



Te Kaunihera Rata  
o Aotearoa

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**Medical Council  
of New Zealand**

Prevocational medical training accreditation –  
report for:

Te Whatu Ora – Health New Zealand Counties  
Manukau

Date of site visit: 13 and 14 June 2024

Date of report: 21 November 2024

## 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](#).



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Medical  
Council of  
New Zealand

## Te Kaunihera Rata o Aotearoa, Medical Council of New Zealand's accreditation of Te Whatu Ora – Health New Zealand Counties Manukau

<b>Name of training provider:</b>	Te Whatu Ora – Health New Zealand Counties Manukau
<b>Name of site:</b>	Middlemore hospital
<b>Date of accreditation visit:</b>	13 and 14 June 2024
<b>Accreditation visit panel members:</b>	Dr Kenneth Clark (Accreditation panel chair) Ms Kim Ngarimu Dr Tristan Pettit Ms Joan Simeon Dr Jacob Ward
<b>Date of previous accreditation visit:</b>	27 and 28 August 2019
<b>Key staff the accreditation visit panel met:</b>	
Group Director Operations:	Dr Vanessa Thornton
Chief Medical Officer:	Mr Andrew Connolly
Director of Prevocational Training:	Dr Louise Finnel
Prevocational Educational Supervisors:	Mr Zahoor Ahmad Dr Rebecca Alekzander Mr Jon Barnard Dr Bob Eason Dr Louise Finnel Dr Rebecca Hayman Dr Ajay Kumar Dr Diana McNeill Dr Eric Pushparajah Dr Farid Shaba Ms Laila Sheikh Dr Luke Sutherland Dr Loana Tanielu Dr Inia Tomash Dr Viliami Tutone
RMO unit staff:	Manager – vacant at the time of the accreditation Jamie Sinclair-Eagle – General medicine/Medical specialities/Psychiatry

Malia Ah Loo – Obstetrics and Gynaecology,  
Paediatrics  
Minette van Rensburg – General  
surgery/Orthopaedics/Plastics  
Jigna Jesani – RMO Daily Operations Manager

Clinical Education & Training unit staff:

Dr Natalie Russell – post grad Medical Education  
Fellow

Māori health team

Dr Inia Tomash

Health NZ (previously NRA)

Terina Davis – Manager  
Shirley Chen – HO Recruitment and Allocations  
Lead  
Dan Sefuiva – HO Recruitment and Allocations  
Coordinator

**Other key people who have a role within the prevocational training programme:**

Dr Josh Manukonga – Medical Education Fellow  
(2022 and 2023)

**Key data about the training provider (as of December  
2024):**

Number of interns at training provider:

Number of PGY1s: 64

Number of PGY2s: 68

Number of accredited clinical attachments: 85

Number of accredited community-based attachments: 11

## Section A – Executive summary

An accreditation panel of Te Kaunihera Rata o Aotearoa, Medical Council of New Zealand (Council) has assessed Te Whatu Ora – Counties Manukau’s prevocational training programme against Council’s 2022 [Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers](#).

Counties Manukau is performing very well as an educator and trainer of prevocational interns, with the staff working extremely hard to fulfil the district’s role as a prevocational medical training provider. Equally Council recognises the ever-present challenges on Counties Manukau relating to high demand for health services and issues in respect to available resource. Council is also cognisant of the current circumstances relating to accountabilities and responsibilities for intern training, with evolving attribution of these at local, regional and national levels.

The accreditation panel expresses its thanks to Counties Manukau staff, including interns, supervisors, senior staff and administrators, for their preparation, and the information and data provided prior to and during, the accreditation visit. The panel is also grateful for the honest and thoughtful interactions during the visit.

Counties Manukau has a long history and culture of providing leadership and commitment in medical education and training, and this was evident to the accreditation panel, however there is a need for the district to formalise its strategic priorities within an appropriate strategic plan for ongoing support of high quality prevocational medical education and training.

The accreditation panel believes there are some vulnerabilities evident in respect to the sustainability of the current Counties Manukau intern training programme. In particular ensuring sustainable senior medical input, especially in the areas of hauora Māori, tikanga Māori, Māori health equity and intern wellbeing, is required. These matters are currently addressed in a highly commendable fashion by Counties Manukau with the roles and efforts of the current and previous medical education fellows (MEFs), and the director of clinical training (DCT), recognised and applauded. The initiatives and processes that have been put in place by these individuals should be systemised as ongoing key components of the programme.

Counties Manukau continues to struggle in delivery of a sufficient number of community based attachments (CBAs), and does not ensure that all interns complete such an attachment over the course of the two intern years. Encouraging progress is however occurring in respect to provision of further community based attachments. Counties Manukau will need to cement this progress, continue to report on its challenges, and provide evidence of its strategies being implemented to address these challenges.

