Te Kaunihera Rata
o Aotearoa

Medical Council of New Zealand

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

Date of site visit: 29 and 30 September 2025
Date of report: 24 April 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 Whanganui

Name of training provider:	Health New Zealand | Te Whatu Ora Whanganui
Name of sites:	Whanganui hospital
Date of accreditation visit:	29 and 30 September 2025
Accreditation panel members:	Dr Suzanne Busch (Accreditation panel chair) Dr Geetha Cox Dr Duncan Finlayson Ms Kim Ngarimu Dr Sarah Rennie Mr Richard Tankersley
Date of previous accreditation visit:	1 and 2 April 2019
Key staff the accreditation panel met:	
Chief Medical Officer:	Dr Nathalie de Vries
Director of Clinical Training (until 2 November 2025):	Dr Nitin Gadgil
Prevocational educational supervisors:	Dr Andy Thompson Dr Nitin Gadgil Dr Bridget Fry Dr Logan Wingate Dr Deborah Gardiner
Medical Management unit staff:	Louise Torr Willie Tamehana Kent Wilkins Kiriana Houltham Honey Pillai Fay Cox Robert Smith
Māori health team	Ned Tapa Rene Tapa Rihi Karena Cynda Baker
Other key staff involved in the prevocational training programme	
Group Director of Operations:	Katherine Fraser-Chapple

Key data about the training provider (as of 30 March 2026):

Number of interns at training provider:

Number of PGY1s:	15	Number of PGY2s:	11

Number of accredited clinical attachments:	15
Number of accredited community-based attachments:	4

Section A – Executive summary

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

The accreditation panel is grateful to the senior leadership team of Whanganui, the Hauora Māori team, the Medical Management Unit (MMU) lead and team, the Director of Clinical Training (DCT), the prevocational educational supervisors (PESs), and interns for their preparation for the accreditation process. The pōwhiri was a wonderful introduction to the Whanganui culture. We appreciated the honesty and active engagement with the panel throughout the visit.

Whanganui is a secondary care hospital providing services to a community of approximately 70,000 people. Approximately 30% of the population are Māori. The hospital has only a few registrars and offers broad experience for interns working alongside consultants. The accreditation panel acknowledges the current workforce shortages across many healthcare roles and that the structural and governance changes within the health service are having a significant impact on prevocational training across the country. The accreditation panel recognises the hard work of all those who are working with interns in these challenging times. It is also acknowledged that it has been more than six years since the last accreditation visit.

Whanganui employs a proportionately high number of international medical graduates. Its prevocational medical workforce at times consists of high numbers of first year interns due to many leaving at the end of the first year. This has resulted in additional challenges with respect to supporting intern training and managing service provision.

Whanganui's staff strive to provide excellent prevocational training. Currently, there is no separate strategic plan for the Whanganui district, and the national Health New Zealand plan does not have prevocational training as a priority. Whanganui has representation for interns on its Medical Education Committee. Interns are also involved with other groups such as the Drug and Therapeutics Committee which is commendable.

The Chief Medical Officer (CMO) oversees the prevocational training programme. There is a DCT position; at the time of the accreditation visit the postholder had resigned, but remained in post until 2 November 2025. Whanganui has strong relationships with the University of Waikato and Otago. The MMU and the PESs have administrative support. Whanganui's monitoring and implementation of the intern programme is responsive to issues, but there was no evidence for a proactive plan for developing the prevocational training programme. Te Hau Ranga Ora (the Māori health unit) plays a vital role in intern orientation and support when working with patients and whānau, however, the team has minimal or no involvement with the formal teaching programme throughout the year. Whanganui has no relationships with external Māori health providers in the context of intern training.

Whanganui provides a broad educational experience. On completion of the prevocational training programme, interns are well prepared and supported for a wide range of future training opportunities.

The MMU assigns interns to clinical attachments in both first and second year with no input from the PESs. Whanganui's clinical attachment allocation process is not transparent and there are valid intern concerns about fairness.

Whanganui has been proactive in providing community-based attachments (CBAs) for all its interns. However, interns on some CBAs do not have the ability to complete 10 weeks in the attachment due to requirements of nights rostering in the hospital. Whanganui had previously identified safety and supervision at night as an issue; significant work has been undertaken in preparing interns for work on

nights and this has resulted in interns feeling generally prepared and supported. A few senior medical officers (SMO) are still not responding appropriately when called at night. Whanganui is working to resolve this, but it was acknowledged that further work needs to be done.

Whanganui has some departments with effective structured handover between shifts. However, the night to morning handovers require structure across the hospital services to support continuity of care for patients.

