Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

Prevocational medical training accreditation – report for:
Te Whatu Ora - Health New Zealand Waitematā

Date of site visit: 28 and 29 November 2023
Date of report: 6 March 2024

Background

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

To be accredited, training providers must have:

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

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

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

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

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

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

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

The Medical Council of New Zealand's accreditation of Te Whatu Ora - Waitematā

Name of training provider:	Te Whatu Ora - Waitematā
Name of sites:	Northshore and Waitakere Hospitals
Date of accreditation visit:	28 and 29 November 2023
Accreditation visit panel members:	Dr Sarah Nicolson (Accreditation panel chair) Dr Andrew Curtis Dr Brendan Marshall Dr David Ivory Dr Chaolan Zheng Ms Kiri Rikihana
Date of previous accreditation visit:	4 and 5 September 2018
Key staff the accreditation visit panel met:	
Interim Group Director of Operations:	Mr Brad Healey
Chief Medical Officer:	Dr Jonathan Christiansen
Director of Prevocational Training:	Dr Laura Chapman
Prevocational Educational Supervisors:	Dr Laura Chapman Dr Rebecca Somerville Dr Nicholas Gow Dr Vinod Singh Dr Maneesh Deva Dr Valerie Ozorio Dr Alan Jenner Dr Reshma Desai Dr Andrew Herd Dr Ramanamma Kalluru Dr Peter Shapkov Dr Sanket Srinivasa Dr Ian Stewart Dr Mark Ballinger Dr Naveed Ahmed
RMO unit staff:	Kalesi Tabete - Manager Kayla Halberg - RMO daily operations co-ordinator
Te Whatu Ora Northern (previously NRA):	Terina Davis - Manager Shirley Chen - HO Recruitment and Allocations co-ordinator
Medical Education and Training Unit (METU)	Dr James Kang - Postgraduate Education Fellow Dr Una Cahill - Undergraduate Education Fellow

Māori health team (and other staff contributing):	Avril Lee - Quality Improvement Pharmacist Sathya Thiagarajan - METU Administrator Dame Naida Glavish Te Aniwa Tutara Hinerau Ruakere Wendy Burgess Jonathan Koea
Other key people who have a role within the prevocational training programme: Clinical teams Rostering staff at Te Whatu Ora Northern	
Key data about the training provider (as of September 2023): Number of interns at training provider: Number of PGY1s: 68	Number of PGY1s: 62
Number of accredited clinical attachments:	154
Number of accredited community based attachments:	10

Section A – Executive summary

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

The accreditation panel is grateful to Waitematā's leadership, its prevocational educational supervisors, clinical supervisors, medical education management unit staff, Māori health team, and interns for their preparation for the accreditation process, their warm welcome, and for their active and willing engagement with the panel throughout the visit. The accreditation panel encourage those involved in intern training to continue to strive for excellence.

Based primarily at North Shore and Waitakere hospitals, Waitematā serves the communities in the north and west of Tāmaki Makaurau Auckland City. As of September 2023, Waitematā employs a total of 130 interns at PGY1 and PGY2 level and has 154 accredited clinical attachments.

Waitematā prides itself on providing excellent prevocational training to interns and has previously demonstrated both the capacity and support for the meritorious education of their interns. Indeed, those who are responsible for prevocational training at Waitematā work very hard in support of interns, in addition to their demanding clinical roles. The interns also impress with their commitment to providing their patients with the best possible care.

However, Waitematā has declared significant challenges in maintaining and strengthening the high quality learning environment it is resolutely committed to.

While the Council acknowledges that the current workforce shortages across many healthcare roles and the structural and governance changes to the Aotearoa New Zealand health service are having an impact on prevocational education across the country, the panel identified several areas where action is required in order for the Council's standards to be met. In saying this, the panel could clearly see the time and commitment dedicated by many doctors across Waitematā to intern training, despite being under significant pressure themselves.

The provider's reliance on informal processes to uphold its prevocational training programme in a range of areas puts it at risk if enduring resourcing of key positions is unable to be secured, or if those with the knowledge and expertise are unable to continue in their training roles.

Waitematā has implemented new service-wide standards for orientation of interns to clinical attachments. Despite this, on a practical level, interns are still relying on intern-to-intern handovers rather than a more formal orientation process.

Some clinical supervisors at Waitematā are unaware of how to access training for their role, and the provider needs to ensure that teaching and supervision of interns is a learned and maintained skill for all supervisors.