There is a need for both resourcing, and considered provision of, sufficient administrative support for the intern training programme. The Medical Education Training Unit (METU) does not possess adequate administrative resource to properly support the DCT, the MEFs, or the prevocational educational supervisors (PESs).

Counties Manukau does not currently ensure adherence to Council's policy in respect to interns obtaining informed consent. While the policy is observed in many services, this is not so across the entire organisation and will require addressing.

The accreditation panel noted that some administrative aspects relating to the use of ePort were not functioning as they must. Regular and timely feedback is not always provided to interns and documented in ePort at the three key points of each 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. Counties Manukau will be required to ensure the currency of accredited clinical attachments on ePort with appropriate levels of accuracy.

Prevocational educational supervisors at Counties Manukau are passionate, diligent and dedicated to their work and their support of interns. Equally the accreditation panel noted that clinical supervisors (CSs) strongly value the presence of interns in all services. However, PESs and clinical supervisors are not being provided with routine and regular feedback on their own performance, and Counties Manukau will be required to address this. In similar vein, there are no clear mechanisms for collecting feedback from PESs and CSs to ensure that their experience, wisdom and consideration, can inform quality improvements in the intern training programme.

## Summary of findings

Overall, Te Whatu Ora – Counties Manukau has met 11 of the 21 sets of Council’s 2022 [Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers](#).

11 required actions were identified, along with 7 recommendations and 8 commendations.

Standard	2024 findings	Required actions
1 – Strategic priorities		Substantially met 1
2 – Organisational and operational structures	2.1 The context of intern training	Substantially met 1
	2.2 Educational expertise	Met
	2.3 Relationships to support medical education	Met
3 – The intern training programme	3.1 Programme components	Not met 3
	3.2 ePort	Substantially met
	3.3 Formal education programme	Substantially met
	3.4 Orientation	Met
	3.5 Flexible training	Met
4 – Assessment and supervision	4.1 Process and systems	Met 3
	4.2 Supervision – prevocational educational supervisors	Substantially met
	4.3 Supervision – clinical supervisors	Substantially met
	4.4 Feedback and assessment	Substantially met
	4.5 Advisory panel to recommend registration in the General scope of practice	Met
	4.6 End of PGY2 – removal of endorsement on practising certificate	Met
5 – Monitoring and evaluation of the intern training programme		Substantially met 2
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

## Required actions

Required action	Standard
<p><b>1.</b> Counties Manukau must:</p> <ul style="list-style-type: none"> <li>– formalise medical education and training as a strategic priority in its planning documentation</li> <li>– develop a strategic plan for the ongoing development and support of high quality prevocational medical education and training.</li> </ul>	<p><b>Strategic priorities</b></p> <p><b>1.1</b> – High standards of medical practice, education, and training are key strategic priorities for the training provider.</p> <p><b>1.2</b> - The training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education.</p>
<p><b>2.</b> Counties Manukau must ensure that the intern training programme is sustainably resourced, including the provision of administrative support.</p>	<p><b>The context of intern training</b></p> <p><b>2.1.1</b> - The training provider demonstrates that it has the mechanisms and appropriate resources to plan, develop, implement, and review the intern training programme.</p> <p><b>2.1.3</b> - There are effective organisational and operational structures to manage interns.</p>
<p><b>3.</b> Counties Manukau must ensure that all its interns complete at least one community-based attachment over the course of the two intern years. Until this is ensured, Counties Manukau must report on the pressures that make it challenging to ensure this, and provide evidence of strategies being implemented to address these pressures.</p>	<p><b>Programme components</b></p> <p><b>3.1.6</b> - 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.</p>
<p><b>4.</b> Counties Manukau must ensure adherence to the Council's policy on obtaining informed consent.</p>	<p><b>Programme components</b></p> <p><b>3.1.10</b> - The training provider ensures adherence to the Council's policy on obtaining informed consent.</p>
<p><b>5.</b> Counties Manukau must ensure that education in self-care and peer support, including time management and managing stress and burnout, is fully incorporated within the formal education programme.</p>	<p><b>Formal education programme</b></p> <p><b>3.3.5</b> - 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.</p>
<p><b>6.</b> Counties Manukau must resource and implement administrative support for the PESs so they can carry out their roles effectively, and to align with organisations nationally.</p>	<p><b>Supervision – Prevocational educational supervisors</b></p> <p><b>4.2.4</b> - Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.</p>
<p><b>7.</b> Counties Manukau must establish a system to ensure clinical supervisors are fully informed about, and understand, the requirements of the intern training programme.</p>	<p><b>Supervision – Clinical supervisors</b></p> <p><b>4.3.1</b> – 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.</p>



