Prevocational medical training accreditation report: Waitemata District Health Board

Date of site visit: 1 and 2 October 2015
Date of report: 8 December 2015

Medical Council of New Zealand

Contents

Background

Under the Health Practitioners Competence Assurance Act 2003 (HPCAA) the Medical Council of New Zealand (the Council) is required to accredit and monitor educational institutions that deliver medical training for doctors and to promote medical education and training in New Zealand under section 118 of the HPCAA.

The purpose of accreditation of training providers for prevocational medical training is to ensure that standards have been met for the provision of education and training for interns. Prevocational medical training spans the two years following graduation from medical school and includes both postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2). Doctors undertaking this training are referred to as interns. Prevocational medical training applies to all graduates of New Zealand and Australian accredited medical schools and doctors who have sat and passed NZREX.

The Council will accredit training providers for the purpose of providing prevocational medical education through the delivery of an intern training programme. Accreditation will be granted to those who have:

- structures and systems in place to enable interns to meet the learning outcomes of the *New Zealand Curriculum Framework for Prevocational Medical Training* (NZCF)
- an integrated system of education, support and supervision for interns
- individual clinical attachments to provide a high quality learning experience.

Process

The process of assessment for the accreditation of Waitemata District Health Board (DHB) as a training provider for prevocational medical training involved:

1. A self-assessment undertaken by Waitemata DHB, with documentation provided to the Council.
2. Interns being invited to complete a questionnaire about their educational experience at Waitemata DHB.
3. A site visit by an accreditation team to North Shore Hospital on 1 and 2 October 2015 that included meetings with key staff and interns based at North Shore Hospital and Waitakere Hospital.
4. Presentation of key preliminary findings to Chief Executive Officer and Chief Medical Officer and other relevant Waitemata DHB staff.

The Accreditation Team is responsible for the assessment of the Waitemata District Health Board intern training programme against the Council's *Accreditation standards for training providers.*

Following the accreditation visit:

1. A draft accreditation report is provided to the training provider.
2. The training provider is invited to comment on the factual accuracy of the report and conclusions.
3. Council's Education Committee considers the draft accreditation report and response from the training provider and make recommendations to Council.
4. Council will consider the Committee's recommendations and make a final accreditation decision.
5. The final accreditation report and Council's decision will be provided to the training provider.
6. The training provider are provided 30 days to seek formal reconsideration of the accreditation report and/or Council's decision.
7. The accreditation report is published on Council's website 30 days after notifying the training provider of its decision. If formal reconsideration of the accreditation report and/or Council's decision is requested by the training provider then the report will be published 30 days after the process has been completed and a final decision has been notified to the training provider.

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

Name of training provider:	Waitemata District Health Board
Name of site(s):	North Shore Hospital Waitakere Hospital
Date of training provider accreditation visit:	1 and 2 October 2015
Accreditation visit team members:	Professor John Nacey, (Accreditation Team Chair) Dr Suzanne Busch Ms Joan Crawford Ms Valencia van Dyk Ms Andrea Flynn Dr Lu'isa Fonua-Faeamani Ms Laura Mueller
Key staff the accreditation visit team met with:	
Chief Executive Officer:	Dr Dale Bramley
Chief Medical Officer:	Dr Andrew Brant
Director of Clinical Training:	Dr Pat Alley
Prevocational educational supervisors:	Dr Pat Alley Dr Heather Gardner Dr Alan Jenner Dr Kerry Read Dr Peter Shapkov Dr Laura Chapman (newly appointed) Dr Ramamanna Kalluru (newly appointed) Dr Ian Wallace (newly appointed)
Northern Regional Alliance staff:	Terina Davies (Operations manager) Daniel Channing (RMO Operations Support Manager)
Medical Education and Training Unit staff:	Naomi Heap (Team Leader) Tania Nel (Administrator) Avril Lee (Interprofessional Education Developer)
Key data about the training provider:	
Number of interns at training provider:	
• Postgraduate year 1 interns: 42	• Postgraduate year 2 interns: 27
Number of accredited clinical attachments (current):	100
Number of accredited clinical attachments (2016):	105

Section A – Executive Summary

Waitemata is the largest and fastest growing district health board (DHB) in New Zealand and provides secondary hospital and community services from North Shore Hospital, Waitakere Hospital and over 30 community sites throughout the district. The growth of Waitemata DHB means there is an increasing need for resident medical officers (RMO) and the senior management and medical staff are well aware that by providing interns with an excellent training experience this will greatly enhance the DHB's ability to recruit and retain the essential RMO workforce. Nevertheless, at present Waitemata DHB reports that it is struggling to recruit adequate staff to keep up with their increasing requirements.

The Chief Executive Officer presented a clearly articulated and comprehensive short and long term vision for Waitemata DHB that includes education as a key strategic component. There is a focus on regional collaboration for prevocational medical training to promote consistency and excellence in the intern training programme across the four regional DHBs. Waitemata DHB has also established the Education and Learning Governance Committee as an interface between education and learning and the provision of clinical care. The Education and Learning Governance Committee also provides advice and guidance to the senior management team to support their decision making. Waitemata DHB is to be commended for its leadership in driving the regional initiatives to strive for consistent and effective implementation of the *New Zealand Curriculum Framework for Prevocational Medical Training*. However, as part of any local or regional initiatives it is essential that this includes intern representation on the Prevocational Training Committee or any other governance body involving intern education. This would be in addition to any involvement by the newly appointed medical educational fellow.

