Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

Prevocational medical training accreditation – report for:
Health New Zealand | Te Whatu Ora Wairarapa

Date of site visit: 11 and 12 May 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 Wairarapa

Name of training provider:	Health New Zealand | Te Whatu Ora Wairarapa
Name of sites:	Wairarapa Hospital
Date of accreditation visit:	11 and 12 May 2026
Accreditation visit panel members:	Dr Suzanne Busch (Accreditation panel chair) Dr Steve Hudson Dr Hena Dugh Prof Ron Paterson Mr Chris Jenkinson
Date of previous accreditation visit:	17 and 18 October 2019
Key staff the accreditation visit team met:	
Group Director of Operations:	Mr Kieran McCann
Chief Medical Officer:	Dr Steven Earnshaw
Director of Clinical Training:	Associate Professor Sarah Rennie
Prevocational educational supervisors:	Dr Robert Sahakian Dr Ken Nip Dr Clare French Dr Timothy Matthews
RMO unit staff:	Kate Heberley Gemma Askew Mandy McKendrick
Māori health team:	Janeen Cross Dannii Sargent Chakani Hemi Emma Carruthers
Key data about the training provider (as of 28 February 2026):	
Number of interns at training provider:	
Number of PGY1s: 2	Number of PGY2s: 13
Number of accredited clinical attachments:	12
Number of accredited community-based attachments:	1

Section A – Executive summary

An accreditation panel of Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) has assessed Te Whatu Ora | Health New Zealand – Wairarapa against the Council's 2025 *Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers*.

The accreditation panel is grateful to the senior leadership team of Wairarapa, the Director of Clinical Training (DCT), the prevocational educational supervisors (PESs), clinical supervisors, administration staff, the Hauora Māori team, and the interns for their preparation for and participation with the accreditation process. We appreciated the active engagement with the panel throughout the visit.

The accreditation panel acknowledges the current workforce shortages across many healthcare roles and that the structural and governance changes within the health service are significantly affecting prevocational training across the country. The accreditation panel acknowledges the contribution of staff involved in intern training during these challenging times. It is also noted that it has been more than 6 years since Wairarapa's last accreditation visit.

Wairarapa is a secondary care hospital providing services to a community of approximately 50,000 people. Approximately 18% of the population are Māori. The hospital offers interns a broad experience and close work with consultants, as it has very few registrars.

Wairarapa operates as part of the Wellington region network with Health New Zealand | Te Whatu Ora – Capital, Coast and Hutt Valley (Capital, Coast and Hutt Valley). Wairarapa and Capital, Coast and Hutt Valley work collaboratively although the relationship is not yet consistently defined. There is no formal agreement outlining the roles and responsibilities of each party in relation to prevocational training. Interns are assigned by Capital, Coast and Hutt Valley to Wairarapa's clinical attachments from the Wellington region pool of interns. Interns may rotate to Wairarapa hospital for one or more attachments during their prevocational years. Wairarapa's DCT attends the regional RMO governance meetings and the ACE selection process but is not involved with the allocation of interns to Wairarapa. This creates several challenges relating to components of the intern training programme, prevocational supervision, advisory panel sign off, and allocation of attachments taking specific intern needs into account. Wairarapa provides one community-based attachment opportunity, which contributes in part to the numbers of CBAs provided by the Wellington region. There are limited options in Wairarapa due to limited appropriate services available for CBAs.

Wairarapa staff strive to provide high-quality prevocational training. Since the last accreditation visit, several positive changes have occurred in Wairarapa. A DCT has been appointed, who has valuable education experience and a strong commitment to excellence in prevocational medical training. There have been positive changes throughout the intern training programme, appreciated by those involved. Support for interns has improved with a senior doctor present in the emergency department overnight; however, the role and duty of care for supporting interns managing HDU patients or issues outside the emergency department need to be clearly defined.

Interns are represented on Wairarapa's Medical Education Committee, and there are regular meetings where interns can discuss any concerns with the CMO directly. Interns are surveyed about issues and there are examples of intern feedback informing change across the programme. Wairarapa acknowledged there are challenges with survey uptake from interns, many of whom only pass through the hospital briefly.

Formal teaching is provided in three settings; Capital, Coast and Hutt Valley's PGY1 teaching is available online; interns attend clinical society meetings and present cases; and Wairarapa provides a local formal teaching programme focused on issues relevant to a rural hospital setting. The formal education

programme does not include regular teaching on tikanga Māori, hauora Māori, or Māori health equity, although some teaching does occur in clinical society meetings.

The Māori health team plays a vital role in intern orientation and supporting interns when working with patients and whānau. Wairarapa's relationships with external Māori health providers are not effectively used to support intern training.

Clinical supervision issues have arisen in the orthopaedic department due to loss of permanent staff. The department relies on visiting surgeons from Wellington, so the attachment no longer provides adequate supervision for prevocational interns. Additionally, issues have occurred with a few SMOs not responding appropriately when called after hours for support with HDU patients. Wairarapa was candid in acknowledging these issues and is continuing to work to address them.