<p><b>8.</b> Counties Manukau must ensure that systems are in place to ensure that clinical supervisors meet with interns at the beginning, middle and end of each attachment, and record these meetings in ePort in a timely manner.</p>	<p><b>Feedback and assessment</b>  <b>4.4.1</b> - 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.</p>
<p><b>9.</b> Counties Manukau must:</p> <ul style="list-style-type: none"> <li>– implement a mechanism to collect clinical supervisor and PES feedback</li> <li>– establish a mechanism to use this feedback to inform quality improvements for the intern training programme.</li> </ul>	<p><b>Monitoring and evaluation of the intern training programme</b>  <b>5.3</b> - There are mechanisms that allow feedback from interns and supervisors to be incorporated into quality improvement strategies for the intern training programme.</p>
<p><b>10.</b> Counties Manukau must provide routine feedback to clinical supervisors and PESs about their performance.</p>	<p><b>Monitoring and evaluation of the intern training programme</b>  <b>5.5</b> - The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns.</p>
<p><b>11.</b> Counties Manukau must establish a process to ensure the currency of accredited clinical attachments, including the correct allocation of clinical attachments and assignment of clinical supervisors to attachments.</p>	<p><b>ePort</b>  <b>3.2.1</b> - There is a system to ensure that each intern maintains their ePort as an adequate record of their learning and training experiences from their clinical attachments and other learning activities.</p> <p><b>Establishing and allocating accredited clinical attachments</b>  <b>6.1.1</b> - Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.</p>

## Section B – Overall outcome of the accreditation assessment

In November 2024, 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 Te Whatu Ora – Counties Manukau is **‘substantially met’**, and
- Te Whatu Ora – Counties Manukau is accredited for a period of 4 years, until **31 August 2028**, subject to the following conditions:
  - Counties Manukau must provide progress reports that satisfy the Council that its required actions on its accreditation have been addressed, by the dates specified by the Council
  - Counties Manukau must provide annual reports to Council 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:			
<p><b>Comments:</b></p> <p>Overall, Counties Manukau Health New Zealand   Te Whatu Ora (Counties Manukau) continues to prioritise high standards of medical practice, education and training. This is a reflection of commitment and leadership at many levels of the organisation, and is consistent with what Council has observed during previous accreditations.</p> <p>A range of external influences are currently impacting on the planning and resourcing for the prevocational medical education and the intern training programme. These include workforce shortages, budgetary pressures and structural change within the health sector. Of note, Counties Manukau expressed concerns that these factors have had a material impact on the clarity of roles and responsibilities between national, regional and local branches of Health New Zealand, and on capacity in its Māori health team.</p> <p>There is a lack of planning documentation formalising medical education and training as strategic priorities, and no strategic plan for the ongoing development and support of high quality prevocational medical education and training. This lack of documentation extends to formal strategic planning documentation addressing Māori health and equity. However, Counties Manukau has recently invested in rebuilding its Māori health and health equity capacity and infrastructure. Examples of equity achievements were provided, and Counties Manukau anticipates further progress in this area. The commitment to upholding the Tiriti partnership and equity in training opportunities is reflected in the Resident Medical Officers’ Operational Group Terms of Reference, and the Regional Training Committee Terms of Reference, which also apply to the Prevocational Training Committee.</p> <p>Counties Manukau has clinical governance and quality assurance processes that ensure clear lines of accountability and responsibility for the intern training programme. These processes operate at both the local and regional level, and more recently at the national level with the establishment of the national clinical governance leadership team.</p>			

The intern training programme is overseen by the Prevocational Training Committee (PVTTC), which includes intern representation. Interns reported that their participation in this governance forum is valued, and their views are heard and acted on.

Counties Manukau participates in the regular accreditation and associated reporting cycles of Council.

**Commendations:**

- Counties Manukau is commended for its commitment and leadership across many layers of the organisation for a high quality intern training programme.

**Required actions:**

1. Counties Manukau must:
  - formalise medical education and training as a strategic priority in its planning documentation
  - develop a strategic plan for the ongoing development and support of high quality prevocational medical education and training (standards 1.1 and 1.2).

