Te Kaunihera Rata o Aotearoa

Medical Council of New Zealand

Prevocational medical training accreditation – report for: Health New Zealand | Te Whatu Ora Capital, Coast and Hutt Valley

Date of site visit: 11 and 12 June 2026

Date of report: 26 August 2026

Background

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) accredits training providers to provide prevocational medical education and training through the delivery of an intern training programme.

To be accredited, training providers must have:

- structures and systems in place to ensure interns have sufficient opportunity:
  - to attain the learning outcomes outlined in the 14 learning activities of the curriculum, and
  - to satisfactorily complete the requirements for prevocational medical training over the course of PGY1 and PGY2
- an integrated system of education, support and supervision for interns
- individual clinical attachments that meet Council's accreditation standards and provide a breadth of clinical experience and high-quality education and learning.

The standards for accreditation of training providers identify the fundamental elements that must exist in all accredited intern training programmes while allowing flexibility in the ways in which the training provider can demonstrate they meet the accreditation standards.

Prevocational medical training (the intern training programme) spans the two years following registration with Council and includes both postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2). Prevocational medical training must be completed by all graduates of Aotearoa New Zealand and Australian accredited medical schools and doctors who are registered in the provisional general scope of practice via the Examinations pathway (who have passed a recognised clinical examination). Doctors undertaking this training are referred to as interns.

The aim of the intern training programme is to ensure that interns further develop their clinical and professional skills. The intern training programme is based on adult learning principles and has at its core a personally developed professional development plan (PDP).

The training provider must be accredited for the purposes of providing prevocational medical training. The training provider must ensure that there are a variety of accredited clinical attachments that provide quality training, supervision and assessment that allows interns to gain a breadth of experience and to achieve the learning outcomes outlined in the 14 learning activities of the curriculum. Clinical attachments may only be accredited if they form part of the intern training programme provided by an accredited training provider. Clinical attachments take place in a variety of health care settings, including hospitals and community-based settings.

Training providers are accredited for the provision of education and training for interns (prevocational medical training) for a period of up to 4 years. However, progress and annual reports may be requested during this period.

More information is in Council's *Policy on the accreditation of prevocational medical training providers*.

The Medical Council of New Zealand's accreditation of Health New Zealand | Te Whatu Ora Capital, Coast and Hutt Valley

Name of training provider:	Health New Zealand | Te Whatu Ora Capital, Coast and Hutt Valley
Name of sites:	Wellington and Hutt Hospitals
Date of accreditation visit:	11 and 12 June 2026
Accreditation visit panel members:	Dr Ken Clark (Accreditation panel chair) Dr Michael Grant Dr Wayne de Beer Dr Olivia Ray Ms Ming-chun Wu Mr Chris Jenkinson
Date of previous accreditation visit:	24 and 25 March 2021 (Capital and Coast) 12 and 28 October 2020 (Hutt Valley)
Key staff the accreditation visit team met:	
Group Director of Operations:	Michelle Sutherland
Chief Medical Officer:	Andre Cromhout
Director of Clinical Training:	Christine Mouat
Prevocational Educational Supervisors:	Stephen Pool Chris Andersen Erik Andersen Sarah Sparks Andrew Horrigan Lance Buckthought Amit Reddy Catherine O'Sullivan Thomas Morgan Kimberly Horton Hamish McLaren
RMO unit manager:	Michelle Morgan
Māori health team	Kapua Quinn Atawhai Manuel
Key data about the training provider (as of 22/07/2026):	
Number of interns at training provider:	
Number of PGY1s: 54	Number of PGY2s: 45
Number of accredited clinical attachments:	99

Number of accredited community based attachments: 13

Section A – Executive summary

An accreditation panel of Te Kaunihera Rata o Aotearoa, Medical Council of New Zealand (Council) has assessed Capital, Coast and Hutt Valley's prevocational training programme against Council's 2025 *Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers*.

The accreditation panel expresses its thanks to Capital, Coast and Hutt Valley staff, including its senior management, interns, supervisors and administrators, for their preparation, and the information and data provided prior to and during, the accreditation visit. The panel was also grateful for the honest and thoughtful interactions during the visit.

There are many aspects of Capital, Coast and Hutt Valley's prevocational medical training programme which are performing well. Its staff demonstrate strong commitment to fulfil the district's role as a prevocational medical training provider. A major strength of Capital, Coast and Hutt Valley's training programme is the high level of attention to the welfare and support of interns. There is a clear commitment to ensuring interns receive leave of all kinds. Equally, it is commendable that there are strong relationships between prevocational educational supervisors and interns that have been fostered at the training sites, and this was reflected in feedback from the interns.

However, there is a need for Capital, Coast and Hutt Valley to address a number of deficiencies in its intern training programme. Capital, Coast and Hutt Valley will be required to formalise its strategic priorities within an appropriate strategic plan for ongoing support of high quality prevocational medical education and training. In addition, clinical governance and quality assurance processes are not sufficiently evident to ensure clear lines of responsibility and accountability for intern training. While Capital, Coast and Hutt Valley has access to considerable medical educational expertise, the panel recommends this expertise be more formally utilised in delivering the intern training programme.

The Council recognises the ongoing challenges on Capital, Coast and Hutt Valley relating to high demand for health services and issues in respect to available resource. The Council is also cognisant of the current circumstances relating to accountabilities and responsibilities for intern training, with evolving attribution of these – firstly at the local level with the evolving integration of services across Capital and Coast, and Hutt Valley (an ongoing progress, which will remain so for some time), and at regional and national levels. It is also noted that there has been significant turnover at senior management level over recent years.

Having acknowledged these challenges, it is clear that Capital, Coast and Hutt Valley does not possess adequate administrative resource to properly support its training programme to meet the education and training needs of its interns, or to meet the administrative needs of the director of clinical training, the prevocational educational supervisors, or the clinical supervisors. There is an absolute need for both resourcing, and considered provision of, sufficient administrative support for the intern training programme. The panel considers that a resourced and well structured medical education and training unit (METU) is essential to the underpinning of the district's programme.

While extra resources are expected to become available to Capital, Coast and Hutt Valley in the near future, they appear insufficient to address, in a sustainable way, the requirements for the programme.

There are vulnerabilities in the arrangements existing between Capital, Coast and Hutt Valley and Wairarapa. Capital, Coast and Hutt Valley will be required to develop a formal agreement with Wairarapa as to each district's roles and responsibilities in relation to prevocational training in the Wairarapa. The panel also identified risks to continuity in the prevocational educational supervisor–intern relationship across sites. Additionally, partnerships with Māori health providers require further development to support intern training and education.

Capital, Coast and Hutt Valley does not as yet ensure that all interns are able to complete a community based attachment (CBA) over the course of the two intern years, though encouraging progress is being made. Capital, Coast and Hutt Valley will need to cement this progress, continue to report on its challenges, and provide evidence of its strategies being implemented to address these challenges. The programme also needs clearer processes to ensure interns have supervised opportunities within clinical attachments to apply and develop hauora Māori knowledge, cultural safety and cultural competence in practice.

The accreditation panel noted that some aspects relating to the use of ePort were not functioning effectively. Regular and timely feedback is not always provided to interns and documented in ePort at the three key points of each clinical attachment. In addition clinical attachment allocation, and assignment of clinical supervisors to attachments, is not being undertaken as effectively and comprehensively as it should be. Capital, Coast and Hutt Valley will be required to ensure that accredited clinical attachments are current and accurately recorded in ePort.

Prevocational educational supervisors at Capital, Coast and Hutt Valley are engaged, diligent and committed to their work and their support of interns. Clinical supervisors strongly value the presence of interns in all services. However, oversight of the prevocational educational supervisors to effectively fulfil their obligations requires further development, and adequate administrative support for prevocational educational supervisors is not in place. The panel also noted a risk of cultural loading where support for Māori interns relies disproportionately on Māori staff.