Wairarapa has regular structured handover processes, including weekday morning departmental handovers and Friday afternoon to weekend handovers, although these are delivered differently across departments. There is clear adherence to Council's statement on obtaining informed consent. Wairarapa runs an appropriate general orientation programme every quarter for interns transferring in. There is a lack of orientation documentation for each department, which needs to be developed.

PESs, who are highly motivated, have a small number of interns they are responsible for and have an excellent relationship with the DCT and CMO. There are challenges with prevocational supervision because of the transitory nature of interns passing through Wairarapa. PES-to-PES handovers do not routinely occur, and interns miss out on potential continuity of pastoral care.

Responsibility for interns' understanding of ePort and Council registration requirements is shared with Capital, Coast and Hutt Valley; Wairarapa provides local reminders and PES support. Due to the logistics of arranging advisory panel meetings, there are challenges with having representation from an intern's primary PES.

Further improvements are needed in monitoring intern experience, including specific survey questions on bullying, discrimination, harassment and cultural safety, and in reviewing high-workload attachments and dispute escalation pathways.

Wairarapa demonstrates a commitment to support intern welfare, acknowledging that interns have often travelled away from social supports to work there. Interns were highly appreciative of the hands-on experience of working in Wairarapa. Interns considered the broad range of experiences and senior support very valuable, as they progress to vocational training.

Summary of findings

Overall, Wairarapa has met eight of the 21 sets of Council's 2022 *Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers.* 12 were rated substantially met, and one was rated not met.

15* required actions were identified, along with eight recommendations and nine commendations.

Standard		**2026 findings**	**Required actions**
1 – Strategic priorities		Substantially met	1
2 – Organisational and operational structures	2.1 The context of intern training	Substantially met	2
	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	5
	3.2 ePort	Met	
	3.3 Formal education programme	Substantially met	
	3.4 Orientation	Substantially met	
	3.5 Flexible training	Met	
4 – Assessment and supervision	4.1 Process and systems	Met	6
	4.2 Supervision – prevocational educational supervisors	Substantially Met	
	4.3 Supervision – clinical supervisors	Substantially met	
	4.4 Feedback and assessment	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	Not met	
5 – Monitoring and evaluation of the intern training programme		Substantially met	1
6 – Implementing the education and training framework	6.1 Establishing and allocating accredited clinical attachments	Substantially met	3*
	6.2 Welfare and support	Substantially met	
	6.3 Communication with interns	Met	
	6.4 Resolution of training problems and disputes	Met	
7 - Facilities		Met	0

** Three required actions link to more than one set of standards*

Required actions

Required action	Standard
1. Wairarapa must formally approve its strategic plan for ongoing development and support of high-quality prevocational medical training and education, which addresses and integrates Māori health and health equity.	**Strategic priorities** **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.
2. Wairarapa must develop a formal agreement with Capital, Coast and Hutt Valley which sets out each district's roles and responsibilities for prevocational training at Wairarapa.	**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. **Implementing the education and training framework – Establishing and allocating accredited clinical attachments** **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.
3. Wairarapa must establish partnerships with external Māori health providers that support intern training and education.	**Organisational and operational structures – Relationships to support prevocational training** **2.3.3:** The training provider has effective partnerships with Māori health providers to support intern training and education.
4. Wairarapa must ensure, working collaboratively with Capital, Coast and Hutt Valley, 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.
5. Wairarapa must establish appropriate supervision and support for interns working in HDU out of hours, including formalising its protocols that detail how the intern may access assistance and guidance on contacting senior medical staff at night.	**The intern training programme – Programme components** **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.

Required action	Standard
6. Wairarapa must develop a system to track intern attendance at formal education sessions, and ensure that interns can attend at least two-thirds of formal education sessions.	**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. **3.3.3:** The training provider ensures that all PGY2s attend structured education sessions.
7. Wairarapa must ensure the formal education programme provides content on hauora Māori and tikanga Māori, and Māori health equity, including the relationship between culture and health.	**The intern training programme – Formal education programme** **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.
8. Wairarapa must ensure there is orientation documentation for each clinical attachment that ensures 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.
9. Wairarapa must, working collaboratively with Capital, Coast and Hutt Valley, 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.
10. Wairarapa must ensure that all its prevocational educational supervisors attend an annual prevocational educational supervisor meeting conducted by the Council.	**Assessment and supervision – Supervision – Prevocational educational supervisors** **4.2.2:** Prevocational educational supervisors attend an annual prevocational educational supervisor meeting conducted by Council.
11. Wairarapa must establish appropriate clinical supervision for interns in its orthopaedic clinical attachment.	**Assessment and supervision – Supervision – Clinical supervisors** **4.3.2:** Interns are clinically supervised at a level appropriate to their experience and responsibilities. **Implementing the education and training framework – 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.