Additionally, to actively maintain, monitor and grow the intern training programme, Waitematā needs to formalise intern and supervisor feedback processes, especially regarding quality improvement initiatives, whilst monitoring the effectiveness of the elements of the training programme. The considerable effort that Waitematā has put into surveying its interns is noted. The training programme should benefit from clear, robust mechanisms for linking this to programme improvement.

The Medical Education and Training Unit (METU) at Waitematā is central to the prevocational training programme. Currently there are insufficient administrative resources to support those leading,

coordinating and providing supervision to the intern training programme. These resources are vital to reduce workloads to a sustainable level and to enable those involved to achieve the programme objectives.

The delivery of high-quality training is impaired by current workforce shortages, with current solutions resulting in fatigue, a reduction in job satisfaction, and impaired work life balance for interns and supervisors at Waitematā. The provider must review the hours and duties interns are working and the amount of effective supervision they receive in order to assess the impact these are having on learning.

The processes of attachment allocation and leave requests must be reviewed and improved to ensure fairness and transparency. The provider's systems are not always obvious to interns, and the processes are unnecessarily stressful for interns when choosing their preference for attachments and making leave requests.

While Waitematā is committed to improving health of Māori, and there are some links to the community, opportunities are lost in embedding learning in both the formal teaching programmes and in day-to-day clinical work.

Waitematā is aware that it is still far from meeting the requirement to have each intern complete at least one community-based attachment (CBA) in their two years of training. A number of factors have hindered the establishment of CBAs for Waitematā, contributed to loss of some attachments, and discouraged interns from taking up community-based opportunities. However, it is promising to see secured financial resources to support new CBAs and creation of a dedicated position within the METU to investigate and address these factors.

Summary of findings

Overall, Te Whatu Ora - Waitematā has met 12 of the 21 sets of Council's 2022 *Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers.*

13 required actions were identified, along with 27 recommendations and 11 commendations.

Standard	2023 findings		Required actions
1 – Strategic priorities		Met	0
2 – Organisational and operational structures	2.1 The context of intern training	Met	0
	2.2 Educational expertise	Met	
	2.3 Relationships to support medical education	Met	
3 – The intern training programme	3.1 Programme components	Substantially met	4
	3.2 ePort	Met	
	3.3 Formal education programme	Substantially met	
	3.4 Orientation	Substantially met	
	3.5 Flexible training	Met	
4 – Assessment and supervision	4.1 Process and systems	Met	4
	4.2 Supervision – prevocational educational supervisors	Substantially met	
	4.3 Supervision – clinical supervisors	Not met	
	4.4 Feedback and assessment	Substantially met	
	4.5 Advisory panel to recommend registration in the General scope of practice	Met	
	4.6 End of PGY2 – removal of endorsement on practising certificate	Met	
5 – Monitoring and evaluation of the intern training programme		Substantially met	2
6 – Implementing the education and training framework	6.1 Establishing and allocating accredited clinical attachments	Substantially met	3
	6.2 Welfare and support	Not met	
	6.3 Communication with interns	Met	
	6.4 Resolution of training problems and disputes	Met	
7 - Facilities		Met	0

Required actions

Required action	Standard
1. Waitematā must provide evidence of processes to ensure senior clinicians are equipped and able to enhance interns' skills, understanding and knowledge of hauora Māori, cultural safety and cultural competency.	**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.
2. Waitematā must ensure that all its interns complete at least one community-based attachment over the course of the two intern years. Until this is ensured Waitematā must report on the pressures that make it challenging to ensure this and provide evidence of strategies being implemented to address these pressures.	**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.
3. Waitematā must ensure hauora Māori, tikanga Māori, and Māori health equity, including the relationship between culture and health, are embedded across the formal education programme.	**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.
4. Waitematā must ensure that a formalised orientation to each clinical attachment occurs sufficient for the needs of the interns.	**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.
5. Waitematā must provide appropriate administrative resources to assist the director of clinical training and prevocational educational supervisors.	**Assessment and supervision – Supervision – Prevocational educational supervisors** **4.2.4** - Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.
6. Waitematā must establish a system to ensure clinical supervisors are fully informed about, and understand, their role within the intern training programme.	**Assessment and supervision – 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.
7. Waitematā must have a system to ensure clinical supervisors undertake relevant training in supervision and assessment as soon as practicable (within 12 months) after 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.

