabling of education sessions to maximise the opportunity to attend, such as the preadmission clinics and theatre start time clashing with training.

<b>Required actions</b> Nil.			
<b>3.4 Orientation</b>			
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.		
<b>3.4 Orientation</b>			
	Met	Substantially met	Not met
Rating	X		
<b>Commentary:</b>			
<b>Comments</b>			
<p>A formal orientation is compulsory for all interns starting work at South Canterbury DHB. A range of topics are covered including hospital policies, local processes, access to guidelines, and self-care. Interns are able to 'shadow' more experienced doctors at the site as part of the orientation.</p> <p>For interns commencing work partway through the year an orientation is offered. The opportunity to 'shadow' a current member of staff is able to be extended, which assists those who have been unable to attend a full formal orientation programme. This opportunity is greatly valued by the interns.</p> <p>Orientation is provided at the start of each attachment, and includes ward timetables and information regarding SMO work preferences, clinical practice points, and ward requirements. The degree of orientation offered varies by department, and it was noted that orientation documents are found in various formats and locations, both in the physical and paper record. There does not appear to be a centrally located orientation information system. Orientation for interns undertaking relieving attachments was felt to be difficult to obtain for some interns.</p>			
<b>Commendation</b>			
<ul style="list-style-type: none"> <li>The shadowing component of the orientation for interns is valued.</li> </ul>			
<b>Recommendation</b>			
<ul style="list-style-type: none"> <li>The DHB could consider ensuring orientation information is in a consistent format and made available and easily accessible for each attachment.</li> </ul>			
<b>Required actions</b> Nil.			
<b>3.5 Flexible training</b>			
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.		
<b>3.5 Flexible training</b>			
	Met	Substantially met	Not met
Rating		X	
<b>Commentary:</b>			
<b>Comments</b>			
<p>South Canterbury DHB has not yet had any requests from interns for part-time, or 'job-share' style attachments. While a DHB wide policy on flexible training is being developed, there are no procedures</p>			

specific to resident medical officers in place for managing flexible training. South Canterbury DHB has a wellness manager who manages staff returning to work after extended periods of leave, and this service is available to interns.

**Required actions**

- 6. The DHB must ensure there is a formal policy to accommodate flexible training for interns.

## 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	<b>X</b>		

**Commentary:**

**Comments**

The initial orientation of interns to the DHB covers information about the expectations and learning opportunities offered. A meeting at the start of year with the prevocational educational supervisors assists to more specifically convey the requirements of the intern training programme to interns. Clinical supervisors provide orientation to interns at the beginning of each attachment and this generally includes the expectations for the intern in satisfactorily completing the attachment – although this is not consistent across all departments (as outlined in section 3.4 of this report).

During the year, any new requirements are reviewed by the RMO Unit Manager.

**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	<b>X</b>		

**Commentary:**

**Comments**

South Canterbury DHB maintains the appropriate ratio of prevocational educational supervisors to oversee the training and education of PGY1 and PGY2 interns: each of the two prevocational educational supervisors oversees fewer than the permissible maximum number of interns.



The prevocational educational supervisors, in the context of the intern training programme, are accountable to the Director of Patients, Nursing and Midwifery for operational matters, and to the CMO for professional and clinical matters. The Intern Guidance and Steering Group, which the CMO is a member of, provides for broader oversight of the intern training programme, including an on-going requirement for prevocational educational supervisors to provide updates on intern progress.

Both prevocational educational supervisors attend annual prevocational educational supervisor meetings that are conducted by the Council. They are supported in their role by the RMO Manager.

**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	<b>X</b>		

**Commentary:**

**Comments**

The expectations of clinical supervisors are outlined in their job descriptions, and in the “RMO Clinical Supervision – Roles and Responsibilities of Supervising Consultant” policy statement.

Interns have raised concerns that they are not always confident that they have the necessary training to address all possible situations that may arise on night or weekend cover, especially when clinical supervisors are not at the hospital. However, the DHB has indicated there is always support for interns, with the on-call senior medical officers being readily available and responsive to requests for assistance in these circumstances.

Clinical supervisors are encouraged to participate in professional development to support their supervision role, including training that is provided by the Council and their respective colleges. However, not all clinical supervisors have undertaken the required clinical supervisor training within the first 12 months of their appointment to that role. The DHB has advised that the relatively small size of the institution creates an environment in which staff involved in the intern training programme can readily access the prevocational educational supervisors for advice and support.

