

## Te Whatu Ora – Taranaki – Progress on required actions

Taranaki DHB underwent an accreditation assessment as a provider of prevocational medical training on 27 and 28 July 2021.

The overall outcome of the assessment for Taranaki DHB’s accreditation was ‘**substantially met**’.

On 1 July 2022, Te Whatu Ora | Health New Zealand replaced Aotearoa New Zealand’s 20 DHBs. The prevocational training programme run by Taranaki DHB is now run by Te Whatu Ora – Taranaki.

Te Whatu Ora – Taranaki is currently accredited for prevocational medical training until 31 August 2027, subject to satisfactorily addressing the required actions listed below.

	Required actions on accreditation	Standard	Status
1	Effective partnerships with Māori must be established to support intern training and education. To achieve this, there needs to be consideration of the ability of the Māori health services to meaningfully engage in health professional education and embed the Māori health strategic intent into clinical practice.	<b>Organisational and operational structure – Relationships to support medical education</b>  <b>2.3.3:</b> The training provider has effective partnerships with Māori health providers to support intern training and education.	Addressed (March 2024)
2	Taranaki must ensure that interns receive the supervision, training, and support to develop their cultural competence in order to deliver culturally safe care.	<b>The intern training programme – Programme components</b>  <b>3.1.5:</b> The training provider has processes that ensure that interns receive the supervision and opportunities to develop their cultural competence in order to deliver patient care in a culturally safe manner.	Addressed (March 2023)
3	Although systems are currently in place at handover, structured and formalised handovers must be developed to promote continuity of quality care at all points of handover.	<b>The intern training programme – Programme components</b>  <b>3.1.9:</b> The training provider ensures there are procedures in place for structured handovers between clinical teams and between shifts (morning, evening, nights and weekends) to promote continuity of quality care. The training provider ensures that interns understand their role and responsibilities in handover.	
4	Taranaki must adhere to Council’s policy on obtaining informed consent.	<b>The intern training programme – Programme components</b>  <b>3.1.10:</b> The training provider ensures adherence to the Council’s policy on obtaining informed consent.	

5	Taranaki must ensure that interns, RMO Support Unit staff, prevocational educational and clinical supervisors are familiar with ePort and should ensure compliance with its use.	<p><b>The intern training programme – ePort</b></p> <p><b>3.2.1:</b> There is a system to ensure that each intern maintains their ePort as an adequate record of their learning and training experiences from their clinical attachments and other learning activities.</p>	Addressed (Aug 2022)
6	Taranaki must facilitate interns in PGY1 being able to attend at least two thirds of formal educational sessions.	<p><b>The intern training programme – Formal education programme</b></p> <p><b>3.3.2:</b> The intern training programme is structured so that interns in PGY1 can attend at least two thirds of formal educational sessions.</p>	
7	The formal education programme must provide content on Māori health and culture, and achieving health equity, including the relationship between culture and health.	<p><b>The intern training programme – Formal education programme</b></p> <p><b>3.3.4:</b> The formal education programme provides content on Māori health and culture, and achieving Māori health equity, including the relationship between culture and health.</p>	Addressed (March 2023)
8	A system of monitoring of intern progress and ensuring that beginning, mid and end of clinical attachment supervisor meetings must be put in place, using the functionality available in ePort.	<p><b>Monitoring and evaluation of the intern training programme</b></p> <p><b>5.1:</b> Processes and systems are in place to monitor the intern training programme with input from interns and supervisors.</p>	Addressed (March 2023)
9	A system to enable interns to provide anonymous feedback on prevocational educational supervisors and RMO Support Unit staff must be put in place.	<p><b>Monitoring and evaluation of the intern training programme</b></p> <p><b>5.4:</b> There are mechanisms in place that enable interns to provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training.</p>	Addressed (Aug 2022)
10	A systematic approach to evaluating intern feedback about clinical supervisors must be put in place to ensure it informs ongoing quality supervision. This process must be transparent and provide assurance to interns around anonymity.	<p><b>Monitoring and evaluation of the intern training programme</b></p> <p><b>5.5:</b> The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns.</p>	Addressed (Aug 2022)
11	Taranaki must formalise a process and/or documentation for allocating interns to various clinical attachments.	<p><b>Implementing the education and training framework – Establishing and allocating accredited clinical attachments</b></p> <p><b>6.1.3:</b> The process of allocation of interns to clinical attachments is transparent and fair.</p>	Addressed (Aug 2022)

12	Taranaki must ensure that interns are practising within a culturally safe environment.	<b>Implementing the education and training framework – Welfare and support</b>  <b>6.2.3:</b> The training provider ensures a culturally-safe environment.	Addressed (March 2023)
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*Updated March 2024*