## 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:			
<p><b>Comments:</b></p> <p>Counties Manukau is effectively implementing and maintaining the currency of its intern training programme. The programme as a whole was recently reviewed and updated by the medical education fellow (MEF).</p> <p>The chief medical officer (CMO) has overall responsibility for medical workforce, training and education, which in respect of the intern training programme has been delegated to the director of clinical training (DCT) (0.25 FTE), and is supported by the MEF. The medical education unit (MEU) also provides extensive support for the training programme and the interns, as do the prevocational educational supervisors (PESs) and clinical supervisors (CSs), and other local and regional operational groups. The regional programme is overseen by the Prevocational Training Committee, which meets quarterly. This regional approach, particularly for the metro Auckland campuses, which enables sharing of resources and expertise, is a particular strength.</p> <p>While there are structures for managing interns, the lack of administrative resourcing and strategic planning for the programme, and the fragmentation of responsibilities across those structures creates risks to their effectiveness, and to confidence that material issues will not be overlooked. Of note, administrative support for the DCT and MEF was significantly lacking.</p> <p>No clear procedures for notifying the Council of changes to a health service or the intern training programme were identified. Rather, Counties Manukau relies on the strength of its relationships with the Council to ensure this occurs.</p> <p><b>Commendations:</b></p> <ul style="list-style-type: none"> <li>Counties Manukau is commended for the strong regional approach to implementing the intern training programme.</li> <li>Counties Manukau is commended for the support provided by the Medical Education Unit and the Medical Education Fellow to both the training programme and the interns.</li> </ul> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>Counties Manukau should consider the range of groups that have responsibilities for the intern training programme at both the local and regional level and address any risks associated with fragmented responsibilities (standard 2.1.3).</li> </ul> <p><b>Required actions:</b></p> <p>2. Counties Manukau must ensure that the intern training programme is sustainably resourced, including the provision of administrative support (standard 2.1.1 and 2.1.3).</p>			

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:			
<p><b>Comments:</b>            Counties Manukau’s intern training programme is underpinned by work-based pedagogy principles, with a combination of guided theory-based learning and supervised on-the-job, practice-based training. The PGY1 and PGY2 formal teaching programme was developed based on the MCNZ learning activities and the regional curriculum across metro Auckland. The shared curriculum ensures a consistent learning experience across the three Auckland districts. Interns value the formal teaching programme, and the PGY2 workshops were particularly noted for their excellence by interns.</p> <p>Counties Manukau has a significant level of medical education expertise to deliver the intern training programme. This includes the director of clinical training and the group of prevocational education supervisors which includes a number with joint university posts. In addition, the medical education fellows to date have had prior experience in medical education.</p> <p><b>Commendations:</b></p> <ul style="list-style-type: none"> <li>Counties Manukau is commended for the significant expertise that is brought to bear on the delivery of the intern training programme.</li> </ul>			

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:			
<p><b>Comments:</b>            The strong regional approach, particularly across metro Auckland hospitals, is a feature of the Counties Manukau intern training programme. This includes networking among the medical education fellows, and participation in a range of regional and national training and clinical governance forums. Te Tai Tokerau Health New Zealand is also a part of the regional grouping, but participates to a lesser degree in the regional forum. Collaboration with Te Tai Tokerau could add real value to the metro Auckland intern training programme, particularly in terms of its experience with rural and community-based care.</p> <p>Counties Manukau continues to maintain contact with the universities of Auckland and Otago medical schools, and the Council, to support the intern training programme.</p> <p>The panel acknowledges the significant effort that is being made to rebuild the capacity and infrastructure of the Māori health team. We expect that this team will need to support building and</p>			

maintaining relationships with Māori health providers and communities, to inform the ongoing development of the intern training programme.

**Recommendations:**

- Counties Manukau should leverage its partnerships with Māori health providers to 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: <ul style="list-style-type: none"> <li>• workload for the intern and the clinical unit</li> <li>• complexity of the given clinical setting</li> <li>• 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.</li> </ul>
3.1.5	The training provider has processes that ensure that interns receive the supervision and opportunities to: <ul style="list-style-type: none"> <li>• enhance their skills, understanding and knowledge of hauora Māori</li> <li>• develop their cultural safety and cultural competence, and</li> <li>• deliver patient care in a culturally-safe manner.</li> </ul>
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:**

The intern training programme is well structured to support interns to attain all of the learning outcomes contained within the curriculum. The programme is reviewed and refined on an annual basis and interns are regularly guided by their prevocational educational supervisors (PESs) to ensure they achieve their learning activities. There is substantive mapping of the education programme to the learning outcomes.

The intern training programme is appropriately structured to allow satisfactory completion of eight accredited clinical attachments. The director of clinical training (DCT) and the regional workforce operations service coordinate allocation of clinical attachments with due regard to broad based experience. PGY2s are allocated a maximum of two relief attachments, however the majority only do one.

Counties Manukau has excellent processes for selecting suitable clinical attachments for interns and feedback from interns is very positive in this respect. The DCT checks annual attachment allocations of all PGY1s and gives close attention to the attachment allocation for PGY2 interns in difficulty. Attachments for interns starting part way through the year are also reviewed to ensure they are clinically appropriate.