The intern training programme is well structured. This is the result of a combined effort between the Prevocational Training Committee and the Northern Regional Alliance to allow suitable clinical attachment allocation. The intern training programme is underpinned by sound medical educational principles and the current Director of Clinical Training is acknowledged for his expertise, leadership and dedication to the interns. He is well supported by the Medical Education and Training Unit and the other prevocational educational supervisors. Waitemata DHB have engaged well with the roll out of the new prevocational training requirements, particularly ePort, the electronic record of learning for managing intern training.

The Medical Education and Training Unit is primarily responsible for managing the engagement and uptake of ePort, the electronic record of learning for interns, as well as monitoring interns' progress in relation to attaining the learning outcomes from the curriculum framework and meeting with their clinical supervisors. This includes coordinating quarterly meetings between the prevocational educational supervisor and intern as well as monitoring ePort statistics and following up interns who are not engaging. Interns organise their beginning, mid and end of attachment meetings directly with their clinical supervisors for goal setting and feedback.

The handover process appears robust. However, the interns raised concern about handover at night on the surgical services which is often without a registrar present, usually as the result of the surgical registrar being in the operating theatre. It is recommended that Waitemata DHB consider handover between surgical house surgeons in the presence of the medical registrar if the surgical registrar is not available in order to add some experience and rigor to the process. There were no concerns in relation to informed consent.

Protected teaching time remains a significant issue for interns at Waitemata DHB. The DHB advise that there is a minimum of two hours protected teaching time each week. However, in reality there is no protected teaching time. There are a number of reasons for this including high workload, inadequate ratio of relievers resulting in cross covering and the non-clinical administrative staff not being comfortable answering the high volume of calls on the pagers. Interns report having to complete their duties after the teaching which results in extended afterhours work. It is recommended that the DHB consider shorter

teaching sessions, such as two 1 hour sessions, in order to allow more realistic attendance opportunities. A system of smartpagers or cellphones that can allow diversion of the calls should be considered.

The number of interns employed at Waitemata DHB fluctuates throughout the year, peaking during the winter months. At the time of the visit, Waitemata DHB had five prevocational education supervisors for 54 interns, with one prevocational educational supervisor supervising as many as 15 interns. Council requires a ratio of one prevocational educational supervisor for up to 10 interns, with 0.1 FTE protected time. Three new prevocational educational supervisors have been appointed. This will allow for supervision of postgraduate year 2 interns from November 2015.

Interns greatly appreciate the excellent feedback they receive from their clinical supervisors at the end of clinical attachment meetings. In addition, the interns themselves have the opportunity to provide electronic feedback at the end of a clinical attachment. This feedback is collected by the Northern Regional Alliance and collated into a report that is circulated via the Chief Medical Officer. It is important that feedback collected not only informs the development and improvement of the educational experience of each clinical attachment but also the formal education programme.

A review of leave and rostering is currently being undertaken by Northern Regional Alliance for all three Auckland DHBs. Although some short term remedial measures have been taken at Waitemata DHB to address known concerns, interns have raised a number of issues about the process for applying for leave. Interns indicate that the process does not allow them to plan ahead as there is uncertainty about the process of approval and delays with getting leave approved. In addition, the high workload and low number of relievers greatly restricts the opportunities to take leave. It is important that these issues are addressed.

Although Waitemata DHB are of the view they are engaging with the interns it is noted that this is mostly through written and electronic communication. Interns expressed concern about the inadequate level of communication and are seeking more face to face two way communication and engagement. This is an issue that needs to be addressed by encouraging face to face interactions with the intention of building rapport beyond the excellent work of the current Clinical Director of Training and the individual meetings with the prevocational educational supervisors.

Overall, Waitemata DHB are to be commended on their strategic vision, leadership and high level of engagement with the prevocational training programme that is reflected in the strategic priority that this has been assigned by the Chief Executive and senior management and clinical staff. In general, there is a high level of satisfaction from interns who greatly value the teaching and learning experience that has been provided for them.

Waitemata DHB met 16 of the 21 sections of Council's A*ccreditation standards for training providers* that can be assessed. One of the sections of the standards relating to postgraduate year 2 interns cannot be assessed until November 2016. Five sections of the standards were assessed as being substantially met. These are:

- Section 1 Strategic priorities.
- Section 3.3 Formal education programme.
- Section 6.2 Welfare and support.
- Section 6.3 Communication with interns.
- Section 8 Facilities.

There are 16 recommendations for Waitemata DHB to consider and four required actions that are:

1. There must be intern representation on the Prevocational Training Committee or any other governance body involving intern education. This is in addition to any involvement by the medical educational fellow.
2. Waitemata DHB must implement processes to ensure that interns have appropriate protected teaching time.

3. There needs to be greater face to face interactions with interns with the intention of building rapport beyond the excellent work of the current Clinical Director of Training and the individual meetings with the prevocational educational supervisors. Two-way communication strategies involving interns need to be encouraged at all levels of the organisation to ensure their engagement in the prevocational training programme.
4. The quality of the video link between North Shore and Waitakere Hospitals needs to be substantially improved.

Overall outcome of the assessment

The overall rating for the accreditation of Waitemata DHB as a training provider for prevocational medical training is:	SUBSTANTIALLY MET

Waitemata DHB holds accreditation until 21 December 2018 subject to Council receiving an interim report from Waitemata DHB by 8 June 2016 that satisfies Council that the following required actions have been satisfactorily addressed:

1. There must be intern representation on the Prevocational Training Committee or any other governance body involving intern education. This is in addition to any involvement by the medical educational fellow.
2. Waitemata DHB must implement processes to ensure that interns have appropriate protected teaching time.
3. There needs to be greater face to face interactions with interns with the intention of building rapport beyond the excellent work of the current Clinical Director of Training and the individual meetings with the prevocational educational supervisors. Two-way communication strategies involving interns need to be encouraged at all levels of the organisation to ensure their engagement in the prevocational training programme.
4. The quality of the video link between North Shore and Waitakere Hospitals needs to be substantially improved.