There is appropriate adherence to Council's statement on informed consent by all proceduralists, however, there is an issue with the prescribing and consenting for complex infusions by interns.

Interns report having a good understanding of ePort and Council's registration requirements. Whanganui's panel for general registration meet every quarter due to the staggered finishing of interns. The panel is well organised and meets each intern face-to-face as part of this process. Whanganui's proactive work with interns who need additional support is commendable.

Whanganui has excellent work-based teaching opportunities. The formal teaching programme has improved recently with input from interns, and this is reflected in high attendance numbers by PGY1s. Whanganui's formal teaching programme does not include teaching on Hauora Māori or tikanga Māori. Whanganui does not have a dedicated PGY2 teaching programme, though there are good departmental teaching programmes throughout clinical attachments.

Whanganui has an innovative and thorough orientation programme at the beginning of the year, as well as for interns who start throughout the year. Orientation documents for clinical attachments are comprehensive, although there is variation around whether interns receive in-person orientation to some attachments.

The PESs supervise an appropriate number of interns and have a positive relationship with their CMO. The PESs are not allocated at least 0.1 FTE for their supervision of interns and they do not receive feedback regarding their effectiveness. Whanganui has done a lot of work to support clinical supervisors to understand the expectations of supervision.

The accreditation panel was made aware of examples of sexual harassment towards female interns and discrimination towards international graduates. Details were raised with senior leadership during the accreditation visit, and the panel received a response that gave confidence that this would be a priority to be acted on. A systemic response is also needed.

Whanganui manages clinical attachments and relief in general medicine by assigning five to ten interns to the general medicine department, depending on staffing levels. Interns are assigned to a SMO each day, as there is no team structure. There are some efforts to have continuity between interns and SMOs, but it is acknowledged that only three of the seven SMOs are vocationally registered and therefore able to serve as clinical supervisors. As interns move between multiple SMOs, there is lack of continuity of patient care and also risk to interns due to limited continuity of supervision. Some interns will be allocated to a general medicine clinical attachment three times in their PGY1 year. This limits their exposure to different areas of medicine, and risks them not having a sufficiently broad-based education.

Interns' feedback response rates in Whanganui was low. Interns have had good engagement with surveys in the past but in recent years there has been irregular surveying and limited uptake as interns are concerned about a of lack of anonymity; this has resulted in Whanganui's senior management having a reduction of awareness of issues experienced by interns.

The panel was impressed with the level of engagement from all involved with intern training during the visit. Whanganui displayed enthusiasm for improvement and a genuine gratitude for the contribution

interns make to Whanganui. Interns' overall feedback reflected appreciation for the learning opportunities and support they receive.

Summary of findings

Overall, Whanganui has met nine of the 21 sets of Council's 2022 *Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers.*

22 required actions were identified, along with six recommendations and 12 commendations.

Standard	2025 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	Not met	7
	3.2 ePort	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	4
	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		Not met	2
6 – Implementing the education and training framework	6.1 Establishing and allocating accredited clinical attachments	Not met	6
	6.2 Welfare and support	Not 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. Whanganui must develop a strategic plan for the ongoing development and support of high quality prevocational medical training and education, and this 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. Whanganui must demonstrate that it has the mechanisms and appropriate resources to plan, develop, implement, 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. Whanganui must establish partnerships with external Māori health providers that support intern training and education.	**Organisational and operational structures – Relationships to support medical education** **2.3.3:** The training provider has effective partnerships with Māori health providers to support intern training and education.
4. Whanganui must select suitable clinical attachments for training based on the experiences that interns can expect to achieve, including the: • workload for the intern and clinical unit • complexity of the given clinical setting • mix of training experience.	**The intern training programme – Programme components** **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 clinical unit • complexity of the given clinical setting • mix of training experience.

5. Whanganui must ensure that night rostering at the hospital for interns undertaking community-based attachments does not compromise interns' ability to meet the required time commitments for those community-based attachments.	**The intern training programme – Programme components** **3.1.6:** The training provider, in discussion with the intern and the prevocational educational supervisor, must ensure that over the course of the two intern years each intern completes at least one community-based attachment.
6. Whanganui must ensure interns working on nights are appropriately supported when contacting senior medical staff.	**The intern training programme – Programme components** **3.1.8:** The training provider has a process to ensure that interns working on nights are appropriately supported. Protocols are in place that clearly detail how the intern may access assistance and guidance on contacting senior medical staff.
7. Whanganui must ensure there are procedures in place for structured handovers between night to morning shifts.	**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.
8. Whanganui must ensure adherence to the Council's statement on obtaining informed consent, for complex infusions.	**The intern training programme – Programme components** **3.1.10:** The training provider ensures adherence to the Council's policy on obtaining informed consent.
9. Whanganui must ensure the formal education programme supports interns to achieve the learning outcomes outlined in the 14 learning activities that are not generally available through the completion of clinical attachments.	**The intern training programme – Formal education programme** **3.3.1:** The intern training programme includes a formal education programme that supports interns to achieve the learning outcomes outlined in the 14 learning activities that are not generally available through the completion of clinical attachments.