Counties Manukau has strong processes to ensure that interns develop the necessary skills, understanding and knowledge of hauora Māori, and of cultural safety and competence to deliver patient care in a culturally safe manner. Of particular note is the five part lecture series in the Orientation Week, “Foundation Skills in Cultural Safety”, which has been developed by the previous medical education fellow. In addition, it is clear that education in these domains is integrated within and through the weekly teaching sessions.

Counties Manukau acknowledges that there is a significant shortfall in ensuring that its interns complete at least one community-based attachment (CBA) during their prevocational training. ePort data from 2022/23 indicated that only 20% of interns completed a CBA. Various reasons including insufficient funding and a shortage of RMOs have contributed to this situation. However, it is encouraging that further CBAs are being developed this year and, in addition, that funding appears to have been secured for a further eight CBAs for the 2025 intern training year.

Interns at Counties Manukau are not rostered on night duties during the first three months of their PGY1 year. Counties Manukau has substantive protocols to allow for escalation of significant clinical issues at night, with well-developed pathways for interns to access assistance and guidance from more senior medical staff. Interns reported that they were indeed well supported when working at night. Finally, it is noted that Counties Manukau has developed evidence-based recommendations for managing fatigue and sleep deprivation while on night shifts.

Structured handover is generally of a high standard at Counties Manukau. Formal procedures are in place at all levels and there is clear enunciation of roles and responsibilities in handover processes. Feedback from interns supported these findings.

It was clear that there are a number of issues with informed consent processes for interns at Counties Manukau. In some services, interns are required to complete patient consent requirements for procedures that are not appropriate for their own experience and skill sets. However, informed consent is covered during initial orientation, and the chief medical officer has repeatedly communicated with senior medical staff about this matter and the expectations of them.

**Required actions:**

3. Counties Manukau must ensure that all its interns complete at least one community-based attachment over the course of the two intern years. Until this is ensured, Counties Manukau must report on the pressures that make it challenging to ensure this, and provide evidence of strategies being implemented to address these pressures (standard 3.1.6).
4. Counties Manukau must ensure adherence to the Council's policy on obtaining informed consent (standard 3.1.10).

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:			
<b>Comments:</b>			
<p>Most aspects of administration in respect to ePort work satisfactorily at Counties Manukau, however, there is a particular area of concern in respect to loading of data into ePort at the start of attachments. Interns and clinical supervisors reported issues with both the timeliness and accuracy of the necessary data being loaded. This has impacted on the interns' ability to maintain an adequate record of their learning. The issues appear to relate to difficulties within the workforce operations service (previously known as the NRA). Counties Manukau will be required to ensure that ePort data is entered in a timely and accurate fashion, particularly in respect to allocation of clinical attachments and allocation of clinical supervisors.</p> <p>Systems are in place to ensure interns maintain a professional development plan (PDP) that is appropriate to their goals and learning objectives. Interns receive information in respect to this during the orientation week and the prevocational education supervisors take a responsibility for oversight of goals in the intern's PDP over the course of the year. It is also noted that career development and curriculum vitae building are included as part of the PGY2 training programme.</p>			
<b>Required actions</b>			
<ul style="list-style-type: none"> <li>• See required action 11.</li> </ul>			

### 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:**

Counties Manukau's formal intern education programme is of an extremely high standard, and in the panel's view it serves as an exemplar across Aotearoa New Zealand. The medical education fellow has carefully constructed and developed the weekly teaching programme, and it is well received by interns, with high levels of attendance and participation.

Barriers to attendance at education sessions are minimised with most interns attending more than 66% of the formal education sessions. For the small number of interns who do not attend at least 66% of teaching sessions, there are follow up processes in place led by the DCT.

Interns are able to provide feedback on the formal education programme.

Counties Manukau ensures that PGY2s can attend structured education sessions and has developed quarterly teaching days, with the majority of PGY2s attending each of these sessions. Feedback from PGY2s about the formal education programme is positive.

The formal education programme provides substantive content on hauora Māori, tikanga Māori, and on Māori health equity. Relevant aspects of the formal education programme have been developed by the previous medical education fellow (MEF) and are high quality. However, there are potential issues in respect to sustainability of this level of teaching and education, with a strong dependence on the input from this MEF. Teaching in these domains occurs within the orientation programme, including the “Foundation Skills in Cultural Safety” lectures. In addition there is incorporation of education in these areas within the weekly teaching sessions throughout the intern year.

Counties Manukau provides strong informal support for interns in respect to self-care and peer support, including time management, and managing stress and burnout. Much of the support is led by the MEF and is seen to be of a very high standard. The MEF clearly makes herself accessible to interns, however, most of the support offered is informal in nature and work is currently being done to incorporate material and information for interns within the formal education programme.

There are many opportunities for interns to partake in additional work-based teaching and training.

