



Prevocational medical training accreditation report: Bay of Plenty District Health Board

Date of site visit: 1 and 2 May 2017
Date of report: 13 September 2017

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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.

Accreditation of training providers recognises that standards have been met for the provision of education and training for interns, which is also referred to as prevocational medical training. 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 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 Bay of Plenty District Health Board (DHB) as a training provider of prevocational training involved:

1. A self-assessment undertaken by Bay of Plenty DHB, with documentation provided to the Medical Council of New Zealand (Council).
2. Interns being invited to complete a questionnaire about their education experience at Bay of Plenty DHB.
3. A site visit by an accreditation team to Bay of Plenty DHB on 1 and 2 May 2017 that included meetings with key staff and interns.
4. Presentation of key preliminary findings to the Chief Executive, Chief Medical Officer (CMO) and other relevant Bay of Plenty DHB staff.

The Accreditation Team is responsible for the assessment of the Bay of Plenty 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 Bay of Plenty District Health Board



Name of training provider:	Bay of Plenty DHB
Name of site(s):	Whakatāne Hospital and Tauranga Hospital
Date of training provider accreditation visit:	1 and 2 May 2017
Accreditation visit team members:	Dr Curtis Walker Dr Sarah Nicolson Ms Laura Mueller Professor Andrew Hill Ms Joan Crawford Ms Eleanor Quirke
Key staff the accreditation visit team met with:	
Chief Executive:	Ms Helen Mason
Chief Medical Officer	Dr Hugh Lees
Prevocational Educational Supervisors:	Dr Kate Grimwade Dr David Bartle Dr Jeremy Armishaw Dr Alistair MacLean Dr Renee Franklin Dr Stephen Robinson Dr Jennifer Hicks
RMO unit staff:	Ms Jan Simeon, Medical Staffing Unit Coordinator Ms Debra Kuka, Admin Support Ms Joyce Regan, Admin Support Ms Shona Epsom, Admin Support Ms Joy Sunich, Admin Support
Other key people who have a role within the prevocational training programme:	Dr Diane Hanfelt-Goade

Section A – Executive Summary

Bay of Plenty District Health Board – *Hauora a Toi* – serves a large catchment area which includes the urban centres of Whakatāne, Ōpōtiki and Tauranga and significant rural and Māori populations. Interns work at Whakatāne and Tauranga hospitals, across a full range of medical and surgical specialities, with community based attachments available to interns at Tauranga.

The DHB demonstrates a clear commitment to the prevocational educational training programme through its strategic planning documents, which outline sound organisational structures. There is a Resident Medical Officer (RMO) Leadership and Education Committee which provides appropriate governance and oversight of intern education and training. The Chief Medical Officer has clear executive accountability for prevocational medical education and there is widespread and effective intern representation in the governance of prevocational medical education.

The Medical Staffing Units at both sites are responsible for much of the organisation of prevocational education and support of interns and prevocational educational supervisors. The interns particularly highlighted the welfare and support provided at Whakatāne Hospital. However, both units have significant workloads and consideration of support and resourcing, as well as succession planning, will ensure sustained success.

With few registrar positions at Whakatāne Hospital, there is a direct working relationship between interns and clinical supervisors which the interns value. At Tauranga Hospital, the wide range of medical specialties provides good opportunities for useful work based teaching. Clinical supervisors contribute to a diverse and thorough formal education programme and are well supported by prevocational educational supervisors. Attendance at supervision workshops and training is effectively encouraged by the DHB. At both sites, however, there is a lack of vocationally registered general physicians available to supervise interns, which places additional pressures on the small number of clinical supervisors.

Interns at Tauranga Hospital report frequent interruptions to the formal teaching sessions, which the DHB is aware of and needs to address effectively. There are opportunities to further develop the postgraduate year 2 formal teaching programme at Whakatāne Hospital, particularly through further collaboration with Tauranga Hospital.

The DHB has a published policy on informed consent and the formal education programmes include sessions on informed consent. However, there are a few instances where consent is not being clearly understood or practised, which is causing confusion for affected interns. The policy for informed consent needs to be understood by all staff involved in patient care and enacted across all services.

Intern orientation at the start of the year is effective. Of particular note was the thorough orientation for interns who commence during the year. Departmental orientations could be improved through better awareness of the existing orientation material.