10. Whanganui must ensure the formal education programme provides content on hauora Māori and tikanga Māori, and Māori health equity, including the relationship between culture and health.	**The intern training programme – Formal education programme** **3.3.4:** The formal education programme provides content on hauora Māori and tikanga Māori, and Māori health equity, including the relationship between culture and health.
11. Whanganui must ensure that prevocational educational supervisors have allocated time for their supervision of interns.	**Assessment and supervision – Supervision – Prevocational educational supervisors** **4.2.1:** The training provider has an appropriate ratio of prevocational educational supervisors in place to oversee the training and education of interns in both PGY1 and PGY2.
12. Whanganui must ensure there is oversight of the prevocational educational supervisors by the CMO (or delegate) to ensure that the prevocational educational supervisors are effectively fulfilling the obligations of their role.	**Assessment and supervision – Supervision – Prevocational educational supervisors** **4.2.3:** There is oversight of the prevocational educational supervisors by the CMO (or delegate) to ensure that they are effectively fulfilling the obligations of their role.
13. Whanganui 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.
14. Whanganui 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.

15. Whanganui must ensure there are mechanisms that enable interns to provide anonymous feedback about their: • educational experience on each clinical attachment • prevocational educational supervisors, RMO unit staff and others involved in intern training.	**Monitoring and evaluation of the intern training programme** **5.2:** There are mechanisms in place that enable interns to provide anonymous feedback about their educational experience on each clinical attachment. **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.
16. Whanganui must routinely evaluate supervisor effectiveness taking into account feedback from interns.	**Monitoring and evaluation of the intern training programme** **5.5:** The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns.
17. Whanganui must establish a process for allocation of interns to clinical attachments that is transparent and fairly applied to both locally and overseas-trained interns.	**Implementing the education and training framework – Establishing and allocating accredited clinical attachments** **6.1.3:** The process of allocation of interns to clinical attachments is transparent and fair.
18. Whanganui must ensure its system for allocating interns to clinical attachments takes into account the 14 learning activities and the intern's individual PDP goals.	**Implementing the education and training framework – Establishing and allocating accredited clinical attachments** **6.1.4:** The training provider has a system to ensure that interns' preferences for clinical attachments are considered, taking into account the 14 learning activities and the intern's individual PDP goals in the context of available positions.
19. Whanganui must ensure the rostering of interns on general medicine clinical attachments is consistent with the delivery of high-quality training and safe patient care.	**Implementing the education and training framework – Welfare and support** **6.2.1:** The duties, rostering, working hours and supervision of interns are consistent with the delivery of high-quality training and safe patient care.

20. Whanganui must ensure a safe (including a culturally safe) working and training environment that is free from bullying, discrimination, and sexual harassment.	**Implementing the education and training framework – Welfare and support** **6.2.2:** The training provider ensures a safe working and training environment, which is free from bullying, discrimination, and sexual harassment. **6.2.3:** The training provider ensures a culturally safe environment.
21. Whanganui must ensure the procedure for accessing appropriate professional development leave is published, fair and practical.	**Implementing the education and training framework – Welfare and support** **6.2.5:** The procedure for accessing appropriate professional development leave is published, fair and practical.
22. Whanganui 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.

Section B – Overall outcome of the accreditation assessment

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

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

Whanganui's key strategic priorities include high standards of medical practice, education, and training.

Whanganui has developed a statement on prevocational training which includes specific reference to the education principles that underpin the prevocational training programme, the roles of key participants in the programme, and the 14 learning activities in the curriculum through which interns will achieve the necessary learning outcomes. However, this statement on prevocational training is not supported by a strategic plan that describes the ongoing development and support of high quality prevocational medical education and training. While some work has been undertaken at the national level, with the development of a draft "Excellence in Training and Education for Resident Medical Officers", this has not been finalised and therefore Whanganui has not yet been able to use this document to inform planning for the local intern training programme.