Required action	Standard
8. Waitematā 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.
9. Waitematā must demonstrate formal mechanisms where intern, prevocational educational supervisor and clinical supervisor input is sought and clearly articulated in quality improvement strategies.	**Monitoring and evaluation of the intern training programme** **5.3** - There are mechanisms that allow feedback from interns and supervisors to be incorporated into quality improvement strategies for the intern training programme.
10. Waitematā must routinely assess the effectiveness of both prevocational educational supervisors and clinical supervisors.	**Monitoring and evaluation of the intern training programme** **5.5** - The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns.
11. Waitematā must ensure that the process of allocation of clinical attachments is transparent and communicated effectively to interns, including for those interns whose clinical attachment preferences are not met.	**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.
12. Waitematā must review the volume of additional duties and any cross cover arrangements, both formal and informal, that are being worked by interns. This must include mechanisms to detect sustained excessive workload for the interns and RMO Unit staff.	**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.
13. Waitematā must ensure processes are in place to ensure applications for annual leave are dealt with fairly and transparently.	**Implementing the education and training framework – Welfare and support** **6.2.7** - Applications for annual leave are dealt with fairly and transparently.

Section B – Accreditation decision

In March 2024, Te Rōpū Mātauranga | The Education Committee of Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) considered this report and resolved that:

- the overall outcome of the assessment for accreditation of Te Whatu Ora – Waitematā is **'substantially met'**, and
- Te Whatu Ora – Waitematā is accredited for a period of 4 years, until **31 March 2028**, subject to the following conditions:
    - Waitematā must provide progress reports that satisfy the Council that its required actions on its accreditation have been addressed, by the dates specified by the Council
    - Waitematā must provide annual reports to Council for the period of its accreditation.

Section C – Accreditation standards

1 Strategic priorities

1	Strategic priorities
1.1	High standards of medical practice, education, and training are key strategic priorities for the training provider.
1.2	The training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education.
1.3	The training provider's strategic plan addresses Māori health and health equity.
1.4	The training provider has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice.
1.5	The training provider ensures intern representation in the governance of the intern training programme.
1.6	The training provider will engage in the regular accreditation cycle of the Council, which will occur at least every four years.

1. Strategic priorities

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

Waitematā is committed to high standards of prevocational medical education and training and its clinical governance structure reflects a priority towards teaching and learning.

The stated purpose, values and standards of Waitematā include the intention to train health professionals now and into the future.

As an organisation the intern training programme remains a strategic priority for Waitematā, appropriate strategies, plans and organisational structures to direct and support the intern training program are currently in place on paper. However the organisation holds some uncertainty about its ability to sustain development of high quality prevocational medical education and training into the future.

Waitematā district highlighted its concerns over a lack of strategic direction from Te Whatu Ora at a national level with respect to prevocational medical education. It has raised its concerns directly with Te Whatu Ora in a range of fora, and over a period of time. Waitematā plans to continue to advocate for training and ongoing education of the health workforce within the Aotearoa New Zealand health service. Locally it continues to reflect on and review its programme, seeking solutions and building networks to assist its strategic goals.

Waitematā's strategic plan addresses Māori health and health equity, the He Kāmaka Waiora Māori Health Service initiative (2011) introduced practices based on tikanga Māori and has resulted in gains in Māori health outcomes for those in the provider's community.

There are clear lines of responsibility and accountability for intern training within the organisation.

Waitematā provides opportunity to listen to the intern voice, to ensure intern representation and training in governance, quality improvement, problem solving and systematic resolution of local and wider issues.

Intern representatives, both PGY1 and PGY2, contribute to the management of the intern training programme both locally and regionally. There are chief house officer roles in a growing number of specialities. Additionally, the education fellows (EF) are integral to prevocational training and have a key governance focus. The director of clinical training (DCT) is pivotal to intern matters being raised at higher levels of governance.

An additional vehicle to promote intern training, Waitematā's Education Governance Group, representation for education and training across the whole health workforce, was put on hold during the Covid pandemic and remains inactive whilst resources are otherwise distracted.

Despite current practice, uncertainty prevails for Waitematā around governance of education and training under the new health model. As a result, senior management at Waitematā have serious concerns around resource provision for current structures, and support for new initiatives. These concerns have been voiced within Te Whatu Ora and also to Parliamentary select committee processes.

The organisation has engaged in the Council accreditation process.

Commendations:

- Waitematā is commended for its proactive, evolved governance structures for intern engagement (standard 1.5).