Required action	Standard
12. Wairarapa must establish a system to include input from the intern's previous PESs in its advisory panels.	**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.
13. Wairarapa must establish a process to monitor that: • all interns who are eligible to apply for registration in the General scope of practice have applied in ePort • all eligible PGY2s have applied to have the endorsement removed from their practising certificates.	**Assessment and supervision – Advisory panel to recommend registration in the General scope of practice** **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. **Assessment and supervision – 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.
14. Wairarapa must establish a monitoring mechanism to ensure that prevocational educational supervisors have reviewed the progress of interns who have applied to have their endorsement removed.	**Assessment and supervision – End of PGY2 – removal of endorsement on practising certificate** **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.
15. Wairarapa must ensure that the anonymous survey at the end of each quarter asks interns questions about: • bullying, harassment or discrimination • perceptions about a culturally safe environment.	**Monitoring and evaluation of the intern training programme** **5.2:** There are mechanisms in place that enable interns to provide anonymous feedback about their educational experience on each clinical attachment. **Implementing the education and training framework – Welfare and support** **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.

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 Wairarapa is **'substantially met'** and
- Health New Zealand | Te Whatu Ora Wairarapa is accredited for a period of four years, until **31 August 2030**, subject to the following conditions:
  - Wairarapa must provide progress reports that satisfy the Council that its required actions have been addressed, by the dates specified by the Council
  - Wairarapa must provide annual reports for the period of its accreditation.

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:

Comments:

Wairarapa's commitment to high-quality prevocational education and training is evident in its strategic plan for prevocational education and in its appointment of a highly committed director of clinical training (DCT) with a PhD in surgical education. All parties at Wairarapa confirmed Wairarapa's aim to deliver a high standard of training and education for interns.

Wairarapa has a draft strategic plan with an overarching purpose to develop clinically competent, culturally safe, resilient doctors who can deliver care in a rural, equity-focused health system, and who see Wairarapa as a place to train, belong and stay. The plan seeks to position Wairarapa as a place where interns learn safely, practice equity meaningfully, and feel supported and choose to build their careers. The strategic plan is still in draft and needs to be formally approved.

Wairarapa's strategic plan addresses Māori health and health equity by recognising equity, Te Tiriti and cultural safety as a core clinical capability stream in the prevocational training framework.

Appropriate clinical governance and quality assurance processes are in place, to ensure accountability for the quality of intern training. Interns meet regularly with their prevocational educational supervisors (PESs). Any concerns are escalated to the DCT, with a focus on resolution and remediation, if necessary.

The interns contribute to the governance of intern training at Wairarapa by having an intern representative on the Medical Education Committee. The intern representatives can raise issues from the intern cohort and provide feedback to them. Interns are also invited to the monthly RMO local engagement group, attended by the DCT, PES representative and RMO unit staff.

Wairarapa engages in the Council's regular accreditation cycle and fulfils the reporting requirements between accreditation visits.

Commendation:

- Wairarapa is commended for the quality of its intern submission in 2025, and for the support of its leadership in enabling this.

Required action:

1. Wairarapa must formally approve its strategic plan for ongoing development and support of high-quality prevocational medical training and education, which addresses and integrates Māori health and health equity (standard 1.2 and 1.3).

2 Organisational and operational structures

2.1 The context of intern training

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

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

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

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

2.1 The context of intern training

	Met	Substantially met	Not met
Rating		**X**	

Commentary:

Comments:

Wairarapa's intern training programme is mostly undertaken by interns who are rotating across hospitals in the Wellington region. Most interns undertake a single attachment in Wairarapa, although some undertake additional attachments. This provides interns in this region exposure to both urban and rural settings. Wairarapa delivers the core components of the intern training programme including providing clinical attachments, supervision and a teaching programme. It is sufficiently resourced to do so, with a dedicated director of clinical training (DCT) role at 0.1 FTE, a RMO unit and several prevocational educational supervisors.

Further involving the Māori health team at Wairarapa in prevocational medical training, beyond orientation of interns and support on the wards, would support Wairarapa's achievement of statements in its strategic plan.

Given the nature of Wairarapa's intern training programme, it is structurally dependent on Capital, Coast and Hutt Valley. This is not, however, set out in an agreement between the two districts. Planning and issue resolution rely on personal relationships. This has implications for the delivery of intern training at Wairarapa across several dimensions including prevocational supervision, advisory panel sign off, and allocation of attachments taking into account specific intern needs. These are discussed further in later sections.

The CMO has delegated accountability to the DCT for meeting the accreditation standards, and the quality of intern training. The CMO remains appropriately involved and the CMO and DCT have an effective working relationship to lead prevocational medical training.