In the absence of a strategic plan for the prevocational education and training programme, Māori health and health equity are also not reflected at this level of planning. These are included in Te Whatu Ora's higher order planning documents, such as its Statement of Intent and Te Mauri o Rongo, but the translation of these into planning for Whanganui's intern training programme has not occurred. The Whanganui Māori Health team provided a high level of confidence that there is a strong fabric of relationships with the local Māori community, iwi, and health providers, and that this is benefiting local Māori health initiatives. However, these relationships and initiatives are not connected to the intern training programme.

The Medical Education Committee governs the intern training programme. This is chaired by the DCT and includes a member of the local leadership team. The Medical Education Committee reports to the Clinical Board who lead the clinical governance function and report to the GDO.

The CMO has responsibility and accountability for the intern training programme. Responsibility for the intern training programme is also reflected in the job description of the DCT, however, Whanganui has confirmed that ultimate responsibility rests with the CMO.

The Medical Education Committee includes intern representation, however, this was not widely known among the interns. The terms of reference for the Committee includes that membership is open to all kaimahi who have an interest in medical education in Whanganui. Interns are also welcome to join and participate in network activities. Whanganui is commended for also ensuring intern or registrar representation on the Drug and Therapeutic Committee.

Whanganui engages in the regular accreditation cycle of the Council, including the accreditation process and the subsequent reporting requirements.

Commendation:

- Whanganui is commended for ensuring intern or registrar representation on the Drug and Therapeutic Committee.

Recommendation:

- Whanganui should ensure that intern representation on the Medical Education Committee, including identifying the role holder, is more widely publicised and that support and guidance on fulfilment of the role is provided to the intern representative.

Required action:

1. Whanganui must develop a strategic plan for the ongoing development and support of high quality prevocational medical training and education, and this 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:

Whanganui has a very reactive and responsive approach to issues that arise in the intern training programme; however, it has not demonstrated that it has mechanisms and appropriate resources to plan, develop, implement, and review the intern training programme. Some mechanisms are missing, for example, an operational plan, or the allocation of time to clinical teaching and supervision.

There has previously been some ambiguity in the documentation between the role of the CMO and DCT in the leadership of the intern training programme. At the time of the visit, the DCT role was vacant, and it will be recruited under a revised position description, which will allow the CMO to strengthen programme oversight. The CMO currently has executive accountability for meeting prevocational education and training standards and for the quality of training and education.

Whanganui has effective organisational and operational structures to manage interns. Educational support is provided by the DCT, the PES team, clinical supervisors and the coordinator of the Medical Management Unit (MMU). The PESs provide general educational supervision, pastoral care, and career and professional development guidance to interns. PESs also ensure that the interns meet the Council's regulatory requirements.

Te Whatu Ora's significant change over recent years has meant that the MMU has shouldered additional responsibilities to facilitate the coordination, delivery and evaluation of the formal medical education programme, and to support and coordinate the responsibilities of the PESs. The CMO has presented a business case for resourcing FTE support for PESs, however, funding has yet to be secured.

The Medical Management unit has processes to notify the Council about changes that will affect intern training.

Required action:

2. Whanganui must demonstrate that it has the mechanisms and appropriate resources to plan, develop, implement, 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:

Whanganui's intern training programme is underpinned with sound medical educational principles. Whanganui has connections with medical schools. Wellington School of Medicine's final year medical students have been supported since 2019, and Whanganui is engaged with the University of Waikato and the Whanganui District Council regarding involvement with the new medical school.

Whanganui has medical education expertise in place. The CMO has a postgraduate certificate in higher education and extensive experience in education. Whanganui is engaged with other education providers to partner on delivering the intern programme.

2.3 Relationships to support medical education

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

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

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

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

Commentary:

Comments:

Whanganui has a range of effective working relationships with external organisations involved in training and education. Whanganui hospital is working with the District Council, Waikato University and Te Ranga Tupua Iwi Collective as plans for the new Waikato medical school are developed with goals to participate in training. The DCT or a PES attends, when able, the national DCT group meetings.

Whanganui coordinates the local delivery of its intern training programme. It is not currently linked with other training providers.

Although local Iwi are involved in components of orientation, Whanganui has not provided evidence of effective partnerships with Māori health providers to support intern training and education.

Commendation:

- Whanganui is commended for proactive participation with respect to supporting students from the proposed Waikato medical school.

Required action:

3. Whanganui must establish partnerships with external Māori health providers that support intern training and education (standard 2.3.3).