Where clinical supervisors are concerned, there is a need to ensure and demonstrate that all supervisors are undertaking appropriate training within 12 months of appointment. There is also a requirement to ensure adequate clinical supervisor provision for interns in relief attachments.

Monitoring and evaluation systems are not sufficiently robust at Capital, Coast and Hutt Valley. Prevocational educational supervisors and clinical supervisors are not being provided with routine and regular feedback on their own performance. There are no clear mechanisms for collecting feedback from prevocational education supervisors and clinical supervisors to ensure that their experience, wisdom and consideration, can inform quality improvements in the intern training programme.

There are significant deficiencies in the formal education programme: PGY1 teaching exists but has variable relevance and poor attendance for some topics, while there is no PGY2-specific education programme. Issues identified include achievement of two thirds of interns attending, structured teaching options, content relevant to intern self care and peer support, and variable standard of content.

Finally, orientation of interns at the start of each clinical attachment is variable across the district and requires attention.

The Council intends this report to assist and provide guidance to Capital, Coast and Hutt Valley in its ongoing endeavours to provide high quality education and training for the interns spending the first two years of their medical careers in the district.

Summary of findings

Overall, Capital, Coast and Hutt Valley has met nine of the 21 sets of Council's 2025 *Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers.*

23* required actions were identified, along with ten recommendations and four commendations.

Standard		2026 findings	Required actions
1 – Strategic priorities		Not met	2
2 – Organisational and operational structures	2.1 The context of intern training	Not met	4
	2.2 Educational expertise	Met	
	2.3 Relationships to support medical education	Substantially met	
3 – The intern training programme	3.1 Programme components	Substantially met	7
	3.2 ePort	Met	
	3.3 Formal education programme	Not met	
	3.4 Orientation	Substantially met	
	3.5 Flexible training	Met	
4 – Assessment and supervision	4.1 Process and systems	Met	7*
	4.2 Supervision – prevocational educational supervisors	Not met	
	4.3 Supervision – clinical supervisors	Not met	
	4.4 Feedback and assessment	Substantially met	
	4.5 Advisory panel to recommend registration in the General scope of practice	Substantially met	
	4.6 End of PGY2 – removal of endorsement on practising certificate	Met	
5 – Monitoring and evaluation of the intern training programme		Not met	3
6 – Implementing the education and training framework	6.1 Establishing and allocating accredited clinical attachments	Substantially met	1
	6.2 Welfare and support	Met	
	6.3 Communication with interns	Met	
	6.4 Resolution of training problems and disputes	Met	
7 - Facilities		Met	0

** One required action links to more than one set of standards*

Required actions

Required action	Standard
1. Capital, Coast and Hutt Valley must develop and articulate a clear strategic plan for the ongoing support and development of high-quality prevocational medical training and education.	**Strategic priorities** **1.2:** The training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education.
2. Capital, Coast and Hutt Valley must implement clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training.	**Strategic priorities** **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.
3. Capital, Coast and Hutt Valley must provide sufficient administrative support for the intern training programme.	**Organisational and operational structures – The context of intern training** **2.1.1:** The training provider demonstrates that it has the mechanisms and appropriate resources to plan, develop, implement, and review the intern training programme.
4. Capital, Coast and Hutt Valley must ensure that its administrative support structure clearly defines the roles and responsibilities needed for the intern training programme.	**Organisational and operational structures – The context of intern training** **2.1.3:** There are effective organisational and operational structures to manage interns.
5. Capital, Coast and Hutt Valley must develop a formal agreement with Wairarapa that sets out each district's roles and responsibilities for prevocational training at Wairarapa.	**Organisational and operational structures – Relationships to support medical 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.
6. Capital, Coast and Hutt Valley must establish effective partnerships with Māori health providers that support intern training and education.	**Organisational and operational structures – Relationships to support medical education** **2.3.3:** The training provider has effective partnerships with Māori health providers to support intern training and education.

7. Capital, Coast and Hutt Valley must ensure that interns receive supervision and opportunities to: • enhance their skills, understanding and knowledge of hauora Māori • develop their cultural safety and cultural competence • deliver patient care in a culturally-safe manner.	**The intern training programme – Programme components** **3.1.5 -** The training provider has processes that ensure that interns receive the supervision and opportunities to: • enhance their skills, understanding and knowledge of hauora Māori • develop their cultural safety and cultural competence • deliver patient care in a culturally-safe manner.
8. Capital, Coast and Hutt Valley must ensure, working collaboratively with Wairarapa, that interns across the Wellington region complete at least one community-based attachment over the course of the two intern years.	**The intern training programme – Programme components** **3.1.6:** The training provider, in discussion with the intern and the prevocational educational supervisor, must ensure that over the course of the two intern years each intern completes at least one community-based attachment.
9. Capital, Coast and Hutt Valley must review the content of the formal education programme to ensure it meets the developmental and knowledge needs of interns.	**The intern training programme – Formal education programme** **3.3.1:** The intern training programme includes a formal education programme that supports interns to achieve the learning outcomes outlined in the 14 learning activities that are not generally available through the completion of clinical attachments.
10. Capital, Coast and Hutt Valley must ensure barriers to attending formal teaching sessions are minimised, including for interns on a community-based attachment placement.	**The intern training programme – Formal education programme** **3.3.2:** The intern training programme ensures that interns can attend at least two thirds of formal education sessions, by structuring the formal education sessions so that barriers to attendance are minimised.
11. Capital, Coast and Hutt Valley must ensure that all PGY2 doctors have opportunity to attend structured education sessions.	**The intern training programme – Formal education programme** **3.3.3:** The training provider ensures that all PGY2s attend structured education sessions.
12. Capital, Coast and Hutt Valley must (outside the initial orientation programme) provide interns with sessions to help develop skills in self-care and peer support, including time management, and identifying and managing stress and burnout.	**The intern training programme – Formal education programme** **3.3.5:** The training provider ensures the formal education programme provides opportunity for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out.

13. Capital, Coast and Hutt Valley must provide orientation at the start of each attachment, ensuring familiarity with key staff, systems, policies, and processes relevant to that clinical attachment.	**The intern training programme – Orientation** **3.4.2:** Orientation is provided at the start of each clinical attachment, ensuring familiarity with key staff, systems, policies, and processes relevant to that clinical attachment.
14. Capital, Coast and Hutt Valley must, working collaboratively with Wairarapa, develop an educational supervisory model that promotes the continuity of the PES-intern relationship.	**Assessment and supervision – Supervision – Prevocational educational supervisors** **4.2.1:** The training provider has an appropriate ratio of prevocational educational supervisors in place to oversee the training and education of interns in both PGY1 and PGY2. **Assessment and supervision - Advisory panel to recommend registration in the General scope of practice** **4.5.1:** The training provider has established advisory panels to consider progress of each intern at the end of the PGY1 year that comprise: • a CMO or delegate (who will chair the panel) • the intern's prevocational educational supervisor • a second prevocational educational supervisor • a layperson.
15. Capital, Coast and Hutt Valley must formalise and document a process for director of clinical training oversight of prevocational educational supervisors, that includes: • onboarding for new prevocational educational supervisors • regular review of support needs • documented feedback between the director of clinical training and prevocational educational supervisors.	**Assessment and supervision – Supervision – Prevocational educational supervisors** **4.2.3:** There is oversight of the prevocational educational supervisors by the CMO (or delegate) to ensure that they are effectively fulfilling the obligations of their role.
16. Capital, Coast and Hutt Valley must provide appropriate administrative support to the director of clinical training and prevocational educational supervisors so they can carry out their roles effectively.	**Assessment and supervision – Supervision – Prevocational educational supervisors** **4.2.4:** Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.
17. Capital, Coast and Hutt Valley must ensure that clinical supervisors undertake relevant training and assessment within 12 months of appointment as a clinical supervisor.	**Assessment and supervision – Supervision – Clinical supervisors** **4.3.3:** Clinical supervisors undertake relevant training in supervision and assessment as soon as practicable after beginning their supervisory role. This must be within 12 months of appointment as a clinical supervisor.