Section B – Accreditation standards

1 Strategic Priorities

1	Strategic Priorities
1.1	High standards of medical practice, education, and training are key strategic priorities for training providers.
1.2	The training provider is committed to ensuring high quality training for interns.
1.3	The training provider has a strategic plan for ongoing development and support of a sustainable medical training and education programme.
1.4	The training provider has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice.
1.5	The training provider ensures intern representation in the governance of the intern training programme.
1.6	The training provider will engage in the regular accreditation cycle of the Council which will occur at least every three years.

1 Strategic Priorities			
	Met	**Substantially met**	**Not met**
Rating		**X**	
Commentary:			

Comments:
The Chief Executive Officer presented an inspiring, clearly articulated and comprehensive short and long term vision for the DHB that includes education as a key strategic component. The initiatives that are currently being implemented are focused on patients, staff and facilities. Waitemata is a large and rapidly growing DHB and is in the process of implementing their growth strategies. While the clinical staff report that the current DHB governance is excellent, the 'best it's ever been', there appears to be somewhat of a disconnect between the executive management and staff as senior clinical staff and interns report they are not consulted regarding facility or staffing issues. The DHB reports that it is struggling to recruit adequate staff to keep up with their increasing requirements, despite having a reported unlimited budget to do so.

There is a focus on regional collaboration for prevocational training to promote consistency and excellence in the intern training programme across the four northern DHBs. This is facilitated by the Northern Regional Alliance. The Director of Clinical Training and the Medical Education and Training Unit Team Leader represent Waitemata DHB with their membership and contribution to the work of the Prevocational Training Committee. This committee provides regional oversight of training, recruitment and allocation of clinical attachments for prevocational doctors to ensure implementation of the curriculum framework for prevocational training.

At Waitemata DHB, the Chief Medical Officer has delegated the responsibility and oversight of prevocational medical education to the Director of Clinical Training, Dr Pat Alley. The Director of Clinical

Training has executive accountability for meeting the prevocational training standards for accreditation. The team was impressed by Dr Alley's commitment to interns and their education and training. Dr Alley will retire in November and a new Director of Clinical Training, Ian Wallace, has been appointed. The Director of Clinical Training has responsibility to report back to the senior management team and executive leadership team regarding the prevocational programme and any changes or issues that may require escalation within the DHB or to the Medical Council.

Waitemata DHB has also established the Education and Learning Governance Committee as an interface between education and learning and the provision of clinical care. The Education and Learning Governance Committee also provides advice and guidance to the senior management team to support their decision making.

Accreditation Standard 1.5 is that the training provider ensures that there is intern representation in the governance of the intern training programme. The Accreditation Team is concerned that despite the lack of such representation being raised as a serious issue on the last accreditation visit, this has not been remedied. Waitemata DHB reports that such representation is not possible due to the interns' clinical workload. The Accreditation Team does not see the postgraduate year 3 medical education fellow from the United Kingdom as a substitute for intern representation on the Prevocational Training Committee or any other governance body involving intern education. Several interns reported to the team that they would be keen to represent interns in the governance of the training programme.

Commendations:

- The Accreditation Team is impressed with Waitemata DHB's strategic focus on continuous improvement aligned to their core values.
- Waitemata DHB's participation and leadership in the regional initiatives to strive for consistent and effective implementation of the *New Zealand Curriculum Framework for Prevocational Training* for prevocational education and training across the four northern DHBs.

Recommendations:

Nil.

Required actions:

1. There must be intern representation on the Prevocational Training Committee and / or any other governance body involving intern education. This is in addition to any involvement by the medical educational fellow.

2 Organisational and operational structures

2.1 The context of intern training

2.1.1 The training provider can demonstrate that it has the responsibility, authority, and appropriate resources and mechanisms to plan, develop, implement and review the intern training programme.

2.1.2 The Chief Medical Officer 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 address immediately any concerns about intern performance that may impact on patient safety.

2.1.5 Clear procedures are documented 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:
Waitemata DHB has the required responsibility, authority, and appropriate resources and mechanisms to plan, develop, implement and review the intern training programme. This encompasses three main learning environments: work-based learning through working in accredited clinical attachments, formal teaching sessions and self-directed learning. The Accreditation Team acknowledges the strengthening of the Medical Education and Training Unit since the last accreditation visit and this has added value and structure to the interns' educational experience. Importantly, the prevocational education supervisors have engaged with the new ePort platform and encourage and assist their interns to do the same.

The Chief Medical Officer has delegated the executive accountability for meeting the prevocational training standards to the Director of Clinical Training. The Director of Clinical Training contributes to the work of the Northern Regional Alliance through attending and contributing to the work of the Operational Management Group, Prevocational Training Committee, Northern Intern Training Committee, Selection and Allocation Committee and RMO Unit / Medical Education and Training Unit meetings. The prevocational educational supervisors report to the Director of Clinical Training, who reports to the Chief Medical Officer. The Medical Education and Training Unit has a different reporting line with the Team Leader reporting to the Awhina Education and Learning Manager who in turn reports to the General Manager Human Resources. The Medical Education and Training Unit Team Leader is also a member of the Prevocational Training Committee for interns.