3 The intern training programme

3.1 Programme components

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

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

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

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

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

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

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

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

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

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

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

3.1 Programme components

	Met	Substantially met	Not met
Rating			**X**

Commentary:

Comments:

There are complexities with service provision when there are a disproportionate number of PGY1 interns. At Whanganui, this has resulted in issues with selecting suitable clinical attachments for training affecting interns' ability to achieve the goals of the intern training programme. Some PGY1 interns lack a mix of clinical attachments; many are rostered to three general medicine clinical attachments consecutively. PESs are not involved in the clinical attachment allocations to ensure there is a mix of workload and complexity.

Whanganui does not have a process to allocate interns that are struggling to meet the requirements to appropriate clinical attachments.

Te Hau Ranga Ora Māori Health Team had supportive relationships with interns that were evident. Interns felt well supported when caring for Māori patients on the wards and in the emergency department. There are extensive opportunities for interns to enhance skills and understanding of Hauora Māori and to practice in a culturally safe manner.

Whanganui ensures that over the course of the two intern years each intern completes at least one community-based attachment. However, in cases when an intern is completing a community based

attachment and also doing night shift in the hospital, this has interfered with their ability to meet the time requirements for their community-based attachment.

Interns are not rostered on nights for the first 6 months of their PGY1 year. Whanganui has a comprehensive plan to prepare interns to work nightshift which includes a checklist of skills, sign off from the DCT, and the opportunity to undertake a shadow shift prior to commencement.

This includes protocols and guidance for contacting senior staff. Unfortunately, interns reported they are not consistently supported appropriately when on night shift. Interns reported reluctance to contact some senior medical officers for advice and support for patients because of previous responses. Interns reported that they feel unsafe covering the Critical Care Unit at night with the current levels of support.

Structured handovers between clinical teams and between shifts to promote continuity of quality care are inconsistent. Whanganui has structured handovers for the interns from the evenings to the night shift, however, handovers are unstructured in the mornings and sometimes occur by text alone. Often interns on emergency medicine attachments will text or email the SMOs about admissions in different disciplines and only have actual conversations about high acuity patients. Interns expressed that they need better training in their role and responsibility in handover.

While Whanganui ensures adherence to the Council's policy on obtaining informed consent for all procedures, there is an issue around consent for complex infusions in general medicine clinical attachments, with interns being asked, and required, to obtain informed consent for these when they lack the knowledge and understanding to do so.

Commendations:

- Whanganui is commended for its Hauora Māori team's commitment not only to ensuring excellent care of Māori patients on the wards but also to enhancing the interns' skills, understanding and knowledge of hauora Māori, developing their cultural safety and competency, and supporting them to deliver care in a culturally safe manner.
- Whanganui is commended for its night orientation preparation.

Required actions:

4. Whanganui must select suitable clinical attachments for training based on the experiences that interns can expect to achieve, including the:
   - workload for the intern and clinical unit
   - complexity of the given clinical setting
   - mix of training experience (standards 3.1.2 and 3.1.4).
5. Whanganui must ensure that night rostering at the hospital for interns undertaking community-based attachments does not compromise interns' ability to meet the required time commitments for those community-based attachments (standard 3.1.6).
6. Whanganui must ensure interns working on nights are appropriately supported when contacting senior medical staff (standard 3.1.8).
7. Whanganui must ensure there are procedures in place for structured handovers between night to morning shifts (standard 3.1.9).
8. Whanganui must ensure adherence to the Council's statement on obtaining informed consent, for complex infusions (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:

Comments:

Whanganui has satisfactory administrative support and systems with respect to ePort. Whanganui has systems in place to ensure that interns maintain a professional development plan (PDP) that is appropriate to their goals and learning objectives. Interns receive information in respect of this during the orientation week and the PESs are responsible for oversight of goals in the interns' PDPs over the course of the year.

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:

Whanganui's formal education programme is reliant on a small group of SMOs to provide teaching. It has improved in 2025 with more intern input to ensure that the programme meets the interns' learning needs. However, Whanganui has not developed the programme with consideration of the learning activities, and the programme lacks input from some specialities.

PGY1 attendance reflects most people attending more than 2/3 of sessions. Attendance by PGY2s is more limited but there are a number of factors contributing to this. PGY2s describe good departmental teaching in Paediatrics, Obstetrics and Gynaecology and General Medicine.

Workload features as a barrier to teaching at times for all interns. Signage on wards to remind staff about protected teaching time have been implemented to minimise interruptions.

Whanganui's formal education programme does not provide content on hauora Māori, tikanga Māori, and Māori health equity, including the relationship between culture and health.

A session on self care and welfare features in the formal teaching programme.

With few registrars, interns work closely with senior clinical supervisors who provide excellent opportunities for work based teaching and training.

