Te Kaunihera Rata o Aotearoa

Medical Council of New Zealand

Prevocational medical training accreditation – report for:
Health New Zealand | Te Whatu Ora Hawke's Bay

Date of site visit: 17 and 18 March 2026
Date of report: 28 May 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 Hawke's Bay

Name of training provider:	Health New Zealand | Te Whatu Ora Hawke's Bay
Name of sites:	Hawke's Bay Fallen Soldiers' Memorial Hospital
Date of accreditation visit:	17 & 18 March 2026
Accreditation visit panel members:	Prof. Phillippa Poole (Chair) Ms Kim Ngārimu Dr Kate Dunstall Dr Alastair MacLean Mr Chris Jenkinson Mrs Krystiarna Jarnet-Phillips
Date of previous accreditation visit:	2 and 3 July 2019
Key staff the accreditation visit team met:	
Group Director of Operations:	Mr David Warrington
Interim Chief Medical Officer:	Dr Fiona Thompson
Director of Clinical Training:	Dr Alan Stanley
Prevocational educational supervisors:	Dr Janet Ballantyne Dr James Curtis Dr Moritz Lua Dr Laura Port Dr Annie Reynolds Dr Louise Sivertsen
RMO unit staff:	Ms Michelle Francis, Ms Megan Beetham
Hauora Māori |Māori Health service	Trevor Tahau, Sheyne Te Hau, Mahina Apatu
Key data about the training provider (as of **):	
Number of interns at training provider:	
Number of PGY1s: 16	Number of PGY2s: 13
Number of accredited clinical attachments:	33
Number of accredited community based attachments:	7

Section A – Executive summary

An accreditation panel of Te Kaunihera Rata o Aotearoa, Medical Council of New Zealand (Council) has assessed Health New Zealand – Te Whatu Ora Hawke's Bay (Hawke's Bay) against the Council's 2022 *Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers.*

The accreditation panel was welcomed to the district with a profoundly moving Pōwhiri coordinated by the Hawke's Bay Hauora Māori |Māori Health Service. This allowed personal connections to be made and gave insight into the wider context of training in Hawke's Bay. The panel thanks members of Hawke's Bay Hauora Māori |Māori Health Service for their time and sharing of their wisdom.

Nā tō rourou, nā taku rourou ka ora ai te iwi

The accreditation panel is grateful to all involved in the district's intern training programme, especially the Group Director of Operations (GDO), the acting Chief Medical Officer (CMO), the Director of Clinical Training (DCT), the prevocational educational supervisor (PES) team, other clinical supervisors, the Resident Medical Officer (RMO) unit and interns. The accreditation panel appreciated the clear and succinct self-assessment documentation which demonstrated sound preparation and gave a good picture of intern training in the district. This was supplemented with survey data and further information from well-attended and open discussions during meetings the visit. Excellent organisation meant the visit ran very smoothly.

Hawke's Bay last had a Council accreditation assessment in 2019. At that time, there were 40 interns within a district of 165,000. In 2026, the number of interns is the same, the district's population is 186,000, of whom 28% are Māori, and there is one more PES than in 2019.

The accreditation panel is aware of the challenges presented by the health reforms including the ongoing uncertainty of the locus of control of Hawke's Bay as a district within the wider Health New Zealand – Te Whatu Ora structure. Hawke's Bay implements its own training programme but is starting to engage with regional developments. Further, fiscal constraints and workforce shortages in the face of increasing service demands are having an impact on prevocational training. Despite this, the enthusiasm and commitment to provide a supportive learning environment for interns was apparent across staff the panel met with during the visit, and was reflected in a group of engaged and very content interns who feel well prepared for future practice.

Hawke's Bay is recognised for providing high-quality prevocational medical education and training. Strengths of the current programme include:

- the governance model
- programme leadership and oversight, including the RMO unit
- commitment to the apprenticeship model
- most training needs, including leave requests, are able to be met
- all interns having a community-based attachment (CBA)
- the excellent and well-adhered to consent policy
- informal Hauora Māori and cultural safety learning opportunities in clinical settings
- facilities and training resources for interns.

There is considerable commitment and responsiveness to training needs, some of which is informal. The formal education and training programme has relied on its own momentum and evolved with minor changes. Yet, the panel agreed with the self-identified need for a more substantial refresh of the programme to meet the changing health service environment, to stay sustainable, and to meet the Council's prevocational standards.

Several initiatives are under way, but these will take time, and possibly more resources, to bring to fruition. It is essential these are conducted under a strategic framework for education at district level.

A major area for attention is to ensure systematic education and training of interns in hauora Māori, tikanga, health equity and cultural safety. This is both within the formal teaching programme and through learning opportunities with Māori health providers.