Two senior medical officers are responsible for supervision of all interns on relief clinical attachments. The DHB recognises that relief runs can create additional vulnerabilities, and has made specific provision to address this.

**Required actions**

- 7. The DHB must ensure that all clinical supervisors undertake relevant training in supervision within 12 months of appointment as a clinical supervisor.

**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	<b>X</b>		

**Commentary:**

**Comments**  
 Regular formal feedback is provided to interns, and documented in ePort. This includes beginning, mid and end of attachment meetings and assessments, and a quarterly review of the goals within each intern’s PDP. While reminders are provided to supervisors to complete ePort requirements, some meetings occur later than ideal. However, interns’ feedback confirmed that they are satisfied that they are receiving regular and formal feedback on their progress and performance.

Performance concerns are typically identified by clinical supervisors. The “Intern Guidance” policy statement and the “Doctor in Difficulty” flowchart provide guidance on processes for addressing concerns where interns are not performing at the required standard. These include appropriate escalation mechanisms, including informing the Council where there are recurrent instances of health, competence or patient safety concerns. The DHB processes are remediation-oriented, providing support to achieve performance improvements.

**Required actions**  
 Nil.

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

- 4.5.1 The training provider has established advisory panels to consider progress of each intern at the end of the PGY1 year that comprise:
  - a CMO or delegate (who will chair the panel)
  - the intern’s prevocational educational supervisor
  - a second prevocational educational supervisor
  - a layperson.
- 4.5.2 The panel follows Council’s *Advisory Panel Guide & ePort guide for Advisory Panel members*.
- 4.5.3 There is a process in place to monitor that each eligible PGY1 is considered by an advisory panel.
- 4.5.4 There is a process in place to monitor that all interns who are eligible to apply for registration in the General scope of practice have applied in ePort.
- 4.5.5 The advisory panel bases its recommendation for registration in the General scope of practice on whether the intern has:
  - satisfactorily completed four accredited clinical attachments
  - substantively attained the learning outcomes outlined in the NZCF (see standard 3.1.1)
  - completed a minimum of 10 weeks (full time equivalent) in each clinical attachment
  - developed an acceptable PDP for PGY2, to be completed during PGY2

- advanced cardiac life support (ACLS) certification at the standard of New Zealand Resuscitation Council CORE Advanced less than 12 months old.

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

	Met	Substantially met	Not met
Rating	X		

#### Commentary:

##### Comments

The DHB complies with the advisory panel requirements and guidelines. Each intern is reviewed individually by the panel towards the end of the year, and special panels are convened for interns who are out of sequence with their peers. Advisory panel decisions are based on successful completion of the criteria required to achieve 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

South Canterbury DHB utilises the advisory panel that makes recommendations for registration in the general scope of practice as the mechanism to review interns' applications for removal of the endorsement on their practising certificates. The prevocational educational supervisors discuss and peer review the progress of their respective interns and the appropriate level of endorsement, and the panel considers whether the intern has met all mandated requirements.

##### 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

South Canterbury DHB has processes in place to monitor the intern training programme, including through the Intern Guidance and Steering Group, which gets input from prevocational educational supervisors, the RMO Unit Manager, CMO, Director of Patient, Nursing and Midwifery Services and includes two intern representatives. The prevocational educational supervisors and the RMO Manager then implement any required changes resulting from the feedback received.

The DHB has implemented the Post Graduate Hospital Educational Environment Measure (PHEEM) tool as a mechanism to capture intern feedback about the educational experience on attachments. The tool was adapted for use in New Zealand and provided to DHBs by Council. The RMO Unit Manager collates and presents the results across a range of attachments over the course of a year to ensure anonymity to interns in a small DHB, and concerns identified are addressed as soon as possible.

Feedback gathered through the Intern Guidance and Steering Group, as well as collated outcome data from the PHEEM tool are used to inform quality improvement strategies for the intern training programme.

There is no formal mechanism for anonymous intern feedback about prevocational educational supervisors, RMO Unit staff, and others involved in intern training. There are multiple opportunities for feedback via informal channels, such as the monthly meetings with the CMO, however these rely on individual interns raising matters themselves, rather than canvassing feedback from all interns through a formal process.