In areas where Wairarapa is solely responsible, there are generally effective organisational and operational structures to manage interns, through Wairarapa's DCT, PESs, its RMO unit and other administrative staff involved. Shortcomings in this area are typically a consequence of the structural dependency on Capital, Coast and Hutt Valley. With a high dependency on locums, its RMO unit is heavily focused on rostering. This results in other administration tasks not occurring such as monitoring attendance of teaching, and compliance with eport requirements. Wairarapa is encouraged to consider how its RMO unit balances meeting service demands with support for intern training and education.

Wairarapa appropriately notifies the Council of any changes that may affect intern training.

Recommendations:

- Wairarapa should increase the involvement of its Māori health team in prevocational medical training.
- Wairarapa should consider how to balance the service demands on its RMO unit with support for the provision of intern training and education.

Required action:

2. Wairarapa must develop a formal agreement with Capital, Coast and Hutt Valley which sets out each district's roles and responsibilities for prevocational training at Wairarapa (standards 2.1.1 and 6.1.4).

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:

Comments:

Wairarapa's training programme sets out that it follows ten appropriate medical educational principles, including adult experiential learning and progressive responsibility, a commitment to cultural safety and equity, and a culture of quality improvement. The panel found that the training programme is generally underpinned by these principles. Wairarapa has further work to strengthen how cultural safety and equity are embedded in the programme, discussed elsewhere in this report.

Wairarapa has appropriate medical educational expertise to deliver the intern training programme, as exemplified by its highly qualified and experienced DCT, with other staff, both PESs and clinical supervisors, also having relevant expertise.

2.3 Relationships to support medical education

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

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

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

2.3 Relationships to support medical education

	Met	Substantially met	Not met
Rating		**X**	

Commentary:

Comments:

Wairarapa has relationships with relevant organisations including the University of Otago, a general practice which provides an accredited community-based attachment, and speciality colleges.

While Wairarapa's Māori health unit has close relationships with external iwi providers, who have been involved in the orientation of interns on the NZREX primary care pathway, the benefit of these partnerships to intern training and education is yet to be realised.

Required action:

3. Wairarapa must establish partnerships with external Māori health providers that support intern training and education (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:

Comments:

Wairarapa's intern training programme consists of clinical attachments, including community-based attachments, the formal education programme, supervisor meetings, multisource feedback and ePort reflections. The 14 learning activities in the curriculum for intern training are well covered in this training programme.

While many of the interns' eight clinical attachments will be completed in the wider region and not Wairarapa, there are a variety of attachments in Wairarapa. Each of these contributes to interns receiving a broad-based experience of medical practice.

Wairarapa's clinical attachments have an appropriate workload, although paediatrics and obstetrics and gynaecology are recognised as busier than other attachments. The complexity of the clinical settings is appropriate for the interns. As Wairarapa is a small hospital, interns work directly with consultants and, with consultant oversight and support, undertake some tasks at registrar level. Some intern tasks are higher level than those generally expected of interns in metropolitan centres. These include managing high dependency unit patients at night or leading a medical emergency team call response after hours.

Wairarapa provides education on hauora Māori, cultural safety and culturally safe patient care. The Māori health unit runs a session at the quarterly orientation and provides monthly Māori health peer review sessions, for discussion and mentorship regarding interactions with Māori patients. Additionally, a member of the unit is present on the wards each morning to connect with Māori patients. This provides interns with a valuable resource for developing cultural competence.

There is a general practice community-based attachment (CBA) in Wairarapa. Wairarapa is part of a network with Capital, Coast and Hutt Valley, where interns rotate between attachments at both prevocational training providers. The allocation of interns to clinical attachments is made by Capital, Coast and Hutt Valley. Given the allocation of interns is not within the control of Wairarapa, it is not able to demonstrate it is meeting this standard.

Wairarapa's interns are not rostered on nights in the first six months of PGY1.

Interns work nights alongside another intern and a senior doctor, who is based in the emergency department. This arrangement is a new development since the last accreditation visit and the establishment of these new positions is commended. Interns expressed some concerns with the level of supervision and support received in the HDU out of hours, particularly when they first start work in Wairarapa and especially if this is during their first year. The senior doctor is based in the emergency department and, despite its proximity to HDU, it appears they are not tasked with responsibility for the HDU or the rest of the hospital. While the interns can turn to this person for assistance and advice, the duty of care is not clearly defined.

Interns need clearly detailed protocols on how to access assistance and guidance on contacting senior medical staff. The "hospital at night" document is in draft and appears to provide a useful basis to provide this information.

Wairarapa has structured handovers regularly each weekday morning, and less formal ones for other shift changes. Each department performs these differently, but they are thorough and led by senior staff. Additionally, a handover is held on Friday afternoon for the incoming weekend staff.

Interns obtain informed consent for CT contrast and the administration of blood products. They are not expected to obtain other consent. Wairarapa adheres to Council's policy on obtaining informed consent.