Other areas for action include service orientations, documentation of handover processes, reviewing its teaching programme, personal skills education, attendance at teaching, timeliness of feedback to interns, supervisor training, feedback on those delivering the programme, and pathways for resolution of training problems.

In closing, the consistency in the self-assessment and findings at the visit gave the accreditation panel confidence that prevocational education and training is strong in the Hawke's Bay district with a good awareness of what needs to be done. It is hoped that commentary in this report and attention to the following required actions over the coming years will assist leadership to realise their aims.

Summary of findings

Overall, Hawke's Bay has met ten of the 21 sets of Council's 2025 *Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers.*

15 required actions were identified, along with ten recommendations and eight 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	6
	3.2 ePort	Met	
	3.3 Formal education programme	Not met	
	3.4 Orientation	Substantially met	
	3.5 Flexible training	Met	
4 – Assessment and supervision	4.1 Process and systems	Met	2
	4.2 Supervision – prevocational educational supervisors	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	1
6 – Implementing the education and training framework	6.1 Establishing and allocating accredited clinical attachments	Substantially met	3
	6.2 Welfare and support	Met	
	6.3 Communication with interns	Met	
	6.4 Resolution of training problems and disputes	Substantially met	
7 - Facilities		Met	0

Required actions

Required action	Standard
1. Hawke's Bay must finalise a strategic plan for the ongoing development and support of high quality prevocational medical education and training, and that plan must address 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. Hawke's Bay must demonstrate that it has the mechanisms and appropriate resources to plan and review the intern training programme.	**Organisational and operational structures – The context of intern training** **2.1.1:** The training provider demonstrates that it has the mechanisms and appropriate resources to plan, develop, implement, and review the intern training programme.
3. Hawke's Bay must establish partnerships with external Māori health providers to support intern training and education.	**Organisational and operational structures – Relationships to support medical education** **2.3.3:** The training provider has effective partnerships with Māori health providers to support intern training and education.
4. Hawke's Bay must review the clinical attachment selection processes to ensure the combination of attachments would lead to an intern being supported to attain the learning activities.	**The intern training programme – 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.
5. Hawke's Bay must ensure that the intern training programme provides the supervision and opportunities to: • enhance interns' skills, understanding and knowledge of hauora Māori • develop their cultural safety and cultural competence, and • deliver patient care in a culturally-safe manner.	**The intern training programme – Programme components** **3.1.5:** The training provider has processes that ensure that interns receive the supervision and opportunities to: • enhance their skills, understanding and knowledge of hauora Māori • develop their cultural safety and cultural competence, and • deliver patient care in a culturally-safe manner.

6. Hawke's Bay must ensure that all handover processes are documented.	**The intern training programme – Programme components** **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.
7. Hawke's Bay must review its formal education programme to ensure it: a. supports interns to achieve the learning outcomes outlined in the 14 learning activities that are generally not available through the completion of clinical attachments b. provides content on hauora Māori and tikanga Māori and Māori health equity, including the relationship between culture and health. c. provides opportunity for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out.	**The intern training programme – Formal education programme** **3.3.1:** The intern training programme includes a formal education programme that supports interns to achieve the learning outcomes outlined in the 14 learning activities that are not generally available through the completion of clinical attachments. **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.
8. Hawke's Bay must ensure barriers to attending formal teaching sessions are minimised, including for interns on a community-based attachment placement.	**The intern training programme – Formal education programme** **3.3.2:** The intern training programme ensures that interns can attend at least two thirds of formal education sessions, by structuring the formal education sessions so that barriers to attendance are minimised.
9. Hawke's Bay must provide orientation at the start of each attachment, ensuring familiarity with key staff, systems, policies, and processes relevant to that clinical attachment.	**The intern training programme – Orientation** **3.4.2:** Orientation is provided at the start of each clinical attachment, ensuring familiarity with key staff, systems, policies, and processes relevant to that clinical attachment.
10. Hawke's Bay must ensure that clinical supervisors undertake relevant training and assessment within 12 months of appointment as a clinical supervisor.	**Assessment and supervision – Supervision – clinical supervisors** **4.3.3:** Clinical supervisors undertake relevant training in supervision and assessment as soon as practicable after beginning their supervisory role. This must be within 12 months of appointment as a clinical supervisor.

11. Hawke's Bay 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.	**Assessment and supervision – Feedback and assessment** **4.4.1:** Systems are in place to ensure that regular, formal feedback is provided to interns and documented in ePort on their performance within each clinical attachment, including end of clinical attachment assessments. This should also cover the intern's progress in completing the goals in their PDP and the intern's self-reflections against the 14 learning activities.
12. Hawke's Bay must ensure there are mechanisms that enable interns to provide anonymous feedback about RMO unit staff and others involved in intern training.	**Monitoring and evaluation of 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.
13. Hawke's Bay must ensure there are processes and mechanisms in place to ensure the currency of accredited clinical attachments in ePort.	**Implementing the education and training framework – Establishing and allocating accredited clinical attachments** **6.1.1:** Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.
14. Hawke's Bay must establish a formal process for interns to address problems with training supervision and requirements that maintains appropriate confidentiality.	**Implementing the education and training framework – 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.
15. Hawke's Bay must ensure there are clear and impartial pathways for timely resolution of training-related disputes.	**Implementing the education and training framework – Resolution of training problems and disputes** **6.4.2:** There are clear and impartial pathways for timely resolution of training-related disputes.