The Northern Regional Alliance is owned by the four northern DHBs, although it works primarily for the three metro area DHBs, which includes Waitemata. The Northern Regional Alliance is responsible for recruiting, rostering and the onsite RMO units. The Northern Regional Alliance facilitates the collaborative regional projects, the 'Doctor in Difficulty' programme, regional training and some aspects of clinical work.

Commendations:
- The DHB has put significant work into establishing an effective structure for intern training and education since the last accreditation visit. The DHB has obviously made this a priority and has successfully implemented many of the changes and goals they set.
- The strengthened Medical Education and Training Unit to develop and support the prevocational training programme.

Recommendations:
Nil.

Required actions:
Nil.

2.2 Educational expertise

2.2.1 The training provider can demonstrate 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:
Waitemata DHB applies the principles of adult learning to medical education recognising the intern's need for autonomy with respect to learning and providing effective self directed learning opportunities. All interns are encouraged to reflect on their practice, set developmental goals and discuss their goals with their supervisors.

Waitemata DHB has developed a teaching programme aligned with the *New Zealand Curriculum Framework for Prevocational Medical Training*. The programme is delivered by specialists within the DHB as well as externally contracted suppliers. The regional collaboration allows for greater sharing of training expertise.

Commendations:
The current Director of Clinical Training is acknowledged for expertise, leadership and dedication to the interns and he is well supported by the Medical Education and Training Unit and the other prevocational educational supervisors.

Recommendations:
Nil.

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 Relationships to support medical education			
	Met	**Substantially met**	**Not met**
Rating	**X**		
Commentary:			

Comments:
Waitemata DHB intend to increase the number of academic appointments as well develop a greater focus on research. A number of initiatives are underway including the fellowship programme, 'Leapfrog', e-decision support, e-prescribing. There are also initiatives intended to ensure the delivery of training and education activities for interns on community attachments.

Commendations:
The Director of Clinical Training's wide ranging relationships with external organisations and training bodies ensures that the DHB has access to the required expertise in medical education and training.

Recommendations:
Nil.

Required actions:
Nil.

3 The intern training programme

3.1 Professional development plan (PDP) and e-portfolio

3.1.1 There is a system to ensure that each intern maintains a PDP as part of their e-portfolio that identifies the intern's goals and learning objectives, informed by the NZCF, mid and end of clinical attachment assessments, personal interests and vocational aspirations.

3.1.2 There is a system to ensure that each intern maintains their e-portfolio, to ensure an adequate record of their learning and training experiences from their clinical attachments, continuing professional development activities with reference to the NZCF.

3.1.3 There are mechanisms to ensure that the clinical supervisor and the prevocational educational supervisor regularly review and contribute to the intern's PDP.

3.1 Professional development plan (PDP) and e-portfolio

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
Waitemata DHB have engaged well with the roll out of the new prevocational training requirements, particularly ePort, the electronic record of learning for managing intern training. There has been increasing engagement across the DHB and as a result Waitemata DHB are exceeding the national DHB averages for clinical supervisors completing beginning, mid and end of attachment meetings in ePort.

The Medical Education and Training Unit is primarily responsible for managing the engagement and uptake of ePort as well as monitoring interns' progress in relation to attaining the learning outcomes from the curriculum framework and meeting with their clinical supervisors. This includes coordinating quarterly meetings between the prevocational educational supervisor and intern as well as monitoring ePort statistics and following up interns who are not engaging. Interns organise their beginning, mid and end of attachment meetings directly with their clinical supervisors for goal setting and feedback.

There are some interns who have made very minimal progress in recording their learning through ePort, particularly the learning outcomes from the curriculum framework and professional development plan. Where there is low engagement in relation to ePort use, the prevocational educational supervisors discuss this with their interns when they meet.

The interns at Waitemata DHB are fully aware of the ePort requirements but report difficulty with recording learning outcomes and seem overwhelmed by the number of learning outcomes they need to attain.

Commendations:
The prevocational education supervisors have found the support from Medical Education and Training Unit excellent.

Recommendations:
The importance of the conversation between the prevocational educational supervisor and the intern at the end of each clinical attachment must be emphasised. In particular this is in regard to the intern self reflecting on their learning and recording this in their ePort.

Required Actions:
Nil.

3.2 Programme components

3.2.1 The intern training programme overall, and the individual clinical attachments, are structured to support interns to achieve the goals in their PDP and substantively attain the learning outcomes in the NZCF.

3.2.2 The intern training programme for each PGY1 consists of four 13-week accredited clinical attachments which, in aggregate, provide a broad based experience of medical practice.

3.2.3 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.

3.2.4 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 these, in aggregate, support achievement of the goals of the intern training programme.

3.2.5 The training provider, in discussion with the intern and the prevocational educational supervisor shall ensure that over the course of the two intern years each intern spends at least one clinical attachment in a community setting. This requirement will be implemented over a five year period commencing November 2015 with all interns meeting this requirement by November 2020.

3.2.6 Interns are not rostered on night duties during the first six weeks of their PGY1 intern year.

3.2.7 The training provider ensures there are mechanisms in place for appropriate structured handovers between clinical teams and between shifts to promote continuity of quality care.

3.2.8 The training provider ensures adherence to the Council's policy on obtaining informed consent.

3.2 Programme components			
	Met	**Substantially met**	**Not met**
Rating	**X**		
Commentary:			

Comments:
The overall intern training programme is well structured. This is the result of a combined effort between the Prevocational Training Committee and the Northern Regional Alliance to allow suitable clinical attachment allocation. The handover process appears robust. However, the interns raised concern about

handover at night on the surgical services which is often without a registrar present, usually as the result of the surgical registrar being in the operating theatre. Handover on the medical services are more formal with a registrar present at all times. There is no concern in relation to informed consent.