18. Capital, Coast and Hutt Valley must ensure that there are enough clinical supervisors for relief attachments, and that there is a clear process for allocation of interns to relief clinical supervisors.	**Assessment and supervision – Supervision – Clinical supervisors** **4.3.4:** The training provider maintains a small group of clinical supervisors for relief clinical attachments.
19. Capital, Coast and Hutt Valley must ensure that formal feedback is provided to interns midway through the attachment and documented in ePort in a timely manner.	**Assessment and supervision – Feedback and assessment** **4.4.1:** Systems are in place to ensure that regular, formal feedback is provided to interns and documented in ePort on their performance within each clinical attachment, including end of clinical attachment assessments. This should also cover the intern's progress in completing the goals in their PDP and the intern's self-reflections against the 14 learning activities.
20. Capital, Coast and Hutt Valley must establish a system to monitor the intern training programme that allows feedback from interns and supervisors to be utilised in quality improvement strategies.	**Monitoring and evaluation of the training programme** **5.1:** 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 quality improvement strategies for the intern training programme.
21. Capital, Coast and Hutt Valley must extend and embed its mechanisms to enable interns to provide anonymous feedback about: • their educational experience on each clinical attachment • prevocational educational supervisors, RMO unit staff, and others involved in intern training.	**Monitoring and evaluation of the training programme** **5.2:** There are mechanisms in place that enable interns to provide anonymous feedback about their educational experience on each clinical attachment. **5.4:** There are mechanisms in place that enable interns to provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training.
22. Capital, Coast and Hutt Valley must routinely evaluate supervisor effectiveness taking into account feedback from interns.	**Monitoring and evaluation of the training programme** **5.5:** The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns.

23. Capital, Coast and Hutt Valley must ensure there are processes and mechanisms in place to ensure the currency of accredited clinical attachments in ePort.	**Implementing the education and training framework – Establishing and allocating accredited clinical attachments** **6.1.1:** Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.

Section B – Overall outcome of the accreditation assessment

In August 2026, Te Rōpū Mātauranga | The Education Committee of Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) considered this report and resolved that:

- the overall outcome of the assessment for accreditation of Health New Zealand | Te Whatu Ora Capital, Coast and Hutt Valley is **'substantially met'** and
- Health New Zealand | Te Whatu Ora Capital, Coast and Hutt Valley is accredited for a period of two years, until **31 August 2028**, subject to the following conditions:
  - Capital, Coast and Hutt Valley must provide progress reports that satisfy the Council that its required actions have been addressed, by the dates specified by the Council
  - Capital, Coast and Hutt Valley must provide annual reports for the period of its accreditation
- following consideration of Capital, Coast and Hutt Valley's first annual and progress report, the Committee will decide whether to grant Capital, Coast and Hutt Valley a further two years' accreditation, require an enhanced monitoring process to inform a further accreditation decision, or require a full accreditation assessment.

Section C – Accreditation standards

1 Strategic priorities

1	Strategic priorities
1.1	High standards of medical practice, education, and training are key strategic priorities for the training provider.
1.2	The training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education.
1.3	The training provider's strategic plan addresses Māori health and health equity.
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 four years.

1. Strategic priorities

	Met	Substantially met	Not met
Rating			**X**

Commentary:

Capital, Coast and Hutt Valley is operating as a newly merged entity, which remains an evolutionary process bridging two previously independent districts (Capital and Coast DHB, and Hutt Valley DHB).

In the 2021 accreditation cycle, Hutt Valley DHB successfully met all strategic priority standards, underpinned by a dedicated Medical Training Strategy and high engagement from its chief medical officer. Conversely, Capital and Coast DHB's overarching strategy did not specifically identify medical education and training as a priority. The panel observed that the combined Capital, Coast and Hutt Valley has regressed in this area with the absence of a strategic plan for prevocational medical training and a lack of system level development and quality assurance processes in place. Capital, Coast and Hutt Valley leadership candidly acknowledged that medical education and training are not explicitly embedded in the current strategic plan.

Capital, Coast and Hutt Valley has documentation in place regarding Māori health and health equity. However, the practical embedding of this strategy requires attention; the Māori development arm has seen substantial reductions in recent years. Encouragingly, a business case for a pou tikanga (cultural leader) has recently been approved, which, if it will contribute to prevocational medical training, would be a welcome demonstration of a strategic commitment to this important area.

Current clinical governance and quality assurance arrangements do not yet provide sufficiently clear, formalised lines of responsibility and accountability for intern training. While interns do report to clinical supervisors, who in turn report to prevocational educational supervisors and the director of clinical training, the formal structures for managing struggling interns and incorporating human resources lack consistency. The absence of quality assurance process for intern training is further outlined in Section 5 of this report.

PGY1 intern representation in governance is robust, though PGY2 involvement is less well developed; PGY2 representatives were not in place at the time of the visit. Interns are actively involved in governance meetings and meet with senior leadership across both the Wellington and Hutt sites.

Required actions:

1. Capital, Coast and Hutt Valley must develop and articulate a clear strategic plan for the ongoing support and development of high-quality prevocational medical training and education (standard 1.2).
2. Capital, Coast and Hutt Valley must implement clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training (standard 1.4).

2 Organisational and operational structures

2.1 The context of intern training

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

2.1.2 The chief medical officer (CMO) or their delegate (for example a Clinical Director of Training) has executive accountability for meeting prevocational education and training standards and for the quality of training and education.

2.1.3 There are effective organisational and operational structures to manage interns.

2.1.4 There are clear procedures to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training.

2.1 The context of intern training

	Met	Substantially met	Not met
Rating			**X**

Commentary:

Capital, Coast and Hutt Valley undertakes planning, development, implementation and review of its intern training programme. It does this through a collaborative approach involving the director of clinical training, prevocational educational supervisors, clinical supervisors, the Education Committee and the RMO unit. However, organisational and operational structures within Capital, Coast and Hutt Valley are frequently reliant on discretionary effort from clinical staff.

While the programme continues to operate, the strong reliance on prevocational educational supervisors and the director of clinical training to undertake administrative and coordination tasks means the programme is vulnerable and faces significant sustainability challenges. These limitations are well recognised within the organisation, including documentation on the organisation's risk register. While extra resources are to become available in the very near future, they appear insufficient to address, in a sustainable way, the requirements for the programme.

The panel found that Capital, Coast and Hutt Valley lacks adequate administrative resource to properly support its training programme to meet the education and training needs of its interns, or to support the Director of Clinical Training, prevocational educational supervisors, or clinical supervisors. There is a clear need for both resourcing, and considered provision of, sufficient administrative support for the intern training programme.

A significant observation from the visit was the absence of a medical education and training unit (METU). Consequently, the education programme is heavily reliant on the prevocational educational supervisors, leading to reports of burnout and administrative overload among these supervisors. Establishing a properly resourced METU has been identified by local clinical leadership as a primary priority to ensure the ongoing development of learning and education.

The panel agrees that a resourced and well-structured METU is essential to the underpinning of the district's programme. Within such a unit there should be clear definition of required roles and the responsibilities assigned to each of these.

Executive accountability for prevocational education and training rests with the chief medical officer. However, day-to-day responsibility and delegation for oversight of the programme sits with the director of clinical training. This arrangement appears effective, particularly at Wellington Hospital; the director of clinical training works in close liaison with the prevocational educational supervisors, the clinical supervisors and all other staff involved in training. The arrangement is less defined at Hutt Hospital, but efforts have been made to strengthen the formality of arrangements at Hutt.