Section B – Overall outcome of the accreditation assessment

In May 2026, the Council considered this report and resolved that:

- the overall outcome of the assessment for accreditation of Health New Zealand | Te Whatu Ora Hawke's Bay is **'substantially met'**
- Health New Zealand | Te Whatu Ora Hawke's Bay is accredited for a period of four years, until **30 May 2030**, subject to the following conditions:
  - Hawke's Bay must provide progress reports that satisfy the Council that its required actions have been addressed, by the dates specified by the Council
  - Hawke's Bay 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:

Health New Zealand – Te Whatu Ora Hawkes's Bay (Hawke's Bay) has continued to deliver high standards of medical practice, education and training. However, it has not provided evidence that education and training are currently positioned as strategic priorities for the organisation. Hawke's Bay has acknowledged that recent health sector restructuring has led to education and training not being prioritised at a national level, resulting in reduced certainty at the local level regarding resourcing and strategic direction.

Hawke's Bay has signalled its intention to develop a strategic plan for the intern training programme; however, planning remains at an early stage.

In the absence of a strategic plan for the prevocational education and training programme, Māori health and health equity are not explicitly reflected at this level of planning. Hawke's Bay acknowledged that capacity limitations in recent years have affected its ability to maintain a sustained focus in these areas.

The Resident Medical Officers' Training and Advisory Group (RTAG) is the forum that exercises clinical governance over the Hawke's Bay intern training programme. Its terms of reference require compliance with the Council's requirements. It is an advisory and recommendatory body, reporting to the Professional Standards and Performance Committee, and ultimately to the Clinical Board. There are two intern representatives as members of the RTAG, one each of PGY1 and PGY2.

The Director of Clinical Training (DCT) has delegated authority and responsibility from the Chief Medical Officer (CMO) for managing prevocational training, with the CMO retaining accountability for it.

Hawke's Bay engages in the regular accreditation cycle of the Council, including the accreditation process and the subsequent reporting requirements.

Required actions:

1. Hawke's Bay must finalise a strategic plan for the ongoing development and support of high quality prevocational medical education and training, and that plan must address Māori health and health equity (standards 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:

Hawke's Bay has had a longstanding commitment to quality intern education.

The current DCT was appointed in early 2025. He has a 0.3 FTE allocation, supported by six prevocational educational supervisors at 0.1FTE each. Since the last accreditation in 2019, one further prevocational educational supervisor has been added, but as there has been no increase in intern numbers, each prevocational educational supervisor supervises 5-7 interns. At present the prevocational educational supervisor team are all physicians and paediatricians, but the DCT is looking to diversify membership over time. Each prevocational educational supervisor has a portfolio, looking after different aspects of the intern training programme. Evidence shows interns and clinical supervisors hold the DCT and prevocational educational supervisors in high regard.

The DCT reports to the CMO, meeting monthly. The prevocational educational supervisors meet at least once a month formally with the RMO unit. The DCT meets fortnightly with the RMO unit manager. The prevocational educational supervisor group and DCT meet fortnightly for peer support. The DCT also attends the monthly meeting of clinical directors and heads of departments.

The DCT and prevocational educational supervisors work closely with the Resident Medical Officer (RMO) Unit which, in addition to supporting education and training, manages intern administrative processes such as recruitment, allocation, rostering, leave, feedback, and pastoral care. They work closely with Health New Zealand's Resident Doctors Support Service (RDSS). The team uses a values-based approach and is responsive to interns' needs in a transparent way. They are proactive in finding opportunities such as extra work experience and looking at ways to improve educational processes. The RMO unit was reported by interns, senior management and supervisors to perform their functions extremely well.

The DCT and RMO office have processes for reporting issues that may have significant effect on training to the Council.

Intern education and training is overseen by the RMO Training and Advisory Group (RTAG). The RTAG meets monthly, and reports to the district's Professional Standards and Performance Committee, which reports to the Clinical Board. Membership includes:

- DCT (Chair and CMO delegate)
- CMO (or delegate from the district's executive management team)
- Operations Director
- Prevocational educational supervisor representative
- RMO representatives (2) – PGY1 and 2
- Associate Dean – Hawke's Bay, University of Otago, Wellington

- RMO Unit Manager.