Commendation:

- Wairarapa is commended for its support for interns working after hours in the emergency department, through the provision of on-site support from a senior doctor.

Required actions:

4. Wairarapa must ensure, working collaboratively with Capital, Coast and Hutt Valley, 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).
5. Wairarapa must establish appropriate supervision and support for interns working in HDU out of hours, including formalising its protocols that detail how the intern may access assistance and guidance on contacting senior medical staff at night (standard 3.1.8).

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:

Comments:

Wairarapa has a system to remind interns about their ePort obligations including the DCT's introductory email, and PESs and clinical supervisors discussing the obligations at their regular meetings with interns. PESs also discuss interns' personal interests, vocational aspirations, goals and learning objectives at these meetings.

Capital, Coast and Hutt Valley arrange goal setting in the PDP within the first month of the intern training programme, as Wairarapa has not historically had interns starting out their prevocational training at Wairarapa. However, NZREX doctors do now come to Wairarapa as part of the primary care pathway and these doctors will need training on goal setting 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:

Comments:

Wairarapa has a formal education programme that supports the learning in the clinical attachments. This consists of Tuesday lunchtime teaching which is a virtual learning programme hosted by Capital, Coast and Hutt Valley, and Wednesday lunchtime in-house teaching run by SMOs from Wairarapa. Interns can influence which topics are taught, by discussion with the DCT and PESs. Every fourth in-house session is a governance meeting where interns meet with the CMO, DCT and PESs. Additionally, there is a fortnightly clinical society meeting which is a hospital-wide grand round style presentation.

Wairarapa has made efforts to protect this teaching time by placing signs on the wards to advise staff that intern teaching is protected time. Additionally, interns are given the opportunity to leave their phones in a basket at the nursing station to not be interrupted during teaching.

Attendance at the PGY1s' virtual teaching on Tuesday and the in-person teaching for all interns on Wednesday is not recorded. Wairarapa is therefore unable to demonstrate that interns attend two-thirds of sessions. Similarly, Wairarapa cannot demonstrate that PGY2s attend structured education sessions.

The formal education programmes (either from Capital, Coast and Hutt Valley, or from Wairarapa) do not provide content on hauora Māori, tikanga Māori and Māori health equity, although a presentation was done by the Hauora Māori team at the clinical society meeting.

Wairarapa's formal education programme includes information for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out. This is covered in a dedicated session and use of the wellbeing index app in formal teaching.

Additional work-based teaching is prevalent throughout Wairarapa such as the emergency department's simulation sessions, daily handovers' regular teaching, and bedside teaching in surgical ward rounds. There is ample opportunity for interns to learn different procedures, due to the absence of a large registrar workforce.

Required actions:

6. Wairarapa must develop a system to track intern attendance at formal education sessions, and ensure that interns can attend at least two thirds of formal education sessions (standard 3.3.2 and 3.3.3).
7. Wairarapa must ensure the formal education programme provides content on hauora Māori and tikanga Māori, and Māori health equity, including the relationship between culture and health (standard 3.3.4).

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:

Comments:

Wairarapa runs a quarterly orientation for interns to familiarise them with the hospital, its policies and processes. This is a two-day orientation and is in addition to the orientation at the start of the intern year that is provided by Capital, Coast and Hutt Valley. Due to needing to provide this orientation every quarter, this is a well-developed process.

Wairarapa does not provide orientation documents to interns for each clinical attachment. While Wairarapa is a small hospital and many departments work closely together or share clinical spaces, interns are not provided written information to ensure familiarity with key staff, systems, policies and processes relevant to each clinical attachment.

Commendation:

- Wairarapa is commended for its well organised quarterly in-person orientation days for all those starting in Wairarapa hospital each quarter.

Required action:

8. Wairarapa must ensure there is orientation documentation for each clinical attachment that ensures 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:

Wairarapa has not received any requests for less-than-full-time training from interns. Wairarapa has a draft policy that it can work on with Capital, Coast and Hutt Valley to develop a regional policy on flexible training.

Recommendation:

- Wairarapa should, in collaboration with Capital, Coast and Hutt Valley, finalise a policy on flexible training (standard 3.5.1).

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:

Comments:
Most Wairarapa interns start their internship at Capital, Coast and Hutt Valley before rotating to Wairarapa. Wairarapa can therefore rely on the systems in place as part of the Capital, Coast and Hutt Valley orientation to inform interns on the requirements of the intern training programme. Wairarapa's PESs provide ongoing input during local orientation and their regular meetings with interns. The DCT communicates with clinical supervisors about the requirements of the intern training programme through regular local SMO meetings.

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:

Comments:
Wairarapa has unique challenges in providing educational supervision. In addition to being a small hospital, individual interns may only be in Wairarapa for three months. Some interns stay longer, and others rotate between Wairarapa and Capital, Coast and Hutt Valley over their prevocational years.