Commendation:

- Whanganui is commended for its interns' involvement in initiatives to improve attendance and reduce interruptions for formal teaching

Recommendation:

- Whanganui should consider how it can expand its structured education sessions for PGY2s to include sessions for those on attachments where there is currently no specialty-specific training.

Required actions:

9. Whanganui must ensure the formal education programme supports interns to achieve the learning outcomes outlined in the 14 learning activities that are not generally available through the completion of clinical attachments (standard 3.3.1).
10. Whanganui must ensure the formal education programme provides content on hauora Māori and tikanga Māori, and Māori health equity, including the relationship between culture and health (standard 3.3.4).

3.4 Orientation

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

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

3.4 Orientation

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

Whanganui runs a very comprehensive orientation programme for interns beginning employment at the start of the intern year. Interns beginning employment part way through the year have an appropriate orientation, which ensures familiarity with Whanganui's policies and processes relevant to their practice and the intern training programme. Hapai te Hoe, an immersive Māori culture element, is part of orientation and is run throughout the year.

All clinical attachments provide excellent orientation documentation for interns at the start of each clinical attachment, ensuring familiarity with key staff, systems, policies, and processes relevant to that clinical attachment. Interns felt that in person orientation to some clinical attachments is under-developed and would welcome increased face-to-face time to allow them to understand the expectations of them, as well as appreciating the nuances of different departments.

Commendation:

- Whanganui is commended for Hapai te Hoe, its immersive orientation experience that is an excellent opportunity for interns to build their understanding of Māori culture.

Recommendation:

- Whanganui should generate a standardised clinical attachment orientation checklist that includes introductions to key staff, clinical systems, ward routines and safety protocols to ensure a more consistent face-to-face introduction to each clinical attachment.

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:

While the Resident Doctors Support Service is developing national policies and guidance to support flexible training, with a draft currently available, Whanganui has not yet developed a local framework for implementation. With an intern planning to work less than full time next year, Whanganui is in the process of developing an implementation framework and is considering how best to ensure PESs are appropriately involved in decision-making. Senior management at Whanganui noted it would take a flexible and accommodating approach to flexible training arrangement requests in the interim.

Recommendation:

- Whanganui should operationalise the forthcoming Less Than Full Time Work guideline in a fair and transparent way, once it is approved.

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:

Whanganui has systems which ensure all interns and those involved in prevocational training understand the requirements of the intern training programme. The requirements are covered during the orientation sessions, and interns can access information on the requirements subsequently via their PES.

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:

Whanganui has a stable and appropriately resourced PES structure with good administrative support. Changes to interns' allocation to a PES are rare, demonstrating stability and continuity in supervision.

While the ratio of PES to interns is within accepted limits, currently, PESs do not have time for supervision of interns formally allocated to their role. A paper has been submitted to the local leadership team to secure 0.1 FTE per 10 interns, but this remains unimplemented.

PESs are reminded and supported to attend Council's PES meetings.

Whanganui has no regular meetings between the CMO, or a delegate, with the PESs to ensure appropriate oversight. The CMO, or a delegate, meets with the PESs as part of the advisory panel meetings, though this is not an oversight arrangement to ensure they are fulfilling the obligations of their role.

The MMU provides administrative resources to support PESs in fulfilling their duties, thus facilitating effective role performance.

Required actions:

11. Whanganui must ensure that prevocational educational supervisors have allocated time for their supervision of interns (standard 4.2.1).

12. Whanganui must ensure there is oversight of the prevocational educational supervisors by the CMO (or delegate) to ensure that the prevocational educational supervisors are effectively fulfilling the obligations of their role (standard 4.2.3).

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:

Mechanisms are in place to ensure that clinical supervisors have appropriate skills for the requirement of the role. The CMO has delivered a teaching session on the expectations of clinical supervisors. Clinical supervisors' feedback showed a general enthusiasm for supporting interns. Clinical supervisor's workload affects time for supervision but with the absence of registrars they work closely with interns day to day.

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

Whanganui has no record of whether clinical supervisors have undertaken relevant training in supervision within 12 months of appointment as a supervisor.

Whanganui maintains an appropriate number of clinical supervisors for relief clinical attachments.

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.

Commendation:

- Whanganui is commended for its CMO's clinical supervisor orientation that establishes the expectations of the role.

Required action:

13. Whanganui must ensure that clinical supervisors undertake relevant training and assessment within 12 months of appointment as a clinical supervisor. (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:

PESs ensure formal feedback is provided to interns and documented in ePort for each clinical attachment, including the end of clinical attachment assessments. The Medical Education Committee regularly have the statistics from ePort on clinical attachment meetings as an agenda item. However, beginning, middle and end meetings for clinical attachments are not occurring in a regular and timely manner.