While current governance and resourcing is delivering a sound programme for the most part, the changing context of the wider health system, including resourcing constraints and increasing service loads on supervisors, is having an impact on programme delivery. A particular issue is the lack of formal partnerships internally with Hauora Māori |Māori Health service and externally with Māori health providers for education and training of interns (see also 2.3.3).

The DCT and the RMO office are aware of the issues needed to be addressed and have already made improvements in several areas, with plans in others. In the last year, momentum has picked up. An example is the new professional development programme, Te Puawaitanga, delivered in conjunction with the DCT and Hauora Māori lead at Te Whatu Ora – Lakes. On the horizon is a primary care training pathway which will drive further change.

While there are mechanisms in place to plan, implement and review the intern training programme, the panel found that planning and review functions tend to respond to issues as they arise, rather than being undertaken in a systematic manner. A comprehensive mapping of the whole programme to the Council learning activities is planned to be carried out.

To be effective, future educational developments must be deliberate, resourced adequately and informed by sound educational principles. As outlined in Standard 1, this must be under the framework of a strategic plan for education and training in the district.

Commendations:

- The staff of the RMO unit at Hawke's Bay are commended for their highly valued expertise and supportive approach.
- The current DCT is commended for his commitment and leadership in reinvigorating educational activities in the district.
- The Te Puawaitanga programme, co-developed with Te Whatu Ora – Lakes, is commended for its potential to enhance intern training in personal and professional skills, including cultural safety and Hauora Māori.

Required actions:

2. Hawke's Bay must demonstrate that it has the mechanisms and appropriate resources to plan and review the intern training programme (standard 2.1.1).

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:

Over time, the intern training programme has evolved iteratively based on feedback, opportunity, and to meet requirements. Hawke's Bay is aided in this endeavour by having a relatively small number of interns and a committed senior staff, both of which facilitate formal and informal educational opportunities.

The educational principles of the current programme are implicit. The programme itself is a hybrid of formal teaching sessions, workshops (including practical skills), and informal apprenticeship style learning opportunities in a range of settings including primary care. The PGY2 programme assumes interns will identify their own learning needs.

Many of the clinical supervisors have developed expertise through supervision of undergraduates and/or vocational trainees. The prevocational educational supervisors and DCT are experienced and have demonstrated capability to deliver the programme, supported by the RMO unit. Several prevocational educational supervisors bring experience from other Aotearoa New Zealand hospitals or overseas. Learning for this supervisor leadership group is gained at meetings such as the Australia and New Zealand Prevocational Medical Education Forum (ANZPMEF), college and Council supervisor training. There has not been any local training recently.

One of the prevocational educational supervisors will be undertaking formal study in medical education during a sabbatical. Other learning for educational leadership has been gained through working with university staff, such as Te Puawaitanga module with Te Whatu Ora – Lakes staff who also hold positions with Waipapa Taumata Rau, University of Auckland.

Recommendations:

- Hawke's Bay should identify the pedagogy that will be the most effective for learning, as well as being sustainable, when designing and implementing changes to the intern training programme.

Required actions:
Nil.

2.3 Relationships to support medical education

2.3.1 There are effective working relationships with external organisations involved in training and education.
2.3.2 The training provider coordinates the local delivery of the intern training programme or collaborates in such coordination when it is part of a network programme.
2.3.3 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:
Hawke's Bay implements its own intern training programme.

The DCT and prevocational educational supervisor group are linked to, and participate in, national educational fora such as Council's prevocational educational supervisor meetings and national DCT meetings.

There are links at several levels to college training, and formal relationships with primary health organisations, although there are no community-based attachments (CBA) with a Māori health provider.

There is a formal relationship with Ōtākou Whakaihu Waka University of Otago for year 5 and 6 student placements. An approach has been made to the district by the New Zealand Graduate School of Medicine at the University of Waikato, but developments are at an early stage.

The RMO unit staff and the DCT report constructive links developing with RDSS, and early discussions at Te Ikaroa | Central regional level as to where there may be leverage in sharing educational or pastoral initiatives.

The team was welcomed to the district with a profoundly moving Pōwhiri coordinated by the Hawke's Bay Hauora Māori |Māori Health Service and held in their designated space. In a subsequent meeting, the team learned that the Hauora Māori |Māori Health Service has an operational function to support and advocate for Māori patients in the hospital and the community. The service's role is introduced to interns at orientation, and interns are welcome to be involved in clinical interactions with the service.

However, there is no mandate or capacity for the Hauora Māori |Māori Health service to be involved in the formal intern training programme. Further, plans for a regular day-long Tūhono-a-Iwi: Cultural Competence Workshop for all new staff are currently on hold. While one of Te Puawaitanga modules will cover 'cultural safety for life' using an external facilitator, this is not sufficient to meet the standard.