Commendations:

- The interns are meeting with their clinical supervisors on a regular basis and are receiving constructive feedback.
- The clinical supervisors are making excellent use of ePort.
- The breadth of clinical experience is excellent.
- The Accreditation Team commends the informed consent processes.

Recommendations:

Handover between surgical house surgeons could occur in the presence of the medical registrar if the surgical registrar is not available to add some experience to the process.

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 those 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 can attend at least two thirds of formal educational sessions, and ensures support from senior medical and nursing staff for such attendance.

3.3.3 The training provider provides opportunities for additional work-based teaching and training.

3.3.4 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 Formal education programme			
	Met	**Substantially met**	**Not met**
Rating		**X**	
Commentary:			

Comments:

The structure of the formal teaching programme was already largely aligned with the prevocational training requirements, particularly the *New Zealand Curriculum Framework for Prevocational Medical Training*. Some minor amendments / improvements have been identified and are being incorporated.

Waitemata DHB advise there is a minimum of 2 hours protected teaching time each week. However, in reality there is no protected teaching time. There are a number of reasons for this including high volume of workload, inadequate ratio of relievers resulting in cross covering, the non-clinical administrative staff are not comfortable answering the high volume of calls on the pagers and allowing interns 2 hours away from their clinical duties every Thursday is difficult. Interns report having to complete their duties after the teaching which results in extended afterhours work. There are further opportunities for work based teaching in each clinical attachment, for example radiology conference, multidisciplinary meetings, journal club and grand rounds.

The Accreditation Team noted the attendance record for teaching sessions meets the 70 percent benchmark. The interns raised concerns about their ability to attend the teaching sessions, due to clinical workload demands. This included some concern about feeling compelled to leave teaching sessions early in order to attend to clinical responsibilities. So, while the 70 percent benchmark will have been achieved, this figure may include times when attendance of the full teaching session has not occurred. The DHB needs to ensure that the interns formal teaching sessions is protected and that the interns are aware of management's support of their full attendance of these sessions.

Feedback about the teaching sessions is collected at the end of each session but is only collected from a small sample of attendees (five feedback forms handed out per session). The feedback collected is reviewed quarterly.

Commendations:

- The RMO handbook with excellent clinical guidelines is accessible through the intranet.
- Ward based desk manuals are of a high standard.

Recommendation:

- Shorter teaching sessions for example two 1 hour sessions would allow more realistic attendance opportunities.
- A system of smartpagers or cellphones that can allow diversion of the calls should be considered.
- Feedback should be collected at the end of each teaching session from all who wish to provide feedback and reviewed quarterly.

Required action:

2. Waitemata DHB must implement processes to ensure that interns have appropriate protected teaching time.

3.4 Orientation

3.4.1 An orientation programme is provided for interns commencing employment, to ensure familiarity with the training provider and service policies and processes relevant to their practice and the intern training programme.

3.4 Orientation			
	Met	**Substantially met**	**Not met**
Rating	**X**		
Commentary:			

Comments:

There is a good structured programme for orientation at the beginning of the intern year that runs over four and a half days. Interns that start partway through the year are not getting the same structured orientation. Interns report that this ranges from no orientation to half a day. A new format for quarterly orientations is in the planning stage, with the intention that it will be rolled out from February 2016.

The orientation to each clinical attachment is good. The ward based orientation booklets and desk manuals are of a high standard.

Recommendations:

Finalise the new format for quarterly orientations to allow for implementation to commence February 2016.

Required actions:

Nil.

3.5 Flexible training			
3.5.1 Procedures are in place and followed, to guide and support supervisors and interns in the implementation and review of flexible training arrangements.			
3.5 Flexible training			
	Met	**Substantially met**	**Not met**
Rating	**X**		
Commentary:			

Comments:
Currently there are no interns working less than full time. The Prevocational Training Committee would consider any requests for flexible working arrangements to accommodate individual circumstances.

Recommendations:
Nil.

Required actions:
Nil.

4 Assessment and supervision

4.1 Process and systems			
4.1.1 There are processes to ensure assessment of all aspects of an intern's training and their progress towards satisfying the requirements for registration in a general scope of practice, that are understood by interns, prevocational educational supervisors, clinical supervisors and, as appropriate, others involved in the intern training programme.			
4.1 Process and systems			
	Met	**Substantially met**	**Not met**
Rating	**X**		
Commentary:			

Comments:
There are regular meetings with the prevocational educational supervisors, the Director of Clinical Training and the Medical Education Training Unit to coordinate the requirements for the intern training programme. No interns are present at these meetings.

There are monthly meetings between the Medical Education Training Unit, Northern Regional Alliance and a representative from the prevocational educational supervisors. There is no intern representation from Waitemata DHB.

Regular communication occurs between the prevocational educational supervisors and the Chief Medical Officer with the clinical supervisors with respect to what is expected of them. The Medical Education and Training Unit is working with clinical supervisors in all attachments to ensure that responsibilities are known.

The Chief Medical Officer is initiating attendance at intern teaching sessions to communicate organisational initiatives and to receive feedback from interns. Interns reported that this had occurred once recently.

Regular emails are sent reminding interns of the requirements in relation to prevocational training. Some interns are still not engaging with the system which may affect the Advisory Panel's ability to make timely decisions.