There are systems in place to identify interns who are not performing; clinical supervisors involve PES early. There were examples of significant input from PES and clinical supervisors to help struggling interns perform at the required level. Although Whanganui has no formal remediation plan documented, remediation is well planned and successfully implemented with a focus on supporting the intern and patient safety.

Commendation:

- Whanganui is commended for the support provided by prevocational educational supervisors and clinical supervisors to interns who are not performing at the required standard.

Recommendation:

- Whanganui should document follow-up and outcomes for all remediation plans to ensure the process is effective and enables continuous improvement.

Required action:

14. Whanganui 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:

Whanganui has an established prevocational advisory panel, chaired by the CMO and attended by the PESs, MMU Manager, and a lay person; interns are invited to join their advisory panel meetings. The panel meets twice a quarter, once to consider interns' progress and then to ensure all interns are signed off appropriately. The panel process is consistently implemented, well attended, and provides a fair opportunity for interns to demonstrate progress before the end of PGY1. The Council's Advisory Panel guide is well implemented.

The MMU staff support this panel, and the use of frequent reminders and clear expectations for interns demonstrates a proactive approach to ensuring that interns complete their required documentation.

Whanganui has recently appointed a new lay person to its advisory panel which shows responsiveness to maintain compliance with Council's requirements.

Whanganui has a process to ensure that interns who are eligible to apply for registration in the General scope of practice have applied in ePort. The Medical Management Unit monitors this process.

Commendations:

- Whanganui is commended for providing interns the opportunity to attend their advisory panel meetings, which provides transparency and supports trust.
- Whanganui is commended for the frequency of its advisory panel meetings which allow interns to register in the General scope of practice throughout the year with minimal delays.

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:

Whanganui's PESs review and sign off on interns' removal of endorsement and Whanganui has a process to ensure that all eligible PGY2 interns have been signed off.

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:

Whanganui has processes and systems in place to monitor the intern training programme.

Every two months the MMU holds a meeting attended by the MMU staff, interns and SMOs. This forum provides the opportunity to discuss matters concerning the intern training programme and enables feedback to be incorporated into quality improvement strategies. Following intern feedback, significant improvements have been made during 2025 to the content, structure and delivery of the formal education programme.

The MMU sometimes sends an electronic evaluation form at the end of clinical attachments seeking feedback from interns on the quality of the clinical attachment. However, the survey has been infrequently used over the past four years.

The mechanisms intended to enable interns to provide anonymous feedback about their PESs, MMU staff, and others involved in intern training are not administered regularly, and anonymity is not assured, as survey results are collated by the MMU team. Interns reported that they often do not complete the survey or disclose negative experiences due to concerns that they may be identified and experience punitive consequences. Interns reported that concerns relating to the MMU team are not raised due to a belief that doing so could adversely affect rostering and future clinical attachment allocations.

Whanganui has no formal or routine evaluation of supervisor effectiveness or mechanisms for providing feedback to supervisors.

Whanganui has a process in place to address any matters raised by Council in relation to training. Whanganui reports annually to Council to advise on any significant changes to its intern training programme.

Commendation:

- Whanganui is commended for its responsiveness to intern feedback which has resulted in significant improvements to the training programme.

Required actions:

15. Whanganui must ensure there are mechanisms that enable interns to provide anonymous feedback on:
    - educational experience on each clinical attachment
    - prevocational educational supervisors, RMO unit staff and others involved in intern training (standard 5.2 and standard 5.4).
16. Whanganui must routinely evaluate supervisor effectiveness, taking into account feedback from interns (standard 5.5).

6 Implementing the education and training framework

6.1 Establishing and allocating accredited clinical attachments

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

6.1 Establishing and allocating accredited clinical attachments

	Met	Substantially met	Not met
Rating			**X**

Commentary:

Comments:
Whanganui has established processes and mechanisms in place that ensure the currency of accredited clinical attachments.

Whanganui has adequate processes in place for establishing new clinical attachments.

Whanganui's process by which interns are allocated to clinical attachments is not transparent or fair. There is a shift allocation checklist that outlines principles for clinical attachment allocations. However, this is poorly understood by interns and staff.

International medical graduates are allocated a disproportionately high number of general medical runs compared to New Zealand graduates, and Whanganui was not able to justify the fairness of such a process.