A Health New Zealand Te Whatu Ora Hauora Māori national and regional service is developing, but the extent to which this service will be able to advise or contribute to formal intern training is not yet clear.

Required actions:

3. Hawke's Bay must establish partnerships with external 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:

- 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:

Hawke's Bay currently employs an apprenticeship model of training. While it is likely that interns attain the learning outcomes required in the curriculum there is not a structure to ensure that individuals have a mix that ensures this is the case. Learning objectives are mapped in the clinical attachments but not across the whole two years or with the formal education programme. There is no mechanism to see where objectives are obtained or acquired through the teaching programme that would allow oversight of an intern's progress and opportunities and allow a gap analysis.

In their PGY1 year, interns complete four hospital based clinical attachments. They have the ability to rank their PGY2 options allowing some choice. There is scope for the interns to swap their clinical attachments after they have been allocated. Some clinical attachments (for example those in the emergency department, obstetrics and gynaecology, and paediatrics) are preferentially allocated to PGY2s and these are 6-month posts. Interns have good access to community-based attachments with seven currently accredited attachments which will be eight when urgent care returns. All interns were able to complete a community-based attachment in the last year.

An acknowledged gap in the training has been the lack of formal cultural safety and hauora Māori. Hawke's Bay has a willing Hauora Māori |Māori Health service but this service does not have the capacity to be routinely integrated into ongoing training and supervision of interns. Yet, this unit provides a bridge for patients and in doing so gives bedside teaching and exemplar practice. The interns note that while there are some resources in Hauora Māori and cultural safety, these do not build on their prior medical school teaching and this is echoed by the clinical supervisors. This lack does not suggest that it is culturally unsafe, just that there is a gap in training at a level to advance interns' skills.

Interns are not rostered onto nights before quarter two and then only if they have completed an acute medical clinical attachment. Whilst on nights the interns feel well supported. The arrangement is for the rostering of three medical registrars until midnight and a night shift comprising two house officers, a PGY1 with a PGY2, and a medical registrar overnight. There is also support from intensive care unit outreach, the patient at risk (PAR) nurse and on call surgical registrar. In preparation for nights, Hawke's Bay run a 'surviving nights' course in teaching and ensuring interns have completed the acute care training or an advanced cardiac life support course. The interns reported that they felt able to call on call senior medical officers (SMO) when required and are supported by this group.

While handovers occur at defined times, they are not routinely documented in the clinical attachment descriptions or orientations. The medical handovers in the morning are between the SMO and registrar initially with the intern preparing on the ward. This is considered to improve the functionality of the service and provide better learning opportunities for interns. Interns are in involved in the handovers at 1600 and night handovers. To improve the documentation of night handovers, the interns created a live spreadsheet that all in the team can edit and so communicate tasks through. Surgical, orthopaedics and other services have an earlier handover that does include the intern but again there is no documentation.

Hawke's Bay has a comprehensive consent policy and from the intern survey and conversations the panel had with interns, there was no concerns raised that interns were being requested to obtain consent for procedures beyond their scope. While the formal teaching programme covers obtaining informed consent, the interns reported that they also learn through bedside teaching and discussion on their orthopaedic and surgical clinical attachments.

Commendations:

- Hawke's Bay is commended for its excellent and well adhered to consent policy.
- The Hauora Māori |Māori Health service provides unrecognised cultural safety practice and teaching at the bedside which while not recognised in a formal programme allow culturally safe practices to be demonstrated to and learned by the interns.

Recommendations:

- Hawke's Bay should consider mapping the learning outcomes, outlined in the 14 learning activities, across the clinical attachments and the formal education programme.

Required actions:

4. Hawke's Bay must review the clinical attachment selection processes to ensure the combination of attachments would lead to an intern being supported to attain the learning activities (standard 3.1.1).
5. Hawke's Bay must ensure that the intern training programme provides the supervision and opportunities to:
    - enhance interns' skills, understanding and knowledge of hauora Māori
    - develop their cultural safety and cultural competence, and
    - deliver patient care in a culturally-safe manner are incorporated into the intern training programme.
6. Hawke's Bay must ensure that all handover processes are documented (standard 3.1.9).

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:
Hawke's Bay's interns are taught at orientation how to use ePort.

The RMO Unit tracks the use and completion of ePort and is aided by the Council's reminders. Interns' PDP and goals are set and reviewed at regular meetings with their clinical and prevocational educational supervisors.

Required actions:
Nil.

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:
Hawke's Bay's formal teaching programme is delivered locally in the hospital. Currently there is no access if interns are offsite. It is run by the prevocational educational supervisor group and administered by the RMO unit. The prevocational educational supervisor group approach and get agreement from educators and the RMO unit ensure that presenters are booked in to teach and are reminded closer to the date.

There is also access to specialty teaching on each clinical attachment but attendance at this is not captured in the training record.