While organisational and operational structures are in place to manage interns the resourcing of these is insufficient to allow for a robust and sustainable system. Nevertheless, there are, however, clear accountability lines and escalation processes to ensure that concerns are considered at the appropriate levels.

There are clear procedures to notify Council of significant changes in Capital, Coast and Hutt Valley's health service or its intern training programme. Substantive changes to the programme are identified through the clinical governance processes and are reviewed and approved at the appropriate level. Thereafter, any changes that have significant effect on intern training are communicated to the Council in accordance with standardised procedures.

Required actions:

3. Capital, Coast and Hutt Valley must provide sufficient administrative support for the intern training programme (standard 2.1.1).
4. Capital, Coast and Hutt Valley must ensure that its administrative support structure clearly defines the roles and responsibilities needed for the intern training programme (standard 2.1.3).

2.2 Educational expertise

2.2.1 The training provider demonstrates that the intern training programme is underpinned by sound medical educational principles.

2.2.2 The training provider has appropriate medical educational expertise to deliver the intern training programme.

2.2 Educational expertise

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

The intern training programme is aligned to the Council's 14 learning activities. There is particular emphasis on higher order competencies, with the programme underpinned by principles of adult learning, including experiential learning, reflective practice and progressive responsibility within supervised clinical environments. Educational delivery is based on a blended model, including clinical apprenticeship, bedside teaching and case-based discussions, and a structured formal teaching programme. Curriculum mapping is used to ensure that the formal teaching programme covers the breadth of the learning activities required of interns. It is also of note that a revitalised Education Committee is now in place, and its functions include review of curriculum structure, considering regional priorities and planning ongoing improvement of the training programme.

As one of the campuses for the University of Otago's undergraduate medical programme, Capital, Coast and Hutt Valley has access to considerable medical educational expertise. In addition, Capital, Coast and Hutt Valley has a strong profile in vocational training programmes with relationships with many vocational colleges. However, the panel noted that this expertise does not appear to be specifically resourced and committed to the intern training programme; rather, there is a dependence on a large proportion of prevocational educational supervisors and clinical supervisors frequently holding multiple roles and appointments with these other training structures.

Recommendations:

- Capital, Coast and Hutt Valley should more formally utilise local medical educational expertise in delivering the intern training programme.

2.3 Relationships to support medical education

2.3.1 There are effective working relationships with external organisations involved in training and education.

2.3.2 The training provider coordinates the local delivery of the intern training programme or collaborates in such coordination when it is part of a network programme.

2.3.3 The training provider has effective partnerships with Māori health providers to support intern training and education.

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

Commentary:

Capital, Coast and Hutt Valley maintains a wide range of established and collaborative relationships with external organisations involved in medical training and education. This includes collaboration with organisations where community-based attachments (CBA) are based to ensure opportunities in community and primary care environments. Capital, Coast and Hutt Valley also maintains close relationships with the University of Otago (Wellington), the Royal New Zealand College of General Practitioners, and with a broad range of other vocational medical colleges.

Capital, Coast and Hutt Valley makes extensive efforts to coordinate the local delivery of the training programme. The panel noted that the RMO steering group provides governance and planning across Wellington, Hutt Valley, Kenepuru and Wairarapa, however, while it does collaborate in coordination as a part of this network programme, there are persisting vulnerabilities in the arrangements existing between Capital, Coast and Hutt Valley, and Wairarapa. This is reflected in issues within the intern training programme at Wairarapa which are dependent on the outreach services from Capital, Coast and Hutt Valley.

Capital, Coast and Hutt Valley exhibits commitment to embedding cultural safety, equity and te Tiriti o Waitangi obligations within intern training and education, however its relationships with Māori health providers require ongoing attention and development. The programme does include a quarterly cultural training programme including a full-day marae-based component, and Capital, Coast and Hutt Valley is developing community-based attachments with services that care for significant Māori populations. There is though, further need to strengthen partnerships with Māori health providers, particularly as part of the ongoing expansion of CBAs.

Required actions:

5. Capital, Coast and Hutt Valley must develop a formal agreement with Health New Zealand | Te Whatu Ora Wairarapa that sets out each district's roles and responsibilities for prevocational training at Wairarapa (standard 2.3.2).
6. Capital, Coast and Hutt Valley must establish effective partnerships with Māori health providers that support intern training and education (standard 2.3.3).

3 The intern training programme

3.1 Programme components

3.1.1 The intern training programme is structured to support interns to attain the learning outcomes outlined in the 14 learning activities of the curriculum.

3.1.2 The intern training programme requires the satisfactory completion of eight accredited clinical attachments, which in aggregate provide a broad-based experience of medical practice.

3.1.4 The training provider selects suitable clinical attachments for training based on the experiences that interns can expect to achieve, including the:

- workload for the intern and the clinical unit
- complexity of the given clinical setting
- mix of training experiences across the selected clinical attachments and how they are combined to support achievement of the goals of the intern training programme.

3.1.5 The training provider has processes that ensure that interns receive the supervision and opportunities to:

- enhance their skills, understanding and knowledge of hauora Māori
- develop their cultural safety and cultural competence, and
- deliver patient care in a culturally-safe manner.

3.1.6 The training provider, in discussion with the intern and the prevocational educational supervisor, must ensure that over the course of the two intern years each intern completes at least one community-based attachment.

3.1.7 Interns are not rostered on nights during the first six weeks of PGY1.

3.1.8 The training provider has a process to ensure that interns working on nights are appropriately supported. Protocols are in place that clearly detail how the intern may access assistance and guidance on contacting senior medical staff.

3.1.9 The training provider ensures there are procedures in place for structured handovers between clinical teams and between shifts (morning, evening, nights and weekends) to promote continuity of quality care. The training provider ensures that interns understand their role and responsibilities in handover.

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

3.1 Programme components

	Met	Substantially met	Not met
Rating		**X**	

Commentary:

Interns complete eight accredited clinical attachments providing clinical experiences across the range of clinical areas. These include at least one medical and one surgical attachment during PGY1 and PGY2, which form the foundation for achieving most of the required learning outcomes.

It was noted, however, that Hutt Valley has a limited range of attachments outside of medicine and surgery, likely reflecting the size of the hospital.

Although the wider programme provided opportunities for interns to learn about hauora Māori, interns reported difficulty applying and further developing these largely university-acquired skills in clinical practice. This objective was more readily achieved at Wellington and less so at Hutt hospital. Interns reported that hauora Māori was not consistently discussed at the bedside or embedded in everyday clinical care. Interns had ready access to the Māori health team and used this service when cultural needs were identified. However, the educational programme had limited emphasis on equity, diversity, and health outcomes. Teaching on cultural safety was provided during orientation and occasionally during the teaching programme, but intern attendance for sessions that were not focused on medical management was poor.

Although improvements have been made since the previous accreditation visit, the Capital, Coast and Hutt Valley intern training programme has not yet met Council requirements for participation in and completion of community-based attachments (CBAs). The Council's statistics show a 76% achievement rate in 2025-26 for the wider Wellington region (which includes Wairarapa). Compounding this, information about CBAs and their associated learning opportunities are not clearly explained to interns. As a result, many interns the panel met with did not appear to understand the purpose of CBAs or their role in intern training, and some remained ambivalent about their value.

Most interns are not rostered on night duty during their first six months. The exception to this are interns who have completed a general medicine attachment in their first quarter – they may participate in night duty from quarter 2 onwards.

Interns confirmed that they were well supported during after-hours duties and that lines of clinical support were clearly defined. An after-hours registrar (or trainee) and a senior medical officer (SMO) are available to provide support and were considered generally accessible and helpful.

Interns reported that handovers occurred reliably overall. While some units used more structured processes than others, and night-to-morning handovers were sometimes less emphasised, interns considered that safe processes were in place for handing over and receiving patient information.