**Commendations:**

- Counties Manukau and the senior medical staff responsible for oversight of the intern programme are commended on the very high quality of the formal education programme for interns.

**Recommendations:**

- Counties Manukau should consider how it can ensure the sustainability of the teaching and education that interns receive in respect to hauora Māori, tikanga Māori, and on Māori health equity (standard 3.3.4).

**Required actions:**

- Counties Manukau must ensure that education in self-care and peer support, including time management and managing stress and burnout, is fully incorporated within the formal education programme (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:**

**Comments:**

Counties Manukau’s intern orientation programme is entirely fit for purpose. It is multifaceted and comprehensive in nature with the programme including didactic sessions, hospital system tutorials, sessions on procedural skills and on informed consent. In addition, at the start of the intern year a “buddying” system is in place for additional support of PGY1s.

Orientation for interns is provided at the start of each clinical attachment across the organisation with systems, policies and processes in place relevant to each clinical attachment. The medical education fellow has also developed systematic processes to assist orientation of PGY2 doctors as they join

Counties Manukau from outside the Auckland region, and for RMOs joining the organisation from the United Kingdom. Finally, 'ad hoc' orientation is arranged for interns who start out of cycle, with such interns receiving a bespoke orientation programme.

<b>3.5 Flexible training</b>			
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.			
<b>3.5 Flexible training</b>			
	Met	Substantially met	Not met
Rating	<b>X</b>		
<b>Commentary:</b>			
<p><b>Comments:</b>            Counties Manukau supports flexible training with appropriate procedures available, and used, to guide and support supervisors and interns as required.</p>			

## 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:			
<p><b>Comments:</b>            Counties Manukau has systems in place to ensure all interns understand the requirements of the intern training programme. Information regarding the requirements of the intern training programme is formally communicated to the interns during a session run by the medical education fellow at orientation, and at their first meeting with their prevocational educational supervisor (PES). This information is repeatedly discussed at subsequent PES and clinical supervisor meetings. The director of clinical training occasionally attends the weekly intern education sessions to remind the interns of their training requirements. The RMO handbook contains relevant information also.</p> <p>Clinical supervisors were less aware of the requirements and reported that they would appreciate further information to be provided to them regarding the prevocational training requirements for interns.</p>			

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:			
<p><b>Comments:</b>            There is an appropriate ratio of prevocational educational supervisors (PES) to interns at Counties Manukau to oversee training and education requirements. Occasionally, the ratio of 1 PES:10 interns has been exceeded. This has been due to PES resignations, interns requiring further time beyond two years to complete their training requirements, or an increased number of Māori and Pasifika interns being overseen by the Māori and Pasifika PES, which is a major strength of the intern training programme. Recently the ratios have returned to be closer to 1:10.</p> <p>Attendance at the annual MCNZ PES meetings is very good. The PES group reported strong leadership and oversight by the director of clinical training, who is accessible and keen to help with any issue. Further support is provided to the PES group by the medical education fellow.</p> <p>There is no administrative support provided to the PES group. The administrative tasks that the PES must therefore undertake clearly impacts their ability to effectively undertake the PES role. This must be addressed to align with the administrative support that is provided to PESs regionally, and nationally. Furthermore, the majority of PESs reported not having protected time to undertake the PES role.</p>			

**Commendations:**

- Counties Manukau is commended for culturally representing their intern population by having 3 Pasifika and 2 Māori prevocational educational supervisors.

**Required actions:**

- Counties Manukau must resource and implement administrative support for the PESs so they can carry out their roles effectively, and to align with organisations nationally (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:****Comments:**

Interns report feeling well supported by their clinical supervisors, at a level appropriate to their experience and responsibilities. Clinical supervisors noted occasional resourcing and time barriers leading to delays or incorrect entering of supervisors on ePort.

Some clinical supervisors reported receiving relevant training from a number of sources, including departmental training, ePort resources, MCNZ, and through their relevant vocational colleges. However, this was variable, with some clinical supervisors unaware of the training resources available.

Counties Manukau maintains a small group of clinical supervisors for relief clinical attachments in the areas of general medicine and general surgery.

Counties Manukau staff involved in the intern training programme have access to professional development activities to support their teaching and educational practice.

**Recommendations:**

- Counties Manukau should make its clinical supervisors aware of the range of training opportunities available to them about clinical supervision (standard 4.3.1 and 4.3.3).

**Required actions:**

- Counties Manukau must establish a system to ensure clinical supervisors are fully informed about, and understand, the requirements of the intern training programme (standard 4.3.1).

**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:

Due to the repeatedly inefficient loading of new attachments and clinical supervisors onto ePort, regular and timely formal feedback has not been possible for all interns. Clinical supervisors are often unable to enter information regarding completed intern meetings. The ePort data on completed start, mid and end of attachment meetings suggests that there is significant room for improvement. Administrative support for the prevocational education and training team would allow for efficient identification and correction of this issue.