Structures and process are in place and operating effectively to support interns to complete their ePort and registration requirements, although meetings between interns and their clinical supervisors have not always occurred in a timely fashion. Physical facilities are appropriate and information technology is widely available to support intern education.

Overall, interns report very positive experiences at the DHB, and were happy with the learning and working environment. A few instances of inappropriate behaviour were reported which the DHB must address. New initiatives around welfare and support are currently being adopted and there were many positive comments about senior leadership engagement and ongoing initiatives to develop a supportive and inclusive culture at the DHB.

The DHB met 18 of the 22 sets of standards of Council's *Accreditation standards for training providers*. There were four sets of standard which were substantially met. These standards are listed below:

- 2.1 – The context of intern training
- 3.2 – Programme components
- 3.3 – Formal education programme
- 6.2 – Welfare and support

Five required actions were identified along with a number of recommendations and commendations. The required actions are:

1. The DHB's Intern in Difficulty policy must be finalised, publicised widely and implemented.
2. The process of obtaining informed consent at the DHB must be taught, supervised and adhere to Council's standards.
3. The DHB must review the night handover at Whakatāne, and ensure that the handover process is supported and consistent.
4. Attendance at the formal education sessions must be effectively protected by the DHB.
5. Processes need to be in place at the DHB to address all inappropriate behaviours, including bullying, with monitoring to ensure effectiveness.

Overall outcome of the assessment

The overall rating for the accreditation of Bay of Plenty DHB as a training provider for prevocational medical training is:	SUBSTANTIALLY MET
<p>Bay of Plenty DHB holds accreditation until 30 June 2021 subject to Council receiving an interim report from Bay of Plenty DHB within 6 months that satisfies Council that the following required actions have been satisfactorily addressed:</p> <ol style="list-style-type: none">1. The DHB's Intern in Difficulty policy must be finalised, publicised widely and implemented.2. The process of obtaining informed consent at the DHB must be taught, supervised and adhere to Council's standards.3. The DHB must review the night handover at Whakatāne, and ensure that the handover process is supported and consistent.4. Attendance at the formal education sessions must be effectively protected by the DHB.5. Processes need to be in place at the DHB to address all inappropriate behaviours, including bullying, with monitoring to ensure effectiveness.	

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:			
<p>Comments:</p> <p>Prevocational training is a key strategic priority for the Bay of Plenty DHB and the DHB demonstrates commitment to ensuring high quality training for interns. The training provider has a strategic plan for ongoing development and support of a sustainable medical training and education programme.</p> <p>There is an RMO Leadership and Education Committee which has oversight of the medical education programme, and this committee has intern representatives from the Whakatāne and Tauranga sites. In addition, interns participate in a number of other committees and meetings, including regular Resident Medical Officer (RMO) forum meetings and a Senior Medical Officer (SMO) forum.</p> <p>There are clear lines of responsibility and accountability for intern training.</p> <p>There were widespread positive comments from interns, clinical supervisors and prevocational educational supervisors about the senior management team and the initiatives underway to improve the organisation's culture.</p> <p>Commendations:</p> <ul style="list-style-type: none"> The documentation and commitment expressed by the senior management team in support of prevocational education and training is excellent. There is widespread intern representation on committees throughout the DHB, including RMO and SMO forums, and the RMO Leadership and Education committee. 			

Required actions:
Nil.

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 (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 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:			
<p>Comments:</p> <p>Bay of Plenty DHB has effective organisational and operational structures to manage the training and education of interns. The DHB has the responsibility, authority and mechanisms to plan, develop, implement and review the intern training programme, with specific resources allocated to the administration and coordination of the programme and the development of community based attachments. The Chief Medical Officer has executive accountability for intern training and is seen as both supportive and approachable by the interns and their supervisors.</p> <p>The Medical Staffing Unit has a key role in the ongoing delivery of the intern training programme. The interns, prevocational educational supervisors and clinical supervisors all spoke very highly of the Medical Staffing Unit's contribution to interns' education and welfare at both sites. The Medical Staffing Unit administrator at Whakatāne has considerable responsibilities, including the management of matters related to the rostering and support of all medical staff (not just interns). This position has become very busy with an increase in the number of interns and consideration should be given to additional support and succession planning. The interns spoke very favourably of the local and immediate support provided by the Medical Staffing Unit administrator at Whakatāne.</p> <p>The clinical supervisors liaise with the prevocational educational supervisors as required at both sites and because there are very few registrar positions at Whakatāne there is direct interaction between senior medical staff and interns, enabling the senior medical staff to rapidly identify any issues with an underperforming intern.</p>			

There is a draft policy on addressing the intern in difficulty, which has been considered by the Resident Medical Officer Leadership and Education committee. This policy must be finalised, publicised to supervisors and interns and implemented.