Interns obtain informed consent for activities and procedures within their competence, including prescribing, phlebotomy, radiological imaging, and minor procedures in which they had participated or with which they were familiar. Consent for contrast imaging was developed through an apprenticeship model, with interns initially supported and supervised by more senior medical staff. Interns understood which investigations, procedures, and interventions were appropriate for them to consent to, and reported that refusals to obtain consent outside their scope were accepted and not challenged. Senior medical officers (SMOs) confirmed this expectation and supported interns in declining consent requests that were outside their level of experience or competence.

Recommendation:

- Capital, Coast and Hutt Valley should review its processes to ensure that interns receive the supervision and opportunities to:
  - ensure opportunities within clinical attachments to apply and develop hauora Māori knowledge in practice
  - develop their cultural safety and cultural competence, and
  - deliver patient care in a culturally-safe manner.

Required action:

7. Capital, Coast and Hutt Valley must ensure that interns receive supervision and opportunities to:
   - enhance their skills, understanding and knowledge of hauora Māori
   - develop their cultural safety and cultural competence
   - deliver patient care in a culturally-safe manner (standard 3.1.5).
8. Capital, Coast and Hutt Valley must ensure, working collaboratively with Wairarapa, that interns across the Wellington region complete at least one community-based attachment over the course of the two intern years (standard 3.1.6).

3.2 ePort

3.2.1 There is a system to ensure that each intern maintains their ePort as an adequate record of their learning and training experiences from their clinical attachments and other learning activities.

3.2.2 There is a system to ensure that each intern maintains a PDP in ePort that identifies their goals and learning objectives which are informed by the learning activities, mid and end of clinical attachment assessments, personal interests and vocational aspirations.

3.2.3 There are mechanisms to ensure that the clinical supervisor and the prevocational educational supervisor regularly review the goals in the intern's PDP with the intern.

3.2.4 The training provider facilitates training for PGY1s on goal setting in the PDP within the first month of the intern training programme.

3.2 ePort

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

The RMO Unit oversees and responds to ePort matters. Administrative support is available for both centres and is based at the Wellington Hospital RMO Unit.

The prevocational educational supervisors' group is actively engaged in using ePort and meets with interns three times during each attachment. These meetings focus on identifying learning needs, supporting professional development plan (PDP) development, and discussing strengths and areas for further development.

Issues relating to the timeliness of feedback recorded in ePort are further outlined in standard 4.4 of this report. Issues relating to the currency and allocation of accredited clinical attachments are discussed under standard 6.1.

Capital, Coast and Hutt Valley arranges goal setting in the PDP within the first month of the intern training programme.

3.3 Formal education programme

3.3.1 The intern training programme includes a formal education programme that supports interns to achieve the learning outcomes outlined in the 14 learning activities that are not generally available through the completion of clinical attachments.

3.3.2 The intern training programme ensures that interns can attend at least two thirds of formal education sessions, by structuring the formal education sessions so that barriers to attendance are minimised.

3.3.3 The training provider ensures that all PGY2s attend structured education sessions.

3.3.4 The formal education programme provides content on hauora Māori and tikanga Māori, and Māori health equity, including the relationship between culture and health.

3.3.5 The training provider ensures the formal education programme provides opportunity for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out.

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

3.3 Formal education programme

	Met	Substantially met	Not met
Rating			**X**

Commentary:

The formal education programme occurs twice weekly, with regional and site-specific teaching respectively, each lasting one hour. The two hospital sites alternate hosting the teaching sessions. However, the quality of the formal education programme was viewed inconsistently by interns and supervisors, with both groups commenting on poor topic relevance at times.

Attendance at PGY1 teaching is poor, with interns generally preferring to attend clinically focused sessions, as opposed to other important topics such as professionalism, cultural safety and wellbeing sessions. Interns based at CBAs did not attend teaching with their peers and were reliant on local in-house teaching.

There is no PGY2 specific education programme available.

Capital, Coast and Hutt Valley demonstrates commitment to embedding cultural safety, equity and Te Tiriti o Waitangi obligations within intern education. The self-assessment reports that a formal Māori health and cultural safety education programme has been developed in collaboration with the University of Otago and integrated into the intern curriculum.

The formal education programme includes six education sessions focused on cultural safety, tikanga Māori and Te Tiriti o Waitangi, as well as a quarterly cultural training programme that includes a full-day marae-based component. These initiatives provide a structured foundation for interns' learning in hauora Māori and cultural safety and contribute to their understanding of the relationship between culture and health.

Notwithstanding these strengths, the review team found limited evidence of a consistent emphasis on Māori health equity, equity-focused health outcomes, and the practical application of hauora Māori concepts across the wider educational programme. Intern and supervisor feedback also suggested that the relevance and quality of teaching sessions varied, and attendance at sessions focused on professionalism, wellbeing and cultural safety was often poor. As a result, the impact of these educational initiatives on intern learning and practice was not always evident.

Prevocational educational supervisors typically design and organise the PGY1 education programme, and this responsibility was undertaken by different prevocational educational supervisors with varying levels of effectiveness. The work is time-consuming, and some prevocational educational supervisors reported being unable to sustain all aspects of the role because of limited administrative support and workload pressures.

Intern input into programme content and design appeared limited. The programme also lacked a clearly articulated rationale, such as aligning teaching topics with preparation for after-hours and night duties.

Interns received theoretical training in self-care and peer support during PGY1 orientation, including time management and recognising stress and burnout. This teaching was not expanded upon or followed up at either PGY1 or PGY2 teaching.

There are some opportunities for additional work-based teaching, with regular simulation sessions available at Wellington Hospital, largely because of the efforts of a motivated prevocational educational supervisor. Access to structured simulation training is more limited at Hutt Valley Hospital.

Recommendation:

- Capital, Coast and Hutt Valley should maintain, enhance and report back on the implementation of the formal Māori health and cultural safety education programme developed with the University of Otago.

Required actions:

9. Capital, Coast and Hutt Valley must review the content of the formal education programme to ensure it meets the developmental and knowledge needs of interns (standards 3.3.1).
10. Capital, Coast and Hutt Valley must ensure barriers to attending formal teaching sessions are minimised, including for interns on a community-based attachment placement (standard 3.3.2).
11. Capital, Coast and Hutt Valley must ensure that all PGY2 doctors have opportunity to attend structured education sessions (standard 3.3.3).
12. Capital, Coast and Hutt Valley must (outside the initial orientation programme) provide interns with sessions to help develop skills in self-care and peer support, including time management, and identifying and managing stress and burnout (standard 3.3.5).

3.4 Orientation

3.4.1 An orientation programme is provided for interns beginning employment at the start of the intern year and for interns beginning employment part way through the year, to ensure familiarity with the training provider policies and processes relevant to their practice and the intern training programme.

3.4.2 Orientation is provided at the start of each clinical attachment, ensuring familiarity with key staff, systems, policies, and processes relevant to that clinical attachment.

3.4 Orientation

	Met	Substantially met	Not met
Rating		**X**	

Commentary:

Interns attended an orientation programme at the start of the intern year. The RMO units at both training sites provide orientation programs that are considered suitable and relevant by interns.

Although the overall orientation is well regarded, unit or service orientation is inconsistent. In many cases, this relied only on a verbal handover from the outgoing intern at the end of the attachment, rather than any formal orientation or documentation provided detailing systems and processes for the clinical attachment.

Required action:

13. Capital, Coast and Hutt Valley must provide orientation at the start of each attachment, ensuring familiarity with key staff, systems, policies, and processes relevant to that clinical attachment (standard 3.4.2).

3.5 Flexible training

3.5.1 Procedures are in place and followed, to guide and support supervisors and interns in the implementation and review of flexible training arrangements.

3.5 Flexible training

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

Interns have access to flexible training arrangements, and an appropriate process for managing these is in place. Currently, there is limited interest and uptake.