Recommendations:

- Interns should participate in the regular meetings between the prevocational educational supervisors, the Director of Clinical Training and the Medical Education Training Unit that relate to the intern training programme.
- The Medical Education and Training Unit and prevocational educational supervisors should strengthen the processes and methods for identifying early and working with interns not engaging with ePort and provide additional support and encouragement.

Required actions:
Nil.

4.2 Supervision

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 Mechanisms are in place to ensure clinical supervision is provided by qualified medical staff with the appropriate competencies, skills, knowledge, authority, time and resources.

4.2.3 Interns are clinically supervised at a level appropriate to their experience and responsibilities at all times.

4.2.4 Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.

4.2 Supervision			
	Met	**Substantially met**	**Not met**
Rating	**X**		
Commentary:			

Comments:
The number of interns employed at Waitemata DHB fluctuates throughout the year, peaking during the winter months. At present, Waitemata DHB currently has five prevocational education supervisors for 54 interns, with one prevocational educational supervisor supervising as many as 15 interns. This exceeds Council's requirement of one prevocational educational supervisor for up to 10 interns.

Three new prevocational educational supervisors have been appointed. This will allow for supervision of postgraduate year 2 interns from November 2015. Based on the 2015 numbers for quarter 4, there will be a total of 82 postgraduate year 1 and postgraduate year 2 interns requiring supervision. This would marginally exceed the 1:10 ratio. There is a plan to increase the medical and surgical intern numbers across both Waitakere and North Shore hospitals and more relievers are also required. Once there is an increase in numbers of interns additional prevocational education supervisors will be required.

While the workload in certain attachments is very high interns feel well supported by their clinical supervisors and prevocational educational supervisors.

Prevocational educational supervisors receive excellent administration support from the Medical Education Training Unit.

Commendations:

- Clinical supervisors are providing excellent feedback to interns at the end of clinical attachment meetings.
- Additional educational supervisors have been appointed to ensure appropriate cover for postgraduate year 1 and postgraduate year 2 from November 2015.

Recommendations:
Although the ratio of educational supervisors to interns will be adequate at the beginning of 2016, the number of educational supervisors will need to be increased as more interns are appointed.

Required actions:
Nil.

4.3 Training for clinical supervisors and prevocational educational supervisors

4.3.1 Clinical supervisors undertake relevant training in supervision and assessment within three years of commencing this role.

4.3.2 Prevocational educational supervisors attend an annual prevocational educational supervisor training workshop conducted by Council.

4.3.3 All staff involved in intern training have access to professional development activities to support improvement in the quality of the intern training programme.

4.3 Training for clinical supervisors and prevocational educational supervisors			
	Met	**Substantially met**	**Not met**
Rating	**X**		
Commentary:			

Comments:
Attendance at training sessions held at Waitemata DHB in the past has not been satisfactory. However, the upcoming training session being held by Council at North Shore Hospital is expected to be well attended. All existing prevocational educational supervisors and the new prevocational educational supervisor who will take on the Director of Clinical Training role have attended the annual meeting. New prevocational educational supervisors will be supported by the experienced team.

Recommendations:
Nil.

Required actions:
Nil.

4.4 Feedback to interns

4.4.1 Systems are in place to ensure that regular, formal, informal and documented feedback is provided to interns on their performance within each clinical attachment and in relation to their progress in completing the goals in their PDP, and substantively attaining the learning outcomes in the NZCF. This is recorded in the intern's e-portfolio.

4.4.2 Mechanisms exist to identify at an early stage interns who are not performing at the required standard of competence; to ensure that the clinical supervisor discusses these concerns with the intern, the prevocational educational supervisor and Chief Medical Officer or delegate when appropriate); and that a remediation plan is developed and implemented with a focus on patient safety.

4.4 Feedback to interns

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
The Medical Education and Training Unit monitors ePort statistics and follow up with any interns who are showing as having not met with their supervisors. The Medical Education and Training Unit reports on progress and statistics from ePort to senior management. The formal feedback sessions between the intern and their clinical supervisor and the end of clinical attachment meetings are well recorded in ePort.

Waitemata DHB participates in the Auckland region 'Doctors in Difficulty' programme. This year there have been no interns with an unsatisfactory end of attachment assessment.

Recommendations:
Nil.

Required actions:
Nil.

4.5 Advisory panel to recommend registration in a general scope of practice

4.5.1 The training provider has an established advisory panel to consider progress of each intern during and at the end of the PGY1 year.

4.5.2 The advisory panel will comprise:
- a Chief Medical Officer or delegate (who will Chair the panel)
- the intern's prevocational educational supervisor
- a second prevocational educational supervisor
- a lay person.

4.5.3 The panel follows Council's *Guide for Advisory Panels*.

4.5.4 There is a process for the advisory panel to recommend to Council whether a PGY1 has satisfactorily completed requirements for a general scope of practice or should be required to undertake further intern training.

4.5.5 There is a process to inform Council of interns who are identified as not performing at the required standard of competence.

4.5.6 The advisory panel bases its recommendation for registration in a general scope of practice on whether the intern has:
- satisfactorily completed four accredited clinical attachments
- substantively attained the learning outcomes outlined in the NZCF
- 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 level 7 less than 12 months old.

4.5 Advisory panel to recommend registration in a general scope of practice			
	Met	**Substantially met**	**Not met**
Rating	**X**		

Commentary:

Comments:
Waitemata DHB has established their Advisory Panel and Terms of Reference. They have introduced an annual interim Advisory Panel meeting each June to monitor and track intern progress and to report on individual concerns or commendations. This will provide opportunity to plan and initiate supporting activities for those requiring additional support.

The end of year Advisory Panel meeting has been scheduled and a timetable established.