The DHB has clear procedures in place to notify Council of any changes in the health service or the training programme that may have a significant effect on intern training.

Commendations:

The Medical Staffing Unit administrator at Whakatāne is dedicated and is highly regarded by the interns and the senior medical staff.

Recommendation:

The DHB should consider additional support and succession planning for Medical Staffing Unit administrator at Whakatāne.

Required actions:

1. The DHB's Intern in Difficulty policy must be finalised, publicised widely and implemented.

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:

The intern training programme is underpinned by sound medical education principles and supported by appropriate medical expertise.

Senior medical staff at the DHB have a high level of engagement with the intern training programme, and have the appropriate medical educational expertise to provide sound teaching and assessment. The educational programmes are comprehensive and delivered by senior medical staff who are engaged and enthusiastic.

There are opportunities for the two sites to enhance collaboration in delivery of the medical education programme, in particular for postgraduate year 2 interns at Whakatāne. The Resident Medical Officer Leadership and Education Committee appears to be a good opportunity to further explore such collaboration.

Recommendations:

The DHB is encouraged to foster and facilitate further collaboration between the two sites in the delivery of the intern training programme.

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:			
<p>Comments:</p> <p>There are effective working relationships between Bay of Plenty DHB and the University of Auckland.</p> <p>The Bay of Plenty Clinical School has allocated resources to assist in coordinating the formal teaching programmes.</p> <p>The relationships with primary care, hospice and palliative care are being used effectively to establish community based clinical attachments.</p> <p>The direct intern and senior medical staff interaction at Whakatāne provides excellent apprenticeship style learning opportunities for interns.</p> <p>External speakers are employed to provide additional educational expertise as and when needed.</p> <p>Required actions:</p> <p>Nil.</p>			

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, CPD 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:
 At Whakatāne Hospital, the Medical Staffing Unit administrator monitors ePort to ensure interns are meeting with their clinical supervisors at the beginning, middle and end of their clinical attachment. The Medical Staffing Unit administrator also monitors interns' progress in attaining the learning outcomes outlined in the *New Zealand Curriculum Framework for Prevocational Medical Training* as well as in establishing goals in their PDP. The Medical Staffing Unit at Tauranga Hospital have recently undertaken responsibility for monitoring ePort.

The prevocational educational supervisors at both sites also oversee ePort to ensure compliance with Council's requirements. Both clinical and prevocational educational supervisors regularly review and contribute to the interns' PDP. ePort is used appropriately by all staff at Bay of Plenty DHB.

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: <ul style="list-style-type: none"> • workload for the intern and the clinical unit • complexity of the given clinical setting • mix of training experiences across the selected clinical attachments and how 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:

Bay of Plenty DHB provides an intern training programme that supports interns to achieve the goals in their PDP. Both sites provide clinical attachments that offer a broad base of learning experience, and that allow interns to substantively attain the learning outcomes outlined in the *New Zealand Curriculum Framework for Prevocational Medical Training*. Interns are allocated four 13 week attachments each year of their training.

The DHB currently has two accredited community based attachments and two further attachments are planned by the end of 2017. There is a structured approach to the implementation of community based attachments by the DHB to ensure that all interns will be able to complete a community attachment during their 2 year intern programme by 2020.

The DHB has established a "Quality Improvement Residency" for postgraduate year 2 interns. Four interns are able to undertake this residency per intern year. The intern is given one day a week to progress a quality improvement project within the DHB with appropriate supervision, mentoring and educational support. Interns work as a reliever for the remaining four days of the week. This residency has become a sought after and competitive option for postgraduate year 2 interns.

Interns are not rostered on night duty during the first 6 months of their postgraduate year 1. Prior to commencing duties at night, interns attend a "Question and Answer" session organised and led by postgraduate year 2 and 3 doctors. This provides an opportunity for interns to ask any questions that they may have about working at night and for postgraduate year 2 and 3 doctors to pass on any tips or tricks.