Interns meet the group of PESs at orientation and are instructed to choose one as their PES. However, it is unclear to other Wairarapa staff, and to Council staff, which PES is an intern's PES to contact when there are queries about an intern. Rather, staff tended to approach the DCT, or a particular PES as initial point of contact. There is no administrative record of which intern is allocated to which PES.

There is no PES-to-PES handover when interns transfer from Capital, Coast and Hutt Valley and are assigned a new PES in Wairarapa, or upon their return from Wairarapa.

If an intern is allocated to a Wairarapa CBA, they are allocated the PES based in the community. This PES is also one of the clinical supervisors for the CBA. This allocation may occur even when the intern has had a Wairarapa hospital-based PES for another attachment. This further interrupts the continuity of the PES-intern relationship. It also presents a conflict of interest in the event of issues with clinical supervision on the CBA. Some interns have had four PESs over the course of their internship, between clinical attachments at Wairarapa and Capital, Coast and Hutt Valley.

Wairarapa has an appropriate number of PESs, who are often responsible for less than five interns. PESs are expected to undertake this supervisory work in their non-clinical time.

Wairarapa acknowledged that not all the PESs attend the Council's annual PES meetings.

The DCT has appropriate oversight, is closely involved, and meets regularly with the PESs.

In addition to fulfilling its main rostering function, the RMO unit provides administrative support for the PESs. It provides some support for the coordination of the formal teaching programme and quarterly orientation, and undertakes some tasks with ePort administration.

Commendation:

- Wairarapa's prevocational educational supervisors are commended for maintaining dedicated levels of involvement with interns, given interns may only be in Wairarapa for short periods of time.

Recommendation:

- Wairarapa should consider how to manage the conflict of interest when a PES is also the clinical supervisor for an intern.

Required actions:

9. Wairarapa must, working collaboratively with Capital, Coast and Hutt Valley, develop an educational supervisory model that promotes the continuity of the PES-intern relationship (standard 4.2.1).
10. Wairarapa must ensure that all its prevocational educational supervisors attend an annual prevocational educational supervisor meeting conducted by the Council (standard 4.2.2).

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:

Comments:

Vocationally registered SMOs provide clinical supervision for the interns. Clinical supervisors work closely with interns in Wairarapa day to day.

Across all clinical attachments supervision is appropriate to the intern's level of experience and supervision, except the orthopaedic service. Wairarapa's recent loss of permanent orthopaedic surgeons has resulted in variable supervision, due to a reliance on visiting orthopaedic surgeons who are not present consistently, or daily to provide adequate supervision to interns. This has resulted in the orthopaedic attachment in its current form no longer being suitable for prevocational interns.

The DCT reminds clinical supervisors yearly of responsibilities related to supervision including options for education and training. Clinical supervisors indicated good knowledge of their requirements and uptake of training in supervision.

There is a small group of experienced SMOs who provide relief supervision, which includes PESs and SMOs with previous PES experience.

All clinical supervisors have access to opportunities to support teaching through CME.

Commendation:

- Wairarapa clinical supervisors are commended for their level of engagement and enthusiasm while working closely with interns.

Required action:

11. Wairarapa must establish appropriate clinical supervision for interns in its orthopaedic clinical attachment (standard 4.3.2 and 6.2.1).

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:

Comments:

Wairarapa has systems in place to ensure regular feedback is documented in ePort. Supervisors are mindful of the importance of timely feedback because interns often transfer out of Wairarapa at the end of a clinical attachment. There are some limitations with respect to goal setting as this occurs prior to interns coming to Wairarapa. PESs are proactive in working with interns on their goals to reflect the Wairarapa experience.

As Wairarapa is a small training provider, where interns work closely with clinical supervisors, interns experiencing difficulty are quickly recognised. Wairarapa has processes to identify interns who are not performing at the required standard of competence. An example remediation plan showed consideration of intern and patient safety, and included appropriate PES and DCT input. Wairarapa has a draft intern in difficulty policy outlining the process.

Wairarapa has processes to inform the Council about an intern not performing in a timely manner via the DCT.

Commendation:

- Wairarapa's clinical supervisors are commended for working closely with interns and recognising early when an intern is experiencing difficulty.

Recommendation:

- Wairarapa should finalise its policy on interns in difficulty, with input from HR.

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
- met Council's requirements for advanced cardiac life support (ACLS), as set out in the Council's policy on the advanced cardiac life support requirement for PGY1 interns.

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

	Met	Substantially met	Not met
Rating		**X**	

Commentary:

Comments:

Wairarapa undertakes an advisory panel process for interns who are in Wairarapa in quarter four of their first year. The PES on the panel however may not be the intern's current PES and there is no input from the PES or PESs who may have been with the intern for the first three quarters of the year; this means the panel misses out on valuable perspectives when making a longitudinal assessment of an intern's progress.