Recommendations:

- Waitematā should continue to advocate for the education of its health workforce and secure support for the maintenance and development of high quality prevocational medical training (standard 1.2).

2 Organisational and operational structures

2.1 The context of intern training
2.1.1 The training provider demonstrates that it has the mechanisms and appropriate resources to plan, develop, implement, and review the intern training programme.
2.1.2 The chief medical officer (CMO) or their delegate (for example a Clinical Director of Training) has executive accountability for meeting prevocational education and training standards and for the quality of training and education.
2.1.3 There are effective organisational and operational structures to manage interns.
2.1.4 There are clear procedures to notify Council of changes in a health service or the intern training programme that may have a significant effect on intern training.

2.1 The context of intern training			
	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

Planning and development of the intern training programme at Waitematā occurs on both a district and regional (metro Auckland) level.

Metro Auckland prevocational training is overseen by the Prevocational Training Committee (PVTC) which is part of the regional training oversight framework. PVTC membership includes DCTs, PESs, Kaitiaki, education unit managers, interns and human resources (Te Whatu Ora – Northern) representatives plus additional representation as required.

The regional Operational Management Group (OMG) has oversight of the RMO workforce and related activity of Te Whatu Ora Northern. OMG comprises representatives from metro Auckland; the Waitematā CMO is the current chair and the DCT and senior HR sit as members, among others.

Regionally the oversight of prevocational medical training is also linked to vocational medical training through the Regional Training Committee (RTC), consisting of the Chairs of all vocational training committees as well as the PVTC Chair.

At Waitematā the CMO delegates accountability for meeting prevocational education and training standards to the DCT, however there is a good working relationship between those in the two positions and they meet regularly to discuss training.

Recently Waitematā established an Associate DCT role to offload some of the DCT workload and focus on specific areas of intern programme, including community-based attachments (CBAs) and prevocational international medical graduates (IMGs).

Waitematā has well-established training and employment structures to manage interns, which are generally effective. However, some of the processes are informal and many rely on individuals in key roles that are motivated, hard-working and hold institutional knowledge. This may leave the organisation and its intern programme vulnerable. This is discussed further in subsequent sections of this report.

In addition, Waitematā has struggled to secure resourcing for established positions within its prevocational training framework, and has concerns that its aspirations for ongoing development will not be met with adequate support, especially financial. Waitematā continues to raise resourcing concerns with Te Whatu Ora.

Waitematā has vacancies in some positions instrumental to managing the training programme and these, in addition to the stretched clinical workforce, adds to the load of the clinicians responsible for oversight

and face to face support for the interns. Waitematā's leadership sees filling these posts as critical and is prioritising this appropriately. However the medical education and training unit (METU) does not yet have a definitive and reliable solution in regard to resourcing.

The CMO and DCT are well engaged in managing the impact of changes to the Aotearoa New Zealand health service on the Waitematā district. They have been proactive in highlighting concerns and investigating solutions to issues arising specifically for prevocational training, both in their organisation and nationally. They are cognisant of the requirement to notify the Council of any changes that have a significant effect on intern training, and the DCT maintains open lines of communication with the Council.

Commendations:

- Waitematā is commended for the recent establishment of the Associate DCT role to assist in the management of the intern training programme (standard 2.1.2).

Recommendations:

- Waitematā should consider succession planning to ensure the robustness and sustainability of the delivery and governance of its intern training programme (standard 2.1.1).
- Waitematā should ensure that it has appropriate resources to plan, develop, implement and review the intern training programme (standard 2.1.1).
- Waitematā should collate informal practice and procedures in its intern training framework, and strongly consider formalising aspects to ensure a sustainable training programme is maintained (standards 2.1.1 and 2.1.3).

2.2 Educational expertise			
2.2.1 The training provider demonstrates that the intern training programme is underpinned by sound medical educational principles. 2.2.2 The training provider has appropriate medical educational expertise to deliver the intern training programme.			
2.2 Educational expertise			
	Met	Substantially met	Not met
Rating	**X**		
Commentary:			

Comments:

Key personnel in the intern training programme hold qualifications in medical education and the programme is underpinned by sound educational principles. Furthermore, the formal learning programme is informed by contemporary pedagogy.

Waitematā's prevocational training programme is based on the principle that most learning occurs at work, through work. As a result, it is an educational objective of the provider that interns are in well-structured roles, with appropriate clinical supervision and support.