Clinical handover at Whakatāne Hospital is primarily an intern to intern process. Many clinical teams involve interns in team-wide patient handover as part of their morning ward round and multidisciplinary team meetings. The handover to the intern on night shift is expected to occur in the emergency department and to involve the rostered emergency department medical officer. However, this is variable in practice and it does not involve the duty manager. Interns report that if handover occurs in the emergency department they can sometimes feel under pressure to attend to emergency department clinical duties, rather than completing appropriate handover.

At Tauranga Hospital, the handover process is well understood by interns and provides a safe transfer of clinical care. The interns report a positive learning experience in the morning medical and paediatric handovers, which are led by senior medical staff.

The DHB has a published policy on informed consent and the formal education programmes include sessions on informed consent. However the interns report instances where they are required to obtain signed consent for endoscopy procedures even though the endoscopist subsequently consents the patient. This sequence is causing confusion for the interns. The Council policy for informed consent needs to be understood by all staff involved in patient care and enacted across all services.

Commendation:

The Quality Improvement Residency is an innovative experience that allows interns to identify and lead a quality improvement project within the DHB.

Required actions:

2. The process of obtaining informed consent at the DHB must be taught, supervised and adhere to Council's standards.
3. The DHB must review the night handover at Whakatāne, and ensure that the handover process is supported and consistent.

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:			
<p>Comments:</p> <p>At Whakatāne Hospital there are daily lunchtime teaching sessions provided for interns. These are frequently attended by other medical staff. The programme is adaptable to intern needs, is valued by interns and well attended. However, postgraduate year 2 interns report there are no specific sessions for them, resulting in repetition from year 1. Some concern was raised regarding fatigue from both delivering and attending a daily lunchtime programme. The DHB is planning to reduce the number of lunchtime sessions to 3 times per week. The training provider delivers sessions on professionalism and self-care at orientation. However, these topics are not included in the formal education programme.</p> <p>Interns work closely alongside consultants at Whakatāne, which provides excellent opportunities for additional work-based teaching and supervision and is greatly appreciated by the interns. At Tauranga, the various specialties also support extensive opportunities for additional work-based teaching, and these sessions are valued and appreciated.</p> <p>At Tauranga Hospital there is an intensive education programme provided in the first four to six weeks of postgraduate year 1. This programme reinforces essential basic skills and supports the orientation to the hospital. Following this, weekly postgraduate year 1 teaching sessions are designed to be relevant to the interns' level of competence and are responsive to intern needs and feedback. There is a separate formal teaching programme for postgraduate year 2 interns which is case-based, interactive and comprehensive. The clinical coordinator for this programme often attends the postgraduate sessions to facilitate learning.</p> <p>The DHB recognises the value of protected teaching for interns, however interns at Tauranga Hospital report that interruptions during protected teaching time are frequent. The DHB has made efforts to address this, and are mindful that further work is needed to ensure interns have access to uninterrupted teaching. Nevertheless, attendance at the formal education sessions must be effectively protected.</p> <p>Recommendation:</p> <p>The DHB should develop and implement a structured formal teaching programme for the postgraduate year 2 interns based at Whakatāne Hospital.</p> <p>Commendation:</p> <p>A comprehensive and interactive postgraduate year 2 formal teaching programme is provided to interns at Tauranga Hospital.</p>			

Required actions:			
4. Attendance at the formal education sessions must be effectively protected by the DHB.			
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:			
<p>Comments: There is appropriate orientation to the hospitals at the beginning of the intern year. Comprehensive orientation also occurs for those who start part way through the year. There is an online resource for interns to support their orientation.</p> <p>Interns at both sites report they receive informal but effective orientation at the beginning of each clinical attachment. Some departments have written orientation documents however these are not consistently used. So that this information is available to interns at the beginning of the attachment, the DHB should collate this documentation and ensure that it is available to interns during their intern years.</p> <p>Commendation: Interns who start part way through the year receive comprehensive orientation to the DHB.</p> <p>Recommendation: The DHB should collate departmental orientation documents and make these easily accessible to interns.</p> <p>Required actions: Nil.</p>			
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:			
<p>Comments: Bay of Plenty DHB has the capability to make arrangements for interns who require flexible working arrangements. At the time of the visit, there were no interns working under flexible training arrangements. However the DHB has some other medical staff working in job-share arrangements or reduced FTE positions and have an established process for considering flexible arrangements.</p> <p>Required actions: Nil.</p>			