The Chief Medical Officer had delegated his responsibility in relation to the Advisory Panel to the Director of Clinical Training who is also a prevocational education supervisor. On the advice of the Accreditation Team the Chief Medical Officer has since identified an appropriate delegate.

Commendations:
Convening the Advisory Panel mid-way through the year to identify early any underperforming interns.

Recommendations:
Nil.

Required actions:
Nil.

4.6	**Signoff for completion of PGY2**
4.6.1	There is a process for the prevocational educational supervisor to review progress of each intern at the end of PGY2, and to recommend to Council whether a PGY2 has satisfactorily achieved the goals in the PDP.

4.6 Signoff for completion of PGY2

Commentary:

Comments:
Not assessed. This requirement does not come into effect until November 2016.

5 Monitoring and evaluation of the intern training programme

5	**Monitoring and evaluation of the intern training programme**
5.1	Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.
5.2	Processes and systems are in place to monitor the intern training programme with input from interns and supervisors.

5.3	There are mechanisms that allow feedback from interns and supervisors to be incorporated into any quality improvement strategies for the intern training programme.
5.4	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:
The Medical Education and Training Unit ensures the information relating to clinical attachments is current. Interns notify the Medical Education and Training Unit of changes to the named clinical supervisors on a clinical attachment and this information is confirmed and the appropriate changes made in ePort.

All interns have the opportunity to provide electronic feedback at the end of a clinical attachment. This feedback is collected by the Northern Regional Alliance and collated into a report that is circulated via the Chief Medical Officer. It is unclear how this information is used to inform and improve the learning experience on the attachments.

Interns can provide feedback on the formal teaching sessions however only a sample of interns are invited to provide feedback. This feedback is passed on to the person who delivered the session and logged. The feedback helps to refine future year's programmes however it is not considered before the end of the intern year to inform quality improvement. The feedback collected appeared to be specific to the individual teaching sessions as opposed to the teaching programme as a whole.

The prevocational educational supervisors have made good headway in terms of monitoring intern progress. Waitemata DHB is encouraged to ensure that it continues to impress upon the interns the importance of using the ePort system and keeping contemporaneous records of their learning.

Recommendations:
A review of the mechanism(s) used to ensure that intern feedback informs the development and improvement of the educational experience of each clinical attachment and the formal education programme should be undertaken.

Required actions:
Nil.

6 Implementing the education and training framework

6.1	Establishing and allocating accredited clinical attachments
6.1.1	The training provider has processes for applying for accreditation of clinical attachments.
6.1.2	The process of allocation of interns to clinical attachments is transparent and fair.
6.1.3	The training provider must maintain a list of who the clinical supervisors are for each clinical attachment.

6.1 Establishing and allocating accredited clinical attachments			
	Met	**Substantially met**	**Not met**
Rating	**X**		
Commentary:			

Comments:
The Medical Education and Training Unit, in partnership with the Director of Clinical Training, is administering the process for the application of accreditation of clinical attachments at Waitemata DHB. The heads of clinical departments are providing input to this process and are identifying the learning outcomes relevant to each clinical attachment, as well as providing information about lines of clinical accountability. This process was commenced early and therefore all clinical attachment applications have already been submitted to Council for consideration.

The process for the allocation of interns to clinical attachments is undertaken by the Northern Regional Alliance, who undertake this for all three Auckland DHBs. The process is communicated to interns through numerous channels and it appears to be transparent and fair.

A review of all named clinical supervisors has taken place as part of the accreditation of clinical attachment process. Northern Regional Alliance will be conducting an annual review of clinical supervisors at Waitemata DHB in liaison with clinical directors prior to the commencement of each intern year.

Commendations:
Waitemata DHB commenced the process of applying for accreditation of clinical attachments early, and this has enabled them to submit all applications to Council ahead of schedule.

Recommendations:
Future focus in regard to the accredited clinical attachments should be placed on highlighting only those learning outcomes that are particularly relevant to each clinical attachment.

Required actions:
Nil.

6.2 Welfare and support

6.2.1 The duties, rostering, working hours and supervision of interns are consistent with the delivery of high quality training and safe patient care within a safe working environment, including freedom from harassment.

6.2.2 Interns have access to personal counselling, and career advice. These services are publicised to interns and their supervisors.

6.2.3 The procedure for accessing appropriate professional development leave is published, fair and practical.

6.2.4 The training provider actively encourages interns to maintain their own health and welfare and to register with a general practitioner.

6.2.5 Applications for annual leave are dealt with properly and transparently.

6.2 Welfare and support			
	Met	**Substantially met**	**Not met**
Rating		**X**	
Commentary:			

Comments:

The Northern Regional Alliance has recently undertaken a review of Workforce Operations team processes for the three Auckland DHBs. Leave and rostering have been identified as the two highest priority, high volume processes which will benefit from improvement. Although some short term remedial measures have been taken at Waitemata to address known concerns, interns have raised a number of issues about the process for applying for leave. Interns indicate that the process does not allow interns to plan ahead as there is uncertainty about the process of approval and delays with getting leave approved. Concerns were raised about a lack of transparency and fairness in the process of consideration and approval of leave.

In addition, the high work load and low number of relievers means opportunities to take leave are minimal. The ratio of interns to reliever is significantly higher than that stipulated by the *Multi Employer Collective Agreement*. This is currently at 12:1, whereas the *Multi Employer Collective Agreement* requirement is 7:1. The result of this is that interns are unable to take appropriate leave and there is pressure to work when sick and there are uncovered out of hours shifts. The leave is particularly important given the high level of workload of the interns and for their ability to engage with educational activities.