4 Assessment and supervision

4.1 Process and systems

4.1.1 There are systems in place to ensure that all interns and those involved in prevocational training understand the requirements of the intern training programme.

4.1 Process and systems

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

The week-long formal orientation to Capital, Coast and Hutt Valley outlines the requirements of the intern training programme for new interns. This is subsequently reinforced by prevocational educational supervisors at the first prevocational educational supervisor/intern meeting.

The Council's online *Prevocational Medical Training Intern Guide* is also made available as a resource and shared with individual interns when needed.

Staff involved in prevocational training are informed of their roles and responsibilities through clinical attachment descriptions, clinical supervisor guidance, and regular communication between prevocational educational supervisors, the director of clinical training and the education committee. Clinical supervisors are provided with a description of their responsibilities through a copy of the Council's *Clinical Supervisors' Guide.*

4.2 Supervision – Prevocational educational supervisors

4.2.1 The training provider has an appropriate ratio of prevocational educational supervisors in place to oversee the training and education of interns in both PGY1 and PGY2.

4.2.2 Prevocational educational supervisors attend an annual prevocational educational supervisor meeting conducted by Council.

4.2.3 There is oversight of the prevocational educational supervisors by the CMO (or delegate) to ensure that they are effectively fulfilling the obligations of their role.

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

4.2 Supervision – Prevocational educational supervisors

	Met	Substantially met	Not met
Rating			**X**

Commentary:

Capital, Coast and Hutt Valley has an engaged and committed group of prevocational educational supervisors who provide strong support to interns. The number of prevocational educational supervisors is sufficient to provide coverage for interns across the wider Wellington region. However, the distribution of interns across supervisors is not always even.

The uneven distribution reflects a range of factors, including leave arrangements and staff turnover. Responsibility for supporting Māori interns had, until recently, been concentrated with one prevocational educational supervisor, and the allocation has at times exceeded Council's recommended 1:10 supervisor-to-intern ratio.

The panel also noted an uneven distribution of doctors registered via the Council's examinations pathway across prevocational educational supervisors, with one supervisor responsible for a significant proportion of this group. These interns may have additional support needs as they adjust to practising in Aotearoa New Zealand. Supervisors with higher support loads reported increased demands on their time and limited access to administrative support.

Capital, Coast and Hutt Valley, together with Wairarapa, allocates interns to prevocational educational supervisors primarily on the basis of location. Because the wider Wellington region includes four hospital sites, including Kenepuru, interns may move to a site different from that of their original prevocational educational supervisor. When this occurs, a prevocational educational supervisor at the receiving site assumes responsibility for the intern; if the intern returns to the original site, responsibility generally returns to the previous prevocational educational supervisor. There is no routine handover process between prevocational educational supervisors across sites unless an intern has been identified as requiring additional support. This creates a risk to the continuity of the prevocational educational supervisor–intern relationship.

All prevocational educational supervisors attend and participate in Council's annual prevocational educational supervisor meetings.

The chief medical officer has delegated oversight of prevocational educational supervisors to the director of clinical training. However, the panel found that the structures supporting this oversight are not sufficiently formalised. There is no clear onboarding process for new prevocational educational supervisors, no routine process to review whether supervisors feel adequately supported in the role, and no documented feedback process between the director of clinical training and prevocational educational supervisors. Current onboarding relies largely on informal support from colleagues and Council's online guidance.

Administrative support for prevocational educational supervisors is insufficient to enable them to carry out their roles effectively. The panel observed that the director of clinical training and prevocational educational supervisors spend significant time undertaking administrative and coordination tasks to keep the intern training programme functioning. This work extends beyond the expected scope of these roles and reduces the time available for supervisors to provide pastoral care, education and guidance to interns.

Required actions:

14. Capital, Coast and Hutt Valley must, working collaboratively with Wairarapa, develop an educational supervisory model that promotes the continuity of the PES-intern relationship (standard 4.2.1).
15. Capital, Coast and Hutt Valley must formalise and document a process for director of clinical training oversight of prevocational educational supervisors, that includes:
    - onboarding for new prevocational educational supervisors
    - regular review of support needs
    - documented feedback between the director of clinical training and prevocational educational supervisors (standard 4.2.3).
16. Capital, Coast and Hutt Valley must provide appropriate administrative support to the director of clinical training and prevocational educational supervisors so they can carry out their roles effectively (standard 4.2.4).

4.3 Supervision – Clinical supervisors

4.3.1 Mechanisms are in place to ensure clinical supervisors have the appropriate competencies, skills, knowledge, authority, time and resources to meet the requirements of their role.

4.3.2 Interns are clinically supervised at a level appropriate to their experience and responsibilities.

4.3.3 Clinical supervisors undertake relevant training in supervision and assessment as soon as practicable after beginning their supervisory role. This must be within 12 months of appointment as a clinical supervisor.

4.3.4 The training provider maintains a small group of clinical supervisors for relief clinical attachments.

4.3.5 All staff involved in intern training have access to professional development activities to support their teaching and educational practice and the quality of the intern training programme.

4.3 Supervision – Clinical supervisors			
	Met	Substantially met	Not met
Rating			**X**

Commentary:

Vocationally registered clinicians provide clinical supervision for interns at Capital, Coast and Hutt Valley. The clinical supervisors that the panel met with were all engaged and motivated to be a part of the intern training programme, with a shared commitment to supporting intern development.

The interns are clinically supervised at a level appropriate to their experience and responsibilities.

Most clinical supervisors had undergone training and assessment as part of their own vocational pathway. However, there was no clearly documented process of the required training occurring within a practicable timeframe for the supervision and assessment of interns.

The panel identified a risk that the small number of relief clinical supervisors may be insufficient to provide effective supervision for the relatively large number of interns undertaking relief attachments. The onus for finding a clinical supervisor for an intern on a relief attachment fell directly upon the intern, and the process appeared insufficiently formalised and inconsistently applied.

There was a lack of documented and focused professional development activities for staff involved with teaching and educating interns. Those under a vocational scope may have access to such activities, but staff in the cultural space (such as the Māori health team) and doctors who supervise interns daily, but who are not at a consultant level, may not. Day-to-day supervision can be delegated to staff other than the clinical supervisor, but the development of teaching and educational skills may not be as accessible to them. Other services in the hospital, such as the Māori health team, also had no documented professional development activities with a focus on interaction with interns in an educational capacity.

Commendation:

- Capital, Coast and Hutt Valley is commended for the commitment that clinical supervisors show in teaching and supporting its interns.

Recommendation:

- Capital, Coast and Hutt Valley should explore ways that all staff involved in intern training can have access to professional development activities to support their teaching and educational practice and the quality of the intern training programme.

Required actions:

17. Capital, Coast and Hutt Valley must ensure that clinical supervisors undertake relevant training in supervision and assessment within 12 months of appointment as a clinical supervisor (standard 4.3.3).
18. Capital, Coast and Hutt Valley must ensure that there are enough clinical supervisors for relief attachments, and that there is a clear process for allocation of interns to relief clinical supervisors (standard 4.3.4).

4.4 Feedback and assessment

4.4.1 Systems are in place to ensure that regular, formal feedback is provided to interns and documented in ePort on their performance within each clinical attachment, including end of clinical attachment assessments. This should also cover the intern's progress in completing the goals in their PDP and the intern's self-reflections against the 14 learning activities.

4.4.2 There are processes to identify interns who are not performing at the required standard of competence. These ensure that the clinical supervisor discusses concerns with the intern, the prevocational educational supervisor, and that the CMO (or delegate) is advised when

appropriate. A remediation plan must be developed, documented, and implemented with a focus on supporting the intern and patient safety.

4.4.3 There are processes in place to ensure prevocational educational supervisors inform Council in a timely manner of interns not performing at the required standard of competence.