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:			
<p>Comments:</p> <p>The requirements for registration within a general scope of practice, as well as the processes for applying and obtaining a general scope, are understood by the interns, prevocational educational supervisors and clinical supervisors. The requirements are discussed during orientation at the beginning of the intern year and are also regularly discussed at intern teaching sessions. The prevocational educational supervisors also discuss the requirements with interns at their individual meetings.</p> <p>The interns' progress towards meeting the requirements is monitored by the prevocational educational supervisor throughout the course of postgraduate year 1. If the intern is not satisfactorily progressing towards meeting the requirements, this is raised with the intern in an appropriate and timely fashion.</p> <p>Required action: Nil.</p>			
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:			
<p>Comments:</p> <p>Bay of Plenty DHB has an appropriate ratio of prevocational educational supervisors to interns (1:10). The DHB has two prevocational educational supervisors who job share (0.05 FTE), 5 prevocational educational supervisors at Tauranga Hospital, 2 at Whakatāne Hospital. The DHB reported that one further prevocational</p>			

educational supervisor is to be appointed at Tauranga.

Clinical supervisors have a high level of engagement with the intern training programme. All accredited clinical attachments have four identified clinical supervisors allowing coverage when the primary supervisor is on leave and is working well. However, at both sites, there is a lack of vocationally registered general physicians available to supervise interns, and this places additional stress on these supervisors.

Clinical supervisors at the DHB assist with the intern’s professional development and support the interns in achieving their learning objectives. Supervision includes direct and indirect monitoring of an intern’s progress and performance, and providing constructive feedback, both informally on the job and through the ePort attachment assessment process.

Recently a booklet has been introduced on relief attachments, to provide for further structure in the delivery of feedback to interns. The identified supervisor for the relief attachment then uses this to inform the end of attachment assessments. This is a new project and appears to be working well, with ongoing review planned.

The prevocational educational supervisors are well supported by the Medical Staffing Unit, who assist with the administrative tasks associated with the intern training programme.

Commendation:

The prevocational educational supervisors at the DHB provide excellent support to interns and play a key role in ensuring the delivery of the intern training programme.

Recommendation:

The DHB should increase the number of vocationally registered physicians to ensure adequate clinical supervision on medicine attachments.

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:

Bay of Plenty DHB has 61 clinical supervisors, of which 45 have completed supervisor training. On site staff training includes regular updates on medical education through college involvement, university roles, and being trainers on courses such as Advanced Paediatric Life Support. Clinical supervisors are also given the opportunity, and are provided with support, to attend training for professional development as required for their roles within the intern training programme.

The DHB has been proactive in supporting training for clinical supervisors and ensuring that prevocational educational supervisors attend the annual meetings, and this is commended.

There is a high turnover of medical officer locums at Whakatāne Hospital, which may mean that not all those supervising and interacting with interns are familiar with the requirements of the intern training programme.

Commendation:

The DHB is proactive in ensuring clinical supervisors are able to attend supervisor training as required.

Recommendation:

The DHB should consider including training and information in its orientation programme for medical officer locums, so that these doctors are familiar with the requirements of providing supervision to interns (as applicable).

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 CMO 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:

There are systems in place to ensure that interns receive regular feedback from their clinical supervisors and prevocational educational supervisors. The Medical Staffing Unit sends out reminders to clinical supervisors regarding the beginning, middle and end of attachment meetings and any concerns are escalated to the prevocational educational supervisors. Feedback to interns is provided and entered into ePort, however feedback is not always provided in a timely fashion. It is recommended that the DHB identify mechanisms for improving the timeliness in the provision of feedback, including the timeliness of the beginning, middle and end of attachment meetings.

The DHB has a draft “Intern in Difficulty” policy which details the process for identification and management of interns who are not performing at the required standard of competence. Other mechanisms used to manage such concerns include regular meetings between the prevocational educational supervisors and clinical supervisors, and if further training is required, this is provided. The interns are to be encouraged to seek the support of their prevocational educational supervisors early.

The DHB also offers remedial assistance is through the Employee Assistance Programme (EAP).