The panel is informed of and follows the Council's advisory panel guide. Wairarapa uses a checklist template for the panel, to clearly demonstrate completion of each intern's requirements for sign off. In the advisory panels carried out in late 2025 and early 2026, most interns discussed by the panel had outstanding items to be completed.

The RMO unit monitors the advisory panels list to ensure it includes all eligible PGY1s.

Wairarapa acknowledged that there is no administrative process in place to monitor that all interns who are eligible apply for registration in the General scope of practice.

Recommendation:
- Wairarapa should send the advisory panel checklist to interns prior to the panel meeting, outlining the intern requirements for sign off to improve completion by the interns when the panel meets.

Required actions:

12. Wairarapa must establish a system to include input from the intern's previous PESs in its advisory panels (standard 4.5.1).
13. Wairarapa must establish a process to monitor:
    - that all interns who are eligible to apply for registration in the General scope of practice have applied in ePort

- that all eligible PGY2s have applied to have the endorsement removed from their practising certificates (standards 4.5.4 and 4.6.1).

4.6 End of PGY2 – removal of endorsement on practising certificate
4.6.1 There is a monitoring mechanism in place to ensure that all eligible PGY2s have applied to have the endorsement removed from their practising certificates. 4.6.2 There is a monitoring mechanism in place to ensure that prevocational educational supervisors have reviewed the progress of interns who have applied to have their endorsement removed.

4.6 End of PGY2 – removal of endorsement on practising certificate			
	Met	Substantially met	Not met
Rating			**X**

Commentary:

Comments:

Wairarapa acknowledged that there are no monitoring mechanisms in place to ensure that PGY2s apply for endorsement removal or that PESs review intern progress prior to endorsement removal.

Required actions:

See required action 14.

14. Wairarapa must establish a monitoring mechanism to ensure that prevocational educational supervisors have reviewed the progress of interns who have applied to have their endorsement removed (standard 4.6.2).

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:

Comments:

Wairarapa has effective processes for monitoring and evaluating the intern training programme that are appropriate for a small rural hospital. Interns attend the monthly RMO local engagement group that is attended by the DCT, a PES representative and RMO unit staff. This is a regular opportunity for interns to provide feedback on the intern training programme, clinical supervisors and any other issues. The DCT and senior management are responsive to interns' oral feedback and changes are implemented when practicable.

Interns can raise concerns about their education, placement or personal issues with their PES, who escalates them to the DCT where necessary. Similarly, clinical supervisors can raise concerns with a PES or the DCT. Issues are identified and resolved promptly.

Feedback from interns and supervisors is discussed at Wairarapa's medical education meetings and used to enable quality improvements in the intern training programme, recent examples include improved systems for medical team handover.

Like most centres, Wairarapa struggles to achieve a high response rate to the anonymous surveys of interns at the end of each quarter. This is an additional challenge for Wairarapa, as interns may only be at Wairarapa for a single quarter. A modified PHEEM questionnaire is used, in response to intern feedback that the full 40-question set was difficult to complete. The modified questionnaire does not include questions about bullying, harassment, discrimination, or cultural safety in the workplace, so an important dimension of intern experience and workplace safety is not currently monitored.

Interns did not raise concerns with the accreditation panel about their ability to provide anonymous or identifying feedback, indicating a culture of trust in Wairarapa. Intern feedback on supervisor effectiveness is captured in the annual summary of intern feedback; any concerns about individual supervisors are followed up by the DCT with the clinical director of the relevant department.

Any matters raised by the Council in relation to training, including those arising from accreditation visits, are placed on the agenda of the Medical Education Committee for discussion and follow-up.

Wairarapa reports to the Council annually on any significant changes to the intern training programme standards.

Required action:

15. Wairarapa must ensure that the anonymous survey at the end of each quarter asks interns whether they experienced any bullying, harassment or discrimination and whether they found the workplace culturally safe (standards 5.2, 6.2.2 and 6.2.3).

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:

Comments:
Wairarapa has processes to ensure the currency of accredited clinical attachments. There is an appropriate range of clinical attachments and ongoing reflection on improving clinical attachments at Wairarapa's monthly governance meetings.

Wairarapa has a process for establishing new clinical attachments.

Interns understand the clinical attachment allocation process and consider it transparent. The process operates across the Wellington region, and interns are aware that they may be placed in Wairarapa. However, Wairarapa does not have a direct role in the allocation of interns to its clinical attachments, as this is managed by Capital, Coast and Hutt Valley. While Wairarapa contributes to the ACE process and participates in interview panels, it does not have control over final clinical allocation decisions to Wairarapa. There is no formal agreement in place between Wairarapa and Capital, Coast and Hutt Valley regarding allocation to Wairarapa's clinical attachments, limiting Wairarapa's oversight of the process.