Interns report that they are pressured to not take their days in lieu of statuary holidays by being told that they will be letting their team down. Interns also report coming into work when sick due to a lack of relievers.
Pastoral care is seen as an important responsibility of those staff directly related to the training of interns at Waitemata DHB.

There are a number of services and initiatives that support intern welfare, these include employee assistance programmes, the wellbeing resources and facilities, the chaplaincy service and the 'Well at Work' programme.

There are difficulties with the way information is shared between the Northern Regional Alliance central office, the hospital based Northern Regional Alliance staff (RMO Unit) and the DHB services at an operational level. This is particularly with respect to rostering and leave management. The Northern Regional Alliance staff based at the hospital believe that there are no issues and that when an intern makes a request that cannot be granted, they simply have to explain and then the interns will be satisfied. However, the interns reported being extremely frustrated by the apparent disconnect between the processing of requests by onsite Northern Regional Alliance staff, and the processing that happens at the Northern Regional Alliance central office. No long term planning can be done on site as requests for leave outside the current attachment have to be reviewed at the central office. There is also a gap in terms of clinical need information being communicated to the Northern Regional Alliance as their contact is with service managers rather than clinical managers.

Commendations:
- The Chief Executive identified the need to recruit additional relievers and is intending to increase the number of relievers for medicine and surgery.
- Pastoral care provided by the Clinical Director of Training has been superb.

Recommendations:
- A review should be undertaken with some urgency to ensure that the reliever to intern ratio is adequate to allow interns to take leave.
- Waitemata DHB should ensure that the short and long term measures identified through the Workforce Operations team processes review undertaken by the Northern Regional Alliance demonstrate improvements.

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		**X**	

Commentary:

Comments:
Information about the training programme is provided through the RMO portal intranet site. A comprehensive orientation booklet is available to interns.

Although Waitemata DHB are of the view they are engaging with the interns it is noted that this is mostly through written and electronic communication. Interns expressed concern about the inadequate level of communication and are seeking more face to face two way communication and engagement.

Commendations:
The RMO portal intranet site is well set up, user friendly and useful. Of particularly note the utility of the content, including the decision support tool and a list of contacts for seeking additional assistance.

Recommendations:
Nil.

Required actions:
3. There must be greater face to face interactions with interns with the intention of building rapport beyond the excellent work of the current Clinical Director of Training and the individual meetings with the prevocational educational supervisors. Two-way communication strategies involving interns need to be encouraged at all levels of the organisation to ensure their engagement in the prevocational training programme.

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 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:
Waitemata DHB has a *Good Employer* policy and *Harassment and Bullying* policy that outlines the internal process for resolving work related issues or disputes and making an allegation.

Recommendations:
Nil.

Required actions:
Nil.

7 Communication with Council

7.1	Process and systems
7.1	There are processes in place so that prevocational educational supervisors inform Council in a timely manner of interns whom they identify as not performing at the required standard of competence.

7.1 Process and systems			
	Met	**Substantially met**	**Not met**
Rating	**X**		
Commentary:			

Comments:
The 'Doctors in Difficulty' algorithm has been developed to manage and support interns across the three Auckland DHBs. At Waitemata DHB the 'Doctors in Difficulty' process is still being formally implemented. This process identifies the point at which Council will need to be notified of interns who are performing below the required standard. Waitemata DHB has not reported any interns with performance issues this year.

Recommendations:
Nil.

Required actions:
Nil.

8 Facilities

8	Facilities
8.1	Interns have access to appropriate educational resources, facilities and infrastructure to support their training.
8.2	The training provider provides a safe working and learning environment.

8. Facilities			
	Met	**Substantially met**	**Not met**
Rating		**X**	
Commentary:			

Comments:
Interns at North Shore Hospital have access to the RMO lounge that provides a secure, comfortable and conveniently located space close to the wards. There was no mention of an RMO lounge at Waitakere Hospital. Interns have access to multiple computer facilities across Waitemata DHB providing access to a 'portal' which acts as a very useful resource to the interns.

Interns appreciate having the opportunity to attend the teaching sessions via video conference from Waitakere Hospital. However, it is apparent that there are technical issues including time delays and the

overall quality of the video link that limits its efficacy. This results in difficulties with engagement in the sessions by the interns attending by videoconference.

The library facilities at Waitemata DHB comprises a physical repository as well as an electronic resource, which provides access to online journals and e-books. North Shore Hospital holds a hard copy collection in a designated area. Feedback from interns indicated some uncertainty about access to electronic resources. The Accreditation Team sought clarification about this. Going forward the formal teaching sessions provide an opportunity to remind the interns of the facilities available to them or where they can access this information.

'UpToDate' is an evidence-based, physician-authored clinical decision support resource which clinicians trust to make the right point-of-care decisions. The retention of the 'UpToDate' at Waitemata DHB under review. Feedback from the interns highlighted concern about the possibility of this resource not being retained as they see this as a very useful resource. The Accreditation Team acknowledge that this is a highly regarded resource.

Interns are made aware of Occupational Health and Safety risks and this is part of orientation.

A plan for a designated 'teaching precinct' within easy reach of the wards has been approved and is underway. This will provide a designated space for delivering intern training particularly advanced cardiovascular life support and clinical skills sessions.

Recommendations:

- Waitemata DHB engages the interns in their review of 'UpToDate' and all electronic resources.
- Interns are reminded of the facilities available to them so they can make better use of them.
- Intern representation on the Library Committee.

Required actions:

4. The quality of the video link between North Shore and Waitakere Hospitals needs to be substantially improved.