Recommendation:

Interns receive useful feedback from clinical supervisors throughout the clinical attachment, and this is greatly

<p>appreciated by interns. However the DHB should review mechanisms to improve the timeliness associated with the provision of such feedback.</p> <p>Required actions: Nil.</p>			
<p>4.5 Advisory panel to recommend registration in a general scope of practice</p>			
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	<p>The advisory panel will comprise:</p> <ul style="list-style-type: none"> • a CMO or delegate (who will Chair the panel) • the intern’s prevocational educational supervisor • a second prevocational educational supervisor • a lay person. 		
4.5.3	The panel follows Council’s <i>Guide for Advisory Panels</i> .		
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	<p>The advisory panel bases its recommendation for registration in a general scope of practice on whether the intern has:</p> <ul style="list-style-type: none"> • 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. 		
<p>4.5 Advisory panel to recommend registration in a general scope of practice</p>			
	Met	Substantially met	Not met
Rating	X		
<p>Commentary:</p>			
<p>Comments: Bay of Plenty DHB established their advisory panel with full representation as required by Council in 2015 and 2016. The panel functioned effectively in reviewing and assessing each intern’s progress, and making a recommendation to Council as to whether the intern met the requirements for a general scope of practice.</p> <p>Required actions: Nil.</p>			
<p>4.6 Signoff for completion of PGY2</p>			

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			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: The prevocational educational supervisors understood the requirements for reviewing interns' reports at the end of postgraduate year 2 before recommending removal of endorsement. This process was effectively utilised at the conclusion of the intern year in 2016.</p> <p>Required actions: Nil.</p>			

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:			
<p>Comments: The currency of accredited clinical attachments is enabled through ePort. Each clinical attachment was reviewed at the end of the 2016 intern year to ensure accuracy of information.</p> <p>A survey allowing interns to provide feedback about their educational experience on each clinical attachment has recently been implemented. The survey feedback helps to identify clinical attachments that may not support the training of interns well. The anonymous feedback is collated and any concerns are raised to the attention of the Chief Medical Officer (CMO) and then to the related heads of departments and clinical directors of services. Feedback will also be considered by the Resident Medical Officer (RMO) Leadership and Education Committee. This process has only recently been implemented at Tauranga Hospital and was used for the first time at the end of the first quarter this year at Whakatāne Hospital. The DHB is encouraged to monitor its progress.</p>			

Regular RMO forums provide an opportunity for interns to have input into the intern training programme and to discuss any concerns. In addition, there is an RMO representative on the Senior Medical Officer (SMO) forum at Whakatāne Hospital. This has been effective at raising and addressing concerns that interns have had.

The CMO is responsible for the development and leadership of a range of initiatives for interns at Bay of Plenty DHB. This includes any matters raised by Council in relation to training, including those raised through a Council accreditation report.

Commendation:

The new system allowing interns to provide feedback about their educational experience on each clinical attachment provides the DHB with an opportunity for ongoing quality assurance and quality improvement of prevocational medical training.

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:			
<p>Comment:</p> <p>There are processes in place for applying for the accreditation of clinical attachments that include the involvement of the Medical Staffing Unit, relevant head of department and clinical supervisors. At the time of the visit all clinical attachments have been approved by Council. The Medical Staffing Unit coordinate the development of new clinical attachments with significant input by the prevocational educational supervisors and support from the Chief Medical Officer.</p> <p>A documented and well understood process is in place for the allocation of interns to clinical attachments. The process is different for postgraduate year 1 and 2 placements but in both years interns have opportunity to submit their preferences. The interns reported that the process of the allocation of interns to clinical attachments for both years is transparent and fair and that their preferences are more often than not accommodated.</p> <p>The list of clinical supervisors is maintained in ePort. This was reviewed at the end of the 2016 intern year to ensure it was accurate. All medical staff recruitment, clinical attachment changes and ePort are managed</p>			

through the Medical Staffing Unit. Any required changes to clinical supervisors are easily identified and following confirmation of any change, the details in ePort are updated.

Commendation:

The allocation process for interns to clinical attachments is transparent and fair and this is appreciated by the interns.

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 Medical Staffing Units in both hospitals provide administration support for the prevocational educational supervisors, as well as produce rosters, process leave application and organise reimbursements for all interns. The Medical Staffing Unit monitors hours worked and where after hours requirements are onerous alternatives are put in place to enable rest and recovery time for interns. The interns were complimentary about the working environment at Whakatāne, appreciating being able to work directly with the SMOs, and valuing the administrative and pastoral care provided by the Medical Staffing Unit administrator.