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:

As previously noted, Waitematā works collaboratively and in a coordinated fashion with the two other metro Auckland training providers and has both management and training links with other providers throughout the country. Waitematā currently leads some of these networks and works hard to drive effective delivery and explore avenues for development. These have provided notable benefit to interns, and opportunity for initiative and projects to improve training and support. Furthermore, it has a good working relationship with the University of Auckland, the medical school from where most of Waitematā's interns gained their medical degrees.

A strong commitment exists to improving health of Māori, supporting Māori health professionals and improving healthcare practices.

Waitematā has built up substantial, responsive Māori, Pasifika and Asian patient support services that the interns work with in providing patient care. The interns highly value this support for their patients and the learning they get from seeing their patients' cultural needs being met. However more needs to be done to support interns to enhance their skills, understanding and knowledge of hauora Māori and develop their cultural safety and cultural competence, this is discussed further at 3.1.5

Waitematā has struggled with establishing community-based attachments (CBAs), and so far has had limited success in engaging Māori and Pasifika health providers for these.

There appears to be opportunity for establishment of CBAs with its Māori community, especially in the Waitakere area, by building on already forged relationships including those with their Māori support workers.

Commendations:

- Waitematā is commended for its strong relationships and networks regionally and nationally (standard 2.3.2).
- Waitematā is commended for its Māori, Pasifika and Asian patient support services and the positive impact they have on interns' learning and patient care (standard 2.3.3).

Recommendations:

- Waitematā should further explore community-based attachments with Māori health providers (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:

Waitematā provides a structured intern training programme with clear alignment to the learning activities of the curriculum. The use of ePort for tracking progress and the establishment of a formal escalation communication avenue, demonstrate a commitment to supporting interns in attaining the learning outcomes outlined in the curriculum.

Waitematā ensures the completion of eight accredited clinical attachments, offering a broad-based experience of medical practice. The emphasis on a broad-based first year (PGY1) and flexibility in second year (PGY2) suggests a balance between depth and breadth in training experiences.

PGY1 interns remain at Waitematā for the entire year and are then allocated across some or all of the three metro Auckland for PGY2. PGY2s all contribute to relief attachments but are not allowed to do more than 2 relief runs. PGY2 interns in the metro Auckland region can access a CBA at any of the 3 providers during their year. Waitematā states that it currently has 10 CBA attachments which enables them to offer a CBA to more than 50% of their interns. Data available from ePort for the year 1 July 2022 to 30 June 2023 shows that approximately only 25% of interns who completed their final attachment at Waitematā before applying for removal of their endorsement had undertaken a community-based

attachment during the two intern years. Normalising these attachments as an expected part of attachment allocation provides the opportunity to broaden clinical experiences.

The interns at Waitematā are a highly motivated group who are reluctant to leave gaps in the day-to-day rosters and actively seek opportunities to ensure clinical loads are shared amongst them all. This provides the opportunity to broaden clinical experience but is balanced with the risk of burnout and loss of supervision continuity.

Waitematā is reviewing which are the nominal “PGY1 attachments” as several factors suggest allocating both PGY1s and PGY2s to attachments would provide a better overall training experience for interns. These factors include increasing depth of experience for the team for each attachment, role modelling and mitigating vacancies in the rosters which could relieve pressure on some services as well.

While Waitematā has made strides in cultural safety and competency, with the development of the 'Awhi Ora' approach in 2019 and the Māori Health Team, Awhi Ora has not been progressed due to challenges with staff changes and the impact of COVID-19. Waitematā expresses a commitment to implementing the program after further consultation and review.

Informal training and role modelling by the Māori Health Team and registrars remains the mainstay of learning opportunities in this domain. Interns noted senior colleagues were rarely able to provide such opportunities or role modelling. Waitematā acknowledges that senior staff involved in intern training should be encouraged to engage in unconscious bias and cultural safety training. Other opportunities exist for interns, and other clinicians, such as the Māori Health Team cultural competency workshop, but are currently voluntary.

Waitematā acknowledges ongoing challenges in achieving compliance for community-based attachments (CBAs). Waitematā has funding to add two CBAs each year from 2021 to 2025 to achieve the goal of one CBA attachment for each intern, but currently lacks robust processes or resources to ensure CBA development, implementation, maintenance and review. Issues such as general practice trainees taking preference, stress in primary care reducing capacity, interns swapping out of CBAs, medical education training unit