The interns reported that teams are supportive of releasing them for teaching, and that as the session time has been unchanged for years, it is well known and they are able to leave to attend. Attendance is recorded on paper and then transferred to a spreadsheet by the RMO unit. This is also the method of getting feedback on sessions. Feedback is reportedly not often given.

An external speaker came to Hawke's Bay in 2025 to provide education on self-care and wellness, however this is not part of teaching programme for 2026. Hawke's Bay has incorporated a course, Te Puāwaitanga, in collaboration with Te Whatu Ora – Lakes, which involves structured learning to support the transition from undergraduate to intern doctor.

Intern attendance at formal education sessions is less than two thirds of the available sessions. One of the barriers identified was access to the education programme when interns are off-site, for example while on CBAs as there is no online access.

Recommendations:

- Hawke's Bay should identify and consider how to address any gaps in its teaching programme when compared to the outcomes outlined in the 14 learning activities.

Required actions:

7. Hawke's Bay must review its formal education programme to ensure it:
   a. supports interns to achieve the learning outcomes outlined in the 14 learning activities that are generally not available through the completion of clinical attachments
   b. provides content on hauora Māori and tikanga Māori and Māori health equity, including the relationship between culture and health (standard 3.3.4).
   c. provides opportunity for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out (standards 3.3.1, 3.3.4 and 3.3.5).
8. Hawke's Bay must ensure barriers to attending formal teaching sessions are minimised, including for interns on a community-based attachment placement (standard 3.3.2).

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:

Hawke's Bay operates a well-received initial orientation for the January intake of PGY1 interns. For those interns commencing out of sequence there is robust orientation in smaller groups with buddies provided in the first two weeks.

Each year the orientation programme is reviewed and revised based on the feedback given.

Orientation to clinical attachments is inconsistent. Additionally, the information provided is not always aligned with the clinical attachment descriptions in ePort. Orientation appears to often be done by registrars and without formal guidance. This means orientation is person dependent and inconsistent.

Required actions:

9. Hawke's Bay must provide orientation at the start of each attachment, ensuring familiarity with key staff, systems, policies, and processes relevant to that clinical attachment (standard 3.4.2).

3.5 Flexible training			
3.5.1 Procedures are in place and followed, to guide and support supervisors and interns in the implementation and review of flexible training arrangements.			
3.5 Flexible training			
	Met	Substantially met	Not met
Rating	**X**		
Commentary:			

Comments:

Hawkes' Bay has a policy for flexible training and currently has a trainee utilising this policy. While there have been challenges, there has been a clear commitment to making this work.

Required actions:

Nil.

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:
Hawke's Bay has systems in place to ensure that interns and those involved in its intern training programme understand the requirements. Information about the programme is included in orientation, teaching, regular intern-prevocational educational supervisor meetings and RMO unit support.

Required actions:
Nil.

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:
Hawke's Bay has a DCT with 0.3 FTE and six prevocational educational supervisors. All have fewer than eight interns with a fair spread across the prevocational educational supervisors. They represent a committed team with good support from the RMO unit. It was clear to the panel that these individuals were held in high regard.

The prevocational educational supervisors and DCT group attend the annual prevocational educational supervisor's meetings and are encouraged to attend the ANZPMEF. The DCT is an active member of the national DCT group.

The DCT has been in post for a year while the CMO is interim and has been in post since January. They meet regularly and have bi-monthly meetings with the RMO unit and the DCT and prevocational educational supervisors group meet monthly.

The RMO Unit has 1 FTE dedicated to intern support and they provide administrative support for the DCT and prevocational educational supervisor's group. This was felt by all sides currently to be adequate. In addition to this the RMO unit has four staff for registrar and roster support and one staff member who is responsible for recruitment. Hawke's Bay has expanded the FTE to include managing the medical students.

Commendations:

- Hawke's Bay is commended for the cohesiveness, capacity and commitment of the DCT, PES and RMO unit as a whole in their leading of intern education at Hawke's Bay.

Required actions:

Nil.

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:

Hawke's Bay has an established group of clinical supervisors. It considers training and education to be part of every SMO's role. New clinical supervisors are directed to complete the online ePort training.

The Hawke's Bay's RMO unit uses the data in ePort to monitor supervision training by clinical supervisors. It was acknowledged this may not be adequate, given the information is provided by clinical supervisors at a moment in time and are therefore considering other ways to obtain the information. There is difficulty in being sure that supervisors have completed the relevant training within 12 months of appointment.

The DCT conducted a survey of clinical supervisors and reported that a proportion felt they did not have the training required. The panel spoke to a selection of clinical supervisors, who largely described using their professional college resources to attain training in this, which they considered to be sufficient.

Most services' clinical supervisors reported that as a small hospital they are often on the ward with the intern and so able to feedback directly, requiring less dedicated time to complete feedback. The time requirement is noted to increase if the intern is struggling. In some clinical attachments there appears to be a lack of spaces that are suitable for delivering sensitive feedback, or time to complete this.