4.4 Feedback and assessment

	Met	Substantially met	Not met
Rating		**X**	

Commentary:

Capital, Coast and Hutt Valley has clear systems in place ensuring that interns receive regular and formal feedback that is recorded on ePort by both clinical supervisors and prevocational educational supervisors to track progress whilst on clinical attachments. Interns and clinical supervisors complete beginning and end-of-attachment meetings in a timely manner over 85% of the time. However, ePort data from quarter 1, 2026 shows that mid-attachment meetings were recorded as completed on time in only 55% of cases. The panel considers this a concern, as missed mid-attachment meetings reduce opportunities for interns to receive timely formal feedback and address areas for development before the end of the clinical attachment.

There is a process to deal with interns identified as being in difficulty. The escalation pathway from clinical supervisor to prevocational educational supervisors to the director of clinical training was clear and documented. A tailored plan is formulated to help support the intern, with the view of progressing through the clinical attachment. This can include regular prevocational educational supervisor meetings, increased clinical supervisor support and a 'buddy' system where an appropriate intern could be linked with the intern in difficulty.

The panel noted that some clinical supervisors were unclear about the prevocational educational supervisor's role when supporting interns in difficulty. This reinforces the need for the Director of Clinical Training to have sufficient time and flexibility to support clinical supervisors' understanding of escalation and support processes. The panel also noted the specific needs of doctors registered via the Council's examinations pathway, who may require additional support as they adjust to practising in a different health system and cultural context. As the numbers of doctors registered via this pathway increase, clinical supervisors—particularly those supervising CBAs where interns may be more isolated from prevocational educational supervisor support—should be clear about the prevocational educational supervisor role and how to access support early when concerns arise.

Capital, Coast and Hutt Valley has a clear process where the Council is made aware of interns not performing at the required standard of competence.

Commendation:

- Capital, Coast and Hutt Valley is commended for its high rates of beginning and end of attachment meeting assessments between clinical supervisors and interns.

Recommendation:

- Capital, Coast and Hutt Valley should provide education to clinical supervisors about the role of the prevocational educational supervisors, particularly with respect to struggling interns.

Required action

19. Capital, Coast and Hutt Valley must ensure that formal feedback is provided to interns midway through the attachment and documented in ePort in a timely manner (standard 4.4.1).

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

4.5.1 The training provider has established advisory panels to consider progress of each intern at the end of the PGY1 year that comprise:

- a CMO or delegate (who will chair the panel)
- the intern's prevocational educational supervisor
- a second prevocational educational supervisor

- a layperson.

4.5.2 The panel follows Council's *Advisory Panel Guide & ePort guide for Advisory Panel members*.

4.5.3 There is a process in place to monitor that each eligible PGY1 is considered by an advisory panel.

4.5.4 There is a process in place to monitor that all interns who are eligible to apply for registration in the General scope of practice have applied in ePort.

4.5.5 The advisory panel bases its recommendation for registration in the General scope of practice on whether the intern has:

- satisfactorily completed four accredited clinical attachments
- substantively attained the learning outcomes outlined in the 14 learning activities of the curriculum
- developed an acceptable PDP for PGY2, to be completed during PGY2
- achieved advanced cardiac life support (ACLS) certification at the standard of the New Zealand Resuscitation Council CORE Advanced less than 12 months old.

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

	Met	Substantially met	Not met
Rating		**X**	

Commentary:

Capital, Coast and Hutt Valley hold advisory panels to consider progression of PGY1s to general registration after four completed clinical attachments.

The panel noted that as Capital, Coast and Hutt Valley has a large number of interns, multiple panels are needed to consider their progression. The director of clinical training plays a significant role in ensuring this process operates effectively despite its complexity. However, the reliance on a single individual presents a sustainability risk.

The current structure of prevocational educational supervisor and intern allocations in the greater Wellington region can result in situations where the allocated prevocational educational supervisor is not available to present the intern for sign-off. There have also been instances where a prevocational educational supervisor is the primary PES for an intern despite only having supervised them for three months, particularly when the intern has changed sites and prevocational educational supervisors in the quarter prior to the panel meeting.

Recommendation:

- Capital, Coast and Hutt Valley should, in collaboration with Wairarapa, review the process of prevocational educational supervisor membership on advisory panels to ensure that the presenting prevocational educational supervisor at the advisory panel has adequate knowledge of the intern's practice.

Required action

See required action 14

4.6 End of PGY2 – removal of endorsement on practising certificate

4.6.1 There is a monitoring mechanism in place to ensure that all eligible PGY2s have applied to have the endorsement removed from their practising certificates.

4.6.2 There is a monitoring mechanism in place to ensure that prevocational educational supervisors have reviewed the progress of interns who have applied to have their endorsement removed.

4.6 End of PGY2 – removal of endorsement on practising certificate

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

The director of clinical training has a central role in ensuring that all eligible PGY2s have applied to have the endorsement removed from their practising certificates, with some input from the RMO unit.

The prevocational educational supervisors have a monitoring system to review the progress of PGY2s who have applied to have their endorsement removed, however it is relatively informal.

Recommendation:

- Capital, Coast and Hutt Valley should formalise its process to ensure that PESs review interns' progress who have applied to have their endorsement removed.

5 Monitoring and evaluation of the intern training programme

5	Monitoring and evaluation of the intern training programme
5.1	Processes and systems are in place to monitor the intern training programme with input from interns and supervisors.
5.2	There are mechanisms in place that enable interns to provide anonymous feedback about their educational experience on each clinical attachment.
5.3	There are mechanisms that allow feedback from interns and supervisors to be incorporated into quality improvement strategies for the intern training programme.
5.4	There are mechanisms in place that enable interns to provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training.
5.5	The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns.
5.6	There is a process to address any matters raised by Council in relation to training, including those arising from accreditation visits.
5.7	The training provider reports to Council annually against these standards to advise on significant changes to its intern training programme.

5. Monitoring and evaluation of the intern training programme			
	Met	Substantially met	Not met
Rating			**X**

Commentary:

Formal and proactive systems to monitor the intern training programme with input from interns and supervisors are underdeveloped. Staff involved in monitoring the training programme universally expressed the need and desire to strengthen this area of Capital, Coast and Hutt Valley's intern training programme, though identified resourcing constraints as a limiting factor. The current system is not sufficiently robust for an organisation of this size, operating across multiple hospitals, community settings, and with responsibilities extending to Wairarapa.

Capital, Coast and Hutt Valley's formal monitoring is overseen through its quarterly intern training meetings, supplemented by a range of informal channels.

While some clinical supervisors and prevocational educational supervisors ask interns for feedback, typically during the end of clinical attachment meetings, this appeared piecemeal; as the panel heard of instances where these meetings were rushed and would not provide an opportunity for genuine feedback. The system is dependent on those who attend meetings, which does not effectively manage the key risk the panel heard throughout, that of a stretched workforce.

PGY1 interns are represented on the intern governance structures through representatives, whose input is actively sought at the meetings. The representatives have mechanisms to obtain feedback from their peers. PGY2 representatives were not in place at the time of the accreditation visit.

An anonymous end of clinical attachment survey was reintroduced at Wellington Hospital in the first quarter of 2026, after a period of absence. This had a low response rate, and interns appeared unaware of this survey. There is no equivalent survey across Capital, Coast and Hutt Valley's other two sites.

The panel heard of several examples of how feedback from interns and supervisors had led to important improvements in the intern training programme, such as supervision arrangements for specific clinical attachments, and changes to enable interns to attend formal teaching sessions. However, the lack of a systematic approach to monitoring and evaluation, meant that this is opportunistic rather than evidence of a quality improvement mechanism.

There is no mechanism to obtain anonymous feedback from interns on prevocational educational supervisors, the RMO unit staff or others (such as the director of clinical training) involved in intern training. While a survey has previously been developed, it is outdated.