Intern's preferences for clinical attachments are not systematically considered. While interns are informally asked their run preferences for PGY2, this happens at the beginning of PGY1, allowing minimal time for interns to familiarise themselves with the hospital system before selecting their preferences. Interns' allocation to clinical attachments is made by non-clinical staff in the MMU without input from PESs. As such, the 14 learning activities and intern's individual PDP goals are not adequately taken into account when allocating interns to clinical attachments.

Required actions:
17. Whanganui must establish a process for allocation of interns to clinical attachments that is transparent and fairly applied to both locally and overseas-trained interns. (standard 6.1.3).
18. Whanganui must ensure its system for allocating interns to clinical attachments takes into account the 14 learning activities and the intern's individual PDP goals (standard 6.1.4).

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:

The duties, rostering, working hours and supervision of interns in Whanganui is not consistent with the delivery of high-quality training and safe patient care. In particular, the daily ad hoc rostering of interns to general medical teams results in a lack of patient and senior staff continuity for interns. With current processes, interns can be working with a different consultant physician and caring for a different cohort of patients every day. As such, interns are not consistently supervised on general medicine, which has negative impacts on their training and ability to provide safe patient care.

Whanganui's systems to ensure a safe working and training environment free from bullying, discrimination, and sexual harassment are insufficiently proactive. The panel heard about pockets of the organisation where racial discrimination towards international medical graduates was considered to be occurring. Furthermore, there were reported instances of sexual harassment towards female interns. It is not the panel's role to investigate these concerns; however, the nature of the concerns raised are sufficient to conclude that a systemic response to ensuring a safe working and training environment is necessary. Whanganui's senior leadership was not aware of these issues but provided reassurance during the accreditation visit that these issues would be taken seriously.

As such, Whanganui is failing to ensure a culturally safe working environment. There are pockets of excellence in the organisation where interns are working within a culturally safe environment. In particular, the Hau Moana navigators on the wards provide exemplary pastoral support to interns.

Interns in Whanganui have access to personal counselling services, such as the Employee Assistance Programme. They also have access to adequate career advice via their PESs. Whanganui adequately publicises how interns can access personal counselling services and career advice, and makes its supervisors aware of how these can be accessed.

While interns at Whanganui report excellent access to professional development leave, there is no published procedure for accessing such leave.

Whanganui actively encourages interns to maintain their own health and welfare; interns are provided education sessions on this topic, both in their orientation and formal teaching programmes. The MMU can assist interns to register with a general practitioner.

Whanganui's process for approving interns' annual leave is fair and transparent. Interns report excellent access to annual leave.

Whanganui provides special consideration to the cultural obligations of Māori interns when they apply for leave.

Commendation:

- Whanganui is commended for the pastoral support provided by Hau Moana navigators to interns.

Required actions:

19. Whanganui must ensure the rostering of interns on general medicine clinical attachments is consistent with the delivery of high-quality training and safe patient care (standard 6.2.1).
20. Whanganui must ensure a safe (including a culturally safe) working and training environment that is free from bullying, discrimination, and sexual harassment. (standards 6.2.2 and 6.2.3).
21. Whanganui must ensure the procedure for accessing appropriate professional development leave is published, fair and practical (standard 6.2.5).

6.3 Communication with interns

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

6.3 Communication with interns

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
Interns receive one to one teaching on the intern training programme and how to find resources on Microsoft Teams during orientation. Whanganui also provides clear and easily accessible information about the intern training programme via communications sent out to interns by the MMU.

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:
Whanganui has a prevocational training dispute procedure which outlines the process and who to involve. The pathway is clear with a link to lodge a confidential complaint. However, the MMU plays a role in managing the resolution of interns' training problems and disputes, and while aware of confidentiality when a clinical supervisor is involved this may not occur in other instances. The lack of perceived confidentiality in Whanganui's current process is a barrier to training problems and disputes being raised by interns.

Recommendation:

- Whanganui should review its training disputes procedure to ensure that all training disputes raised by interns are managed confidentially, and that confidentiality arrangements are clearly communicated to interns.

Required action:

22. Whanganui must establish a formal process for interns to address problems with training supervision and requirements that maintains appropriate confidentiality (standard 6.4.1).

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: Whanganui provides interns with access to appropriate educational resources, facilities, and infrastructure to support their training. Interns have access to computer facilities off the ward which may be used for clinical and professional development work. Whanganui has adequate access to WiFi throughout the hospital campus. The on-site hospital library has access to national online resources as well as locally collated textbooks, which many interns find useful when participating in courses or studying for surgical part one exams. Whanganui's lecture theatre, meeting rooms, and simulation suites are well established to support continuing medical education sessions. The interns' common room and overnight room are well furnished and appropriately separated from clinical areas.			