As Capital, Coast and Hutt Valley allocates interns to Wairarapa's clinical attachments, there is limited opportunity at a local level to systematically incorporate intern preferences for clinical attachments. In addition, the lack of continuity in the intern's PESs further limits the ability to ensure alignment with interns PDP goals and the 14 learning activities. As a result, there is no consistent mechanism at Wairarapa to ensure that these educational objectives are actively considered in clinical attachment allocation.

Required action:
See required action 2.

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:

Comments:

While Wairarapa's rostering practices and working hours were appropriate, concerns were identified regarding the adequacy of supervision on orthopaedics and out of hours within the HDU. There is inconsistent supervision on orthopaedics with supervisors only visiting during the week. Interns also reported challenges managing deteriorating HDU patients, particularly when on-call SMOs were perceived as unavailable or insufficiently supportive. Although the proximity of the HDU to the emergency department (ED), and the presence of an SMO in ED on site after hours, provides some reassurance, this support may be limited when the ED is busy, or the clinical issue falls outside the ED team's scope of practice.

There was also some concern from interns that the paediatrics and O&G clinical attachments have particularly high workloads.

When interns have raised concerns about bullying, discrimination, and sexual harassment about locum SMOs in the past, the locum has not been employed again. However, to improve timely escalation of such issues and encourage this feedback, it is important to ask interns about bullying, discrimination and sexual harassment specifically, in the anonymous surveys.

The Māori health unit is highly engaged and proactive, regularly attending ward rounds and multidisciplinary meetings. Interns and SMOs appropriately involve the service when there are concerns regarding patient care or when Māori health input would be beneficial. However, interns' anonymous surveys do not include questions on whether Wairarapa has a culturally safe environment, which represents an important gap in feedback collection.

Information regarding the Employee Assistance Programme, which specifically gives interns access to psychological support and career advice, is provided in the RMO handbook, the RMO room, and on the wards.

Interns have access to forms for medical education leave, and all requests are discussed at the Medical Education Committee meeting which includes intern representation. Where possible, leave and funding are allocated to interns.

Interns are encouraged to maintain their own health and welfare. Most interns are registered with a GP within Wellington rather than transferring their GP to Wairarapa for a single quarter. Since interns regularly spend time in Wellington or Hutt Valley, they can access their GP as needed.

Wairarapa grants most annual leave applications, with reliance on locums for cover where needed. This is highly appreciated by interns.

While there are currently few Māori interns, the Māori health unit demonstrates strong awareness and proactive engagement when Māori interns are present and makes early contact to offer support. The RMO unit is also accommodating in supporting a range of leave requirements to enable interns to meet cultural obligations. In addition, SMO involvement in Te ORA includes practical support, such as providing transport for interns attending hui, further demonstrating flexibility and commitment to supporting Māori trainees.

Commendations:

- Wairarapa's Māori health unit is commended for their strong involvement in patient care, exhibiting positive contribution to culturally responsive practice.
- Wairarapa's RMO unit is commended for its excellent support of interns, particularly in relation to leave approvals and flexibility when required.

Recommendation:

- Wairarapa should review the interns' duties on paediatrics and obstetrics & gynaecology clinical attachments to check they are consistent with the delivery of high-quality training and safe patient care.

Required actions:

See required actions 12 and 16.

6.3 Communication with interns

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

6.3 Communication with interns			
	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

Interns are provided a RMO orientation handbook at orientation, which is also available on the intranet. The RMO unit sends regular reminders to interns via email or text about the structured education sessions. Interns can also provide feedback on the training programme at governance meetings.

Recommendation:

- Wairarapa should strengthen communication and coordination between it and Capital, Coast and Hutt Valley's RMO unit to improve consistency and shared understanding of processes.

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:

Comments:

Interns are aware of how to access support through the RMO unit and are directed to discuss any issues with the relevant people such as clinical supervisors, prevocational educational supervisors and the DCT. Wairarapa maintains confidentiality where possible, and processes like performance plans can be implemented for interns experiencing difficulty.

Wairarapa has a training disputes pathway for timely resolution of training-related disputes available to interns on the RMO part of the intranet.

The dispute pathway includes escalation to the Medical Education Committee, which includes many members of Wairarapa staff. This may impact intern confidentiality or willingness to raise a dispute.

Commendation:

- Wairarapa is commended for its senior medical officers, who were highlighted by interns as being approachable and supportive in addressing any concerns.

Recommendation:

- Wairarapa should consider the appropriateness of including the Medical Education Committee in its dispute pathway, to avoid an overly broad sharing of sensitive information (standard 6.4.2).

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:			
Comments: Interns have access to a variety of facilities to support their training such as eLearning modules on the intranet, two to three timetabled teaching sessions, a library with computers, meeting venues with online capability for remote lectures and a simulation area. The common room is small but well-resourced, with a fridge, computers and a couch. It is also located centrally in the hospital, meaning it is easily accessible for interns out of hours. There are also computers on wheels on the medical ward which allow for sufficient workstations during the day.			