Surgical and medical consultants provide supervision for medical and surgical relief clinical attachments. This involves the use of a relief log book for interns to obtain feedback over the course of the attachment for the supervisor to review.

Recommendations:

- Hawke's Bay should consider how it can best support those in supervisor roles to be able to deliver feedback in a safe and sensitive way, considering time and meeting space aspects. (Standard 4.3.1)

Required actions:

10. Hawke's Bay must ensure that clinical supervisors undertake relevant training in supervision and assessment within 12 months of their appointment (standard 4.3.3).

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:

Statistics from ePort indicate required timeframes are often not being met for beginning, mid and end of attachment meetings between clinical supervisors and interns, with particular attention needed for the mid-attachment meeting. The RMO unit sends reminder emails and interns are reminded of their obligations to schedule meetings with their supervisors.

Hawke's Bay has a clear 'doctor in difficulty' pathway which clearly describes options for management of likely conflicts or difficulties. At the visit, the panel heard that interns and clinical supervisors were clear in how to escalate concerns around an intern's performance. It was also noted that while handover between clinical attachments would occur this would only be with a plan that would aid the affected intern. There are mechanisms to swap intended clinical attachments if required.

Prevocational educational supervisors and the DCT are aware of how to inform the Council should this be required.

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.

Recommendations:

- Hawke's Bay should publicise its doctor in difficulty pathway more widely to clinical supervisors.

Required actions:

11. Hawke's Bay 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
- 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:
Hawke's Bay has an advisory panel which meets in person or virtually to consider interns' progress. It is chaired by the DCT. Interns are given clear advice about the requirements and to prepare their portfolios accordingly. The advisory panel follows the Council's requirements and guidance. The RMO unit has processes to ensure that the advisory panel meets for eligible interns, and that interns subsequently apply for registration in the General scope of practice.

Required actions:
Nil.

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:
Hawke's Bay has appropriate mechanisms for ensuring that endorsement removal applications are made by interns and reviewed by prevocational educational supervisors. These are operated by its RMO unit in combination with prevocational educational supervisors and the DCT.

Required actions:
Nil.

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:

Hawke's Bay has a robust set of processes and systems to monitor the intern training programme, and address issues, with input from those involved. These include a well-functioning RTAG where the intern representatives' perspectives are valued and heard, accessible staff including the DCT, prevocational educational supervisors and RMO unit, and a range of surveys including about end of clinical attachments and the orientation programme.

Clinical supervisor feedback on the programme is proactively sought through the structured clinical attachment review discussions, which take place at least every 2 years with each clinical service. A survey of SMOs regarding their perspectives on clinical supervision was carried out in 2025. The DCT is accessible to heads of clinical services to discuss any issues.

Unfortunately, there were insufficient respondents to Torohia to allow for survey results to be aggregated at the Hawke's Bay district level, and Hawke's Bay had cancelled plans to survey interns on their experience of supervision. Hawke's Bay is currently considering how feedback might be gathered on the topics covered in these surveys, balancing this with ensuring sufficient responses are received for the results to be reliable.

Interns are able to provide anonymous feedback about their educational experience on each clinical attachment. Anonymity is preserved through careful review by the RMO unit and a prevocational educational supervisor with portfolio responsibility, and aggregating feedback across multiple quarters in smaller clinical attachments. Hawke's Bay has sought to reduce the survey burden by removing a number of questions from the standard postgraduate hospital educational environment measure (PHEEM) survey.

There were numerous examples of how feedback had been used to improve the intern training programme, including changes to the psychiatry clinical attachment. There are effective systems to track issues raised and their resolution. The panel was left with the impression that Hawke's Bay welcomed suggestions on how to improve intern training and was committed to acting on feedback, within its constraints.

Hawke's Bay gathers a range of highly positive feedback about its intern training programme. This is not always shared with those who contribute towards making it a success.

Interns are invited annually to provide feedback on their prevocational educational supervisor, through an anonymous survey. This informs the annual appraisal meeting of the prevocational educational supervisor with their DCT. There is currently no mechanism for interns to feedback anonymously on the RMO unit or other staff involved in the intern training programme.

The effectiveness of clinical supervisors is routinely evaluated as part of the structured clinical attachment review process involving the DCT, the head of the clinical service, and clinical supervisors. This is informed by feedback from the interns gathered through various channels. This process occurs at least once every two years for each service, and more frequently if required. However, it was not clear how widely understood this mechanism was to clinical supervisors more broadly.

Hawke's Bay has appropriate processes in place to address any matters raised by the Council, with oversight of this by the CMO and DCT.

Hawke's Bay has provided reports to the Council against the accreditation standards, as required by the Council, since its last accreditation assessment.