There is also no routine evaluation of prevocational educational supervisor or clinical supervisor effectiveness that takes into account feedback from interns. The system appears reactive, as it is based around the management of issues as they arise.

Capital, Coast and Hutt Valley has a process to address matters raised by the Council in relation to training, though it is noted that Capital, Coast and Hutt Valley has not yet met the Council's requirement for all interns to complete community-based attachments. This highlights that this process is not yet fully effective.

Capital, Coast and Hutt Valley reports to the Council annually, and as required, on its prevocational medical training. Notably, more thorough reports have been provided in light of the merger of the Capital and Coast, and Hutt Valley, districts.

Required actions:

20. Capital, Coast and Hutt Valley must establish a system to monitor the intern training programme that allows feedback from interns and supervisors to be utilised in quality improvement strategies (standards 5.1 and 5.3).
21. Capital, Coast and Hutt Valley must extend and embed its mechanisms to enable interns to provide anonymous feedback about:
    - their educational experience on each clinical attachment
    - prevocational educational supervisors, RMO unit staff, and others involved in intern training (standards 5.2 and 5.4).
22. Capital, Coast and Hutt Valley must routinely evaluate prevocational educational supervisor and clinical supervisor effectiveness, taking into account feedback from interns (standard 5.5).

6 Implementing the education and training framework

6.1 Establishing and allocating accredited clinical attachments

6.1.1	Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.
6.1.2	The training provider has processes for establishing new clinical attachments.
6.1.3	The process of allocation of interns to clinical attachments is transparent and fair.
6.1.4	The training provider has a system to ensure that interns' preferences for clinical attachments are considered, taking into account the 14 learning activities and the intern's individual PDP goals in the context of available positions.

6.1 Establishing and allocating accredited clinical attachments

	Met	Substantially met	Not met
Rating		**X**	

Commentary:

Currently, there is no scheduled comprehensive review of accredited attachments, due to resource constraints, with reviews occurring if concerns are raised regarding a clinical attachment. There is variation between departments on whether formal feedback from interns on accredited attachments is gathered. Interns largely rely on providing feedback to their clinical supervisors and prevocational education supervisors, about the quality of the clinical attachments, if they feel comfortable doing so.

There is a process in place for establishing new clinical attachments, with the director of clinical training spearheading this, ensuring the clinical attachment aligns with Council requirements, giving careful consideration to learning opportunities, workload and appropriate supervision.

The clinical attachment allocation process is managed by the prevocational educational supervisors and director of clinical training, with interns providing their preferences via a survey, which are then considered by the allocation panel. Interns reported that they were well informed about the process. There is no administrative role that takes on the responsibility of allocations; rather this responsibility is shared by the prevocational educational supervisors and director of clinical training, which contributes to their already high workload.

Required action:

23. Capital, Coast and Hutt Valley must ensure there are processes and mechanisms in place to ensure the currency of clinical attachments (standard 6.1.1).

6.2 Welfare and support

6.2.1	The duties, rostering, working hours and supervision of interns are consistent with the delivery of high-quality training and safe patient care.
6.2.2	The training provider ensures a safe working and training environment, which is free from bullying, discrimination, and sexual harassment.
6.2.3	The training provider ensures a culturally safe environment.
6.2.4	Interns have access to personal counselling, and career advice. These services are publicised to interns and their supervisors.
6.2.5	The procedure for accessing appropriate professional development leave is published, fair and practical.
6.2.6	The training provider actively encourages interns to maintain their own health and welfare and to register with a general practitioner.
6.2.7	Applications for annual leave are dealt with fairly and transparently.
6.2.8	The training provider recognises that Māori interns may have additional cultural obligations and has flexible processes to enable those obligations to be met.

6.2 Welfare and support

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

A pre-formulated template is used to create intern rosters, and working hours are calculated in accordance with employment agreement requirements. Interns receive appropriate supervision, including on afterhours shifts, that ensures safe patient care. Interns and supervisors both reported a positive culture around the process of taking informed consent, with clear boundaries in place.

The panel observed a supportive and collegial working and training environment. Overall, there is little evidence of workplace bullying and interns generally reported positive experiences during their training with the Capital, Coast and Hutt Valley. Pathways for reporting inappropriate workplace behaviour are outlined in a code of conduct and a bullying, harassment and discrimination policy.

The 'Speak Up' resource on the staff intranet is not frequently utilised, due to the longer process required of submitting a report of concern through this mechanism, however there is a clear process of escalating issues with clinical supervisors which is both understood and well-utilised by interns.

The informal teaching sessions provided for PGY1s include teaching sessions on hauora Māori and cultural safety. An off-site educational one-day course on cultural competency is organised for interns during their CBA. Triangulated data from staff interviews, intern surveys and the self-assessment point to Capital, Coast and Hutt Valley fostering a culturally safe environment.

However, there appears to be significant reliance on clinical staff members who identify as Māori to provide support to interns, which risks cultural loading.

Interns have access to the Employee Assistance Programme (EAP) and receive career advice from discussions with their prevocational educational supervisors. Interns are also encouraged to register with a general practitioner.

There is a clear process for accessing appropriate annual and professional development leave. Interns reported excellent access to leave, with the RMO unit endeavouring to accommodate leave requests, and offering alternatives if required, as well as accommodating cultural obligations.

Commendations:

- Capital, Coast and Hutt Valley is commended for the strong prevocational educational supervisor and intern relationships that have been fostered, which contributes to the positive wellbeing of its interns.
- Capital Coast and Hutt Valley is commended on its commitment to ensuring interns are able to take leave.

Recommendation:

- Capital, Coast and Hutt Valley should review how cultural support for interns is provided to ensure responsibility does not fall disproportionately on Māori staff.

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:

The use of online applications and shared documents, such as SharePoint and MedApp, as well as email communication, are key methods through which Capital, Coast and Hutt Valley conveys information with

interns. Interns report that they receive clear communication about the training programme, and are well informed of their training requirements, such as ePort.

6.4 Resolution of training problems and disputes

6.4.1 There are processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality.

6.4.2 There are clear and impartial pathways for timely resolution of training-related disputes.

6.4 Resolution of training problems and disputes

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

There is a clear process in place for interns to escalate issues with training supervision and requirements. Interns clearly understand who to seek support from, often escalating issues first with either their clinical supervisor or prevocational educational supervisor. The strong relationship between interns and prevocational educational supervisors supports clear communication of workplace issues, which are promptly investigated and addressed. However, there is an absence of closed loop communication following resolution. The Torohia survey results reflect that intern concerns are well addressed by their prevocational educational supervisors.

Issues are typically resolved at a local level with service leadership. Staff work collaboratively to effectively resolve problems or make accommodations to support an intern's training requirements.

Recommendation:

- Capital, Coast and Hutt Valley should review its process to ensure that there is feedback provided to interns regarding resolution of disputes.

7 Facilities

7 Facilities			
7.1 Interns have access to appropriate educational resources, facilities and infrastructure to support their training.			
7. Facilities			
	Met	Substantially met	Not met
Rating	**X**		
Commentary:			

Capital, Coast and Hutt Valley provides access to comprehensive medical libraries, electronic resources, and simulation centres. There is some variability in the quality of facilities between locations, but the delivery of simulation teaching (such as the sessions run by ICU registrars) continues to be highlighted by interns as high-quality educational resources.

Interns and supervisors consistently identified challenges with IT infrastructure following the merger of the two districts. While the panel acknowledged the significance of these concerns, they appeared to relate to staff members' ability to manage their clinical duties effectively rather than to meet training programme requirements and are therefore outside the scope of this accreditation assessment.

Additionally, physical infrastructure poses some challenges. Leadership noted that some buildings are old and do not meet current earthquake standards.

Recommendation:

- Capital, Coast and Hutt Valley should review its current IT infrastructure and hardware availability (including ward computers) to ensure interns and supervisors are able to effectively manage clinical duties.