The process for identifying interns who are not performing at the required standard of competence is well established. Clinical supervisors discuss their concerns with the intern and their prevocational educational supervisor (PES), and the director of clinical training (DCT) and other services such as occupational health. Individuals involved are responsive and effective in supporting the intern when required. Remediation plans are developed and implemented appropriately.

The DCT and PESs are aware of processes to inform the Council in a timely manner of interns not performing at the required standard of competence.

##### Required actions:

- Counties Manukau must ensure that systems are in place to ensure that clinical supervisors meet with interns at the beginning, middle and end of each attachment, and record these meetings 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	<b>X</b>		
Commentary:			
<p><b>Comments:</b>            The Counties Manukau advisory panel that considers intern progress at the end of the PGY1 has appropriate representation, and follows Council's <i>Advisory Panel Guide &amp; ePort guide for Advisory Panel members</i>. There are existing processes to ensure that each eligible PGY1 is considered by an advisory panel, and that all eligible interns have applied for general registration in eport. The advisory panel bases its recommendations for registration on the requirements outlined at standard 4.5.5.</p>			

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	<b>X</b>		
Commentary:			
<p><b>Comments:</b>            On completion of the PGY2 year, the PESs, with assistance from the DCT and the regional workforce operations team, ensure that all eligible PGY2s have applied to have their endorsement removed. The PESs and the DCT monitor PGY2s' progress throughout their PGY2 year to ensure that they will meet requirements for endorsement removal to be achieved.</p>			



## 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:			

<p><b>Comments:</b></p> <p>Interns are invited to complete an anonymous survey about their educational experience at the end of each clinical attachment. In addition, workforce operations invites interns to provide feedback via an annual survey. However, feedback is not collected from clinical supervisors or PESs to inform or improve the intern training programme.</p> <p>It was reported that the feedback from the end of clinical attachment surveys is regularly collated, analysed and considered by the regional operational management group, with membership that includes the CMO from Counties Manukau. The training provider has provided examples of a number of improvements made in response to the intern feedback provided in the surveys. However, interns are not aware of improvements made in response to their survey feedback, nor is there awareness that there is a systematic mechanism for this feedback to be incorporated into improvements for training and education of interns.</p> <p>On saying this, both interns and PESs reported that they feel able to provide informal feedback and when issues are identified and reported, action is taken to address these.</p> <p>A specific survey was undertaken in March 2024 to gather feedback from interns about their clinical supervisors, PESs, and RMO unit staff. This is a new initiative and Counties Manukau plans to continue this moving forward. Examples were provided around actions taken in response to this feedback. However, clinical supervisors and PESs reported that they are not provided routine feedback on their effectiveness in undertaking their roles and they would welcome this.</p> <p>The CMO and DCT are responsible for addressing matters raised by Council, including those arising from accreditation visits and this works effectively, though there remains an outstanding required action relating to CBAs. Reports are provided annually to the Council, and these provide information about any changes to the intern training programme.</p> <p><b>Recommendations:</b></p>
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- Counties Manukau should develop a system to inform interns of improvements made in response to survey feedback.

**Required actions:**

9. Counties Manukau must:
  - implement a mechanism to collect clinical supervisor and PES feedback
  - establish a mechanism to use this feedback to inform quality improvements for the intern training programme (standard 5.3).
10. Counties Manukau must provide routine feedback to clinical supervisors and PESs about their performance (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:			
<p><b>Comments:</b></p> <p>There is a distinct lack of processes and mechanisms in place surrounding the need to ensure the currency and accuracy of accredited clinical placements within Counties Manukau. Attachments are not regularly updated, particularly the assignment of clinical supervisors. This has resulted in clinical supervisors and interns being unable to access key information on ePort.</p> <p>There are clear processes to establish new clinical attachments, with consideration of key stakeholders. This has been demonstrated by recent creation of new attachments. Furthermore, the process of allocation of interns to clinical attachments is transparent, and fair, through the use of a concise algorithm. Interns readily support this.</p> <p>PGY1 and PGY2 attachments are offered as “run blocks” which are designed by the three directors of clinical training (DCTs) at each district in the Auckland metro region. For PGY1s, they are able to state their preferences of run blocks after being offered a position via the ACE process. The preferences are matched via an algorithm with Prevocational Training Committee oversight. Subsequent changes to this allocation are subject to DCT approval, based on individual-specific factors. For PGY2s, they complete their preferences of run blocks (top ten) in their PGY1 year. This is also computer allocated via an algorithm process. Counties Manukau stated that &gt;95% of interns receive their top 10 choice. Interns expressed minimal concern around these processes.</p> <p><b>Required action:</b></p> <p>11. Counties Manukau must establish a process to ensure the currency of accredited clinical attachments, including the correct allocation of clinical attachments and assignment of clinical supervisors to attachments (standards 3.2.1 and 6.1.1).</p>			