Commendations:

- Hawke's Bay is commended for its openness to quality improvement and commitment to continuous improvement of its intern training programme.

Recommendations:

- Hawke's Bay should consider regularly repeating its survey of SMOs regarding their experience of supervision.
- Hawke's Bay should consider ways to raise awareness of how intern feedback is used in the evaluation of clinical supervisors' effectiveness.
- Hawke's Bay should consider ways to share the positive and complimentary feedback received from interns with relevant staff.

Required actions:

12. Hawke's Bay must ensure there are mechanisms that enable interns to provide anonymous feedback about RMO unit staff and others involved in intern training (standard 5.4).

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:

Clinical attachments are reviewed at least every two years and includes PHEEM results, consultation and input from heads of departments, clinical supervisors and prevocational educational supervisors. It is part of the prevocational educational supervisor and DCT role to ensure this happens. However, it was clear that the documentation in ePort was not up to date.

There is an adequate process for establishing new clinical attachments.

The process for allocating interns to clinical attachments is clear and transparent. PGY1 clinical attachments are allocated randomly.

Intern preferences and training needs are taken into account when allocating PGY2s to clinical attachments. Prevocational educational supervisors are involved in the allocation process if there are any concerns.

Required actions:

13. Hawke's Bay must ensure there are processes and mechanisms in place to ensure the currency of accredited clinical attachments in ePort.

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:

Both interns and staff felt duties, rostering, working hours and supervision of interns are consistent with the delivery of high-quality training and safe patient care.

There were no concerns raised regarding bullying, discrimination and sexual harassment. There is a clear process to follow if there were concerns.

As noted previously in the report, there is no formal cultural safety education provided to interns. However, there is informal bedside teaching provided by the Hauora Māori |Māori Health service, though this team is patient and whānau focussed, not focussed on education and training. On discussion with interns, the working environment at Hawke's Bay does not seem culturally unsafe, however, there is no systemic structure in place ensuring a culturally safe environment.

Career advice is provided informally to interns through discussions with their prevocational educational supervisors. The RMO unit helps to connect interns with seniors in careers in which they have interest. Interns have access to counselling through Southern Cross Health.

There is an appropriate procedure for accessing professional development leave. Interns felt this was fair and practical.

Interns are encouraged to enrol with their own general practitioner. The RMO unit is proactive on preventing burnout by monitoring annual leave taken. The RMO unit proactively contacts interns that may be at risk of burnout based on information from clinical supervisors and prevocational educational supervisor's and sick day patterns. There is formal teaching on "soft skills" to enhance wellbeing, though no direct wellbeing teaching.

Interns are very happy with the application process for leave.

Māori interns have been able to take additional leave for cultural obligations without issue to date. The RMO unit also considers long day rostering, avoiding certain days to facilitate long term commitments of interns. The RMO staff state the only time this would be an issue would be if late notice was given and there was no roster cover available.

Recommendation:

- Hawke's Bay should consider a systemic approach to ensure a culturally safe environment as part of the intern training programme.

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:

Hawke's Bay's main source of communication with interns is through their work email.

There is an RMO handbook that contains information about their training programme however this is described as clunky. Hawke's Bay has plans to review the content this year and decide on an appropriate format and location to host the handbook.

Recommendations:

- Hawke's Bay should continue with its plans to review and condense the information in the RMO handbook.

Required actions:

Nil.

6.4 Resolution of training problems and disputes
6.4.1 There are processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality.
6.4.2 There are clear 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:

There are informal processes in place where issues are raised to prevocational educational supervisors then escalated to DCT. There is peer support available within prevocational educational supervisor's group. It is unclear how the processes in place maintain appropriate confidentiality.

However, there is no formal pathway for resolution of timely resolution of training-related disputes or processes available to interns for what to expect during the process. There are plans to create a flowchart for flagging and escalation of issues, however this does not cover resolution of training-related disputes.

Required actions:

14. Hawke's Bay must establish a formal process for interns to address problems with training supervision and training requirements that maintain appropriate confidentiality (standard 6.4.1).
15. Hawke's Bay must ensure there are clear and impartial pathways for timely resolution of training-related disputes (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:
The facilities in Hawke's Bay for interns are excellent. Interns have access to a large, comfortable RMO lounge. This has plenty of computer access, along with cooking and hygiene facilities available.

The library provides access with more computers and textbooks. The Te Whatu Ora Health New Zealand restructure has improved access to online journals and books.

There are good meeting rooms available for teaching. The RMO unit office has recently shifted from being next to the meeting rooms, however they are still nearby in same building.

There is a clinical skills lab which provides manikin-based training for phlebotomy, lines and resuscitation and there is a training dummy for lumbar punctures.

Commendations:
- Hawke's Bay is commended for its excellent facilities for interns.

Required actions:
Nil.