Staff engagement and culture is one of the strategic priorities of the DHB. This includes tackling unprofessional behaviour and building a culture of respect amongst all staff. A system of intranet reporting of unprofessional behaviour is being explored as is a separate pastoral care system is being considered at Tauranga Hospital. However, interns and other medical staff report incidents of bullying. Appropriate and effective processes need to be in place to address all inappropriate behaviour and monitoring needs to be in place.

The interns were not aware of access to personal counselling and career advice, although they do have informal discussions with their clinical supervisors and prevocational educational supervisors focused on their career.

The interns were aware of the Council’s statement on “providing care to yourself and those close to you.” In addition, interns were aware of the need for their own general practitioner.

Interns report no issues with access to leave. The Medical Staffing Unit manager is proactive in making interns aware of additional opportunities to take their annual leave. However, some interns at Tauranga Hospital reported a reluctance to approach the Medical Staffing Unit regarding leave, welfare and support as there were perceptions that this could impact on leave approval and may not be dealt with confidentially. Pastoral support is offered by the prevocational educational supervisors, however the interns had not discussed their concerns with them. Interns are encouraged to engage with their prevocational educational supervisor regarding welfare and support.

Commendation:

The interns value the support and care provided by the Medical Staffing Unit in Whakatāne.

Required actions:

- Processes need to be in place at the DHB to address all inappropriate behaviours, including bullying, with monitoring to ensure effectiveness.

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 is circulated to interns as part of their orientation programme. The intern orientation documentation provides good detail and guidance on the intern training programme. Teaching session timetables are circulated by a number of methods and are easily accessed by the interns.

Interns have access to the Resident Medical Officer (RMO) Clinical Resource webpage on the intranet, a Resident Medical Officer (RMO) group email for circulation of information, teaching schedules, and Medical Bulletin. Grand Round information is circulated via email, Calendar invites, and posted on the DHB intranet and online calendar. The RMO Forum is another mechanism of sharing information.

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 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:

Bay of Plenty DHB has processes to support interns to address problems with training supervision and requirements, as well as training related disputes. Issues that arise are dealt with directly through the relationships between the interns, clinical supervisors and prevocational educational supervisors.

At its first meeting, the Resident Medical Officer (RMO) Leadership and Education Committee discussed the scope of its responsibilities in managing training related disputes and issues. It is yet to be determined whether problems related to intern training will be resolved via this Committee. The RMO Leadership and Education Committee appears to be an ideal Committee to consider any problems or training related disputes. It is recommended that this issue is considered further and included in the scope of this Committee, or an alternative mechanism should be put in place.

Recommendation:

The DHB should continue to review its processes for the management of any training related problems and disputes. These processes should then be formalised.

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. Process and systems			
	Met	Substantially met	Not met
Rating	X		
Commentary:			
<p>Comments: The process for reporting an unsatisfactory <i>End of clinical attachment assessment</i> are clear and documented within ePort. Although there have been no issues to date, the prevocational educational supervisors and the Chief Medical Officer have undertaken to inform the Council in a timely manner of any interns who are not performing at the required standard of competence.</p> <p>Required actions: Nil.</p>			

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:			
<p>Comments: The DHB has meeting facilities for education and training that are accessible and conducive to a positive learning environment at both sites. The DHB is well resourced to provide a range of facilities to support the intern education programme.</p> <p>The DHB has computers with internet and intranet facilities with electronic texts and journals and clinical diagnostics readily available on all wards, in the library and in the Medical Staffing Unit. Remote access is available as well as access to videoconferencing and teleconferencing facilities across both sites. Online and onsite IT support is available 24/7. The interns at Whakatāne report excellent access to computers to enable ongoing patient care, however access to computers can be restricted at times at Tauranga Hospital at nursing handover times.</p> <p>The DHB has comprehensive Health and Safety policies and protocols. To support its vision of "Healthy Thriving Communities", the DHB provides, alongside "Healthy Living News", many Healthy Living programmes and services to encourage and support its employees to stay both physically and mentally well.</p> <p>Commendation: The DHB has excellent facilities to ensure quality delivery of the intern training program.</p> <p>Required actions: Nil.</p>			