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:

Whilst the interns and the training provider are under considerable strain, it is evident from multiple groups that there is clear delivery of a high standard of education and patient safety. However, it should not be understated that the pressure of workforce shortages placed on the interns and the RMO unit to meet these gaps is considerable, and has inevitable effects on intern wellbeing and the delivery of training. Counties Manukau monitors this increased workload routinely, and any individual or service that are under undue strain are referred to the director of clinical training (DCT) for prompt intervention. The panel was satisfied, on balance, that high quality training and safe patient care was being delivered.

Counties Manukau has a zero tolerance policy for bullying, discrimination and sexual harassment. There are multiple policies and platforms interns can access, and programs such as the 'Speak Up' program to further support interns. The interns report a safe and supportive environment, and readily access knowledgeable clinical supervisors (CSs), prevocational educational supervisors (PESs), DCT and medical education fellow (MEF) should the need arise.

Interns and staff readily reported Counties Manukau is a culturally safe environment for interns. There is unwavering support of Māori and Pasifika interns through specifically allocated PESs and regular informal gatherings. There was an awareness of an organisation's tendency to culturally load these interns, and ongoing efforts to reduce this loading and support interns in a culturally safe manner. The education sessions on critical race theory further support the wider intern group in contributing to a culturally safe environment. The panel commends the previous and current medical education fellows, and the Māori Education unit, for their work in this space.

The MEF, PESs and DCT provide a substantial amount of quality pastoral care to the interns, and this was readily reflected by multiple groups. There are personal counselling services available to interns, and this is well advertised to interns and supervisors. Career advice is offered informally by the PESs and CSs at feedback meetings.

Fair, practical and transparent professional development leave guidelines have been approved and implemented at the regional level, and no concerns were raised by interns in accessing appropriate leave.

Interns are encouraged to register with a general practitioner at multiple key milestones. Interns are readily supported by the MEF, PESs and DCT to maintain their own health and welfare.

There are clear annual leave processes implemented by the workforce operations and RMO units. This was reviewed in 2021 to better facilitate fair and transparent access to leave. Interns reported no systematic or ongoing barriers to access annual leave, and that the RMO unit works collaboratively with the interns to attempt to meet leave requests. The interns valued when the RMO unit offered periods of leave when service needs were predicted to be met.

Counties Manukau readily recognises and appreciate the wide range of additional cultural obligations for Māori interns, and are well supported by the DCT and PES team to meet these obligations. Interns reported no concerns with this support (such as leave acquisition for these obligations). The panel note this could be further strengthened by formalisation in policy for leave for cultural obligations.

**Commendations:**

- Counties Manukau’s medical education fellow, prevocational educational supervisors and director of clinical training are commended for providing high-quality pastoral care to the interns.

**Recommendation:**

- Counties Manukau should formalise its processes for Māori interns who may have additional cultural obligations, to enable those obligations to be met (standard 6.2.8).

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:			
<b>Comments:</b> There are clear and readily available resources about the intern training programme which are published to multiple accessible platforms. Furthermore, there is regular clear communications and multiple informal communication pathways exist with key staff. Interns report they can easily contact PESs, the DCT and the MEF should the need arise.			

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:			
<b>Comments:</b> The pathways to support interns to address problems related to training supervision and requirements are clear, functional and responses are timely. Interns report no concerns about these pathways to maintain appropriate confidentiality. Training-related disputes are also confidentially and impartially managed by the PESs, DCT and CMO.			

## 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:			
<p><b>Comments:</b> Ko Awatea offers a range of well-maintained and well utilised education spaces that accommodate the various learning sessions attended by interns. Ko Awatea is a significantly valued resource by all interns and staff, which meets the training needs of Counties Manukau.</p> <p>There is an exceptional simulation and training centre, strong IT services and access to a vast array of online educational resources. Interns can access resources both on the local intranet, and online resources such as UptoDate, and feel supported by the availability of online resources. The interns and staff highly valued the educational resources and IT infrastructure provided by Counties Manukau.</p> <p>It was noted that the RMO lounge is likely in need of a refurbishment. Interns feel this facility's current state is prohibitive to its use.</p> <p><b>Commendations:</b></p> <ul style="list-style-type: none"> <li>Counties Manukau is commended for both the Ko Awatea facility, and the simulation and training centre.</li> </ul> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>Counties Manukau should consider improvements to the RMO lounge, to ensure it is fit for purpose and ongoing use.</li> </ul>			