Clinical supervisor performance is not routinely evaluated. The PHEEM tool is not an appropriate mechanism for gathering information about the effectiveness of the supervisors, as it is designed to identify the strengths and weakness of the educational environment.

South Canterbury DHB has processes in place and a proactive approach to addressing any concerns raised by Council in relation to training, including those arising from accreditation visits.

#### Required actions

8. The DHB must develop a formal process that allows for interns to provide anonymous feedback regarding the prevocational educational supervisors, RMO unit staff, and others involved in intern training.
9. The DHB must routinely evaluate the effectiveness of the clinical supervisors.

## 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><b>Comments</b></p> <p>The RMO Unit is central to the ongoing accreditation of clinical attachments. New clinical attachments have been successfully introduced, as evidenced by the establishment of CBAs.</p> <p>The processes for allocating interns to clinical attachments is fair and intern attachment preferences, future training needs, and level of experience are taken into account in the allocation process. There is a process to fairly distribute attachments and interns have the ability to appeal allocation decisions.</p> <p><b>Required actions</b></p> <p>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:			
<p><b>Comments:</b></p> <p>Rosters are consistent with delivering both quality training and safe patient care. In particular interns do not perform night cover in their first 6 months and rosters are designed so less experienced staff are partnered with more senior staff wherever possible.</p> <p>South Canterbury DHB has a focus on maintaining and enhancing its professional culture. The DHB offers the Cognitive Institute course 'Speaking up for Safety', while the 'Promoting Professional Accountability' course focuses on improved professionalism and the reduction of behaviours such as bullying.</p> <p>The DHB provides access to personal counselling should interns require it. Some interns raised concerns about the lack of a formal debriefing process following critical events.</p> <p>Interns are encouraged to have their own general practitioner. Maintaining personal health and welfare is a topic offered to all interns as part of the formal teaching programme.</p> <p>Leave processes are transparent. Interns are also able to access leave for professional development. Recent roster changes have made rostering leave difficult for the RMO Unit, but where leave may be difficult to obtain, processes exist to ensure this is communicated to interns and dealt with fairly.</p>			

The DHB has not so far had any interns who identify as Māori. The RMO Unit is aware of the need to be flexible in regard to cultural obligations, and is looking forward to an opportunity in future to work with Māori interns.

**Commendation**

- The DHB has introduced the Cognitive Institute’s programmes ‘Speaking up for Safety’ and ‘Promoting Professional Accountability’ to improve the safety culture of the DHB.

**Recommendation**

- The DHB review processes to include formal debriefing that assesses staff welfare and support required following critical events.

**Required actions**

Nil.

**6.3 Communication with interns**

6.3.1 Clear and easily accessible information about the intern training programme is provided to interns.

**6.3 Communication with interns**

	Met	Substantially met	Not met
Rating	<b>X</b>		

**Commentary:**

**Comments**

There are multiple ways to access information about the training programme and the overall quality of training. These include discussion with prevocational educational supervisors, communication via the RMO Unit, and direct communication with the CMO.

**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	<b>X</b>		

**Commentary:**

**Comments**

Interns are able to meet confidentially with their prevocational educational supervisors, as well as with clinical supervisors and RMO Unit staff. There are processes to reallocate an intern’s prevocational educational supervisor should the intern make a request. Access to the CMO, and RMO representation (which may be either intern level or PGY3) on a variety of committees also provide opportunities to resolve disputes or concerns.

The DHB has developed a Workforce Governance Group to ensure effective communication between clinical areas and graduates/interns as well as discussing clinical concerns and feedback.

**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><b>Comments</b></p> <p>Interns have online access to the Auckland DHB RMO handbook. These are comprehensive medical resources, however, some links in the Auckland RMO handbook are not functional and pathways are not always aligned with local and regional processes.</p> <p>The learning centre is spacious and includes a library and videoconferencing facilities. The DHB is planning to utilise simulation training here as an additional educational resource. Collectively, these facilitate on-going formal RMO education.</p> <p>The current RMO lounge is too small and distant from where the RMOs primarily work. Approval has been granted to relocate and provide a renovated RMO lounge, which is expected to better meet RMO needs. This is anticipated to occur over the coming months.</p> <p><b>Commendations</b></p> <ul style="list-style-type: none"> <li>The DHB is to be commended for the quality of facilities and relocating the RMO lounge to a more appropriate location.</li> </ul> <p><b>Required actions</b></p> <p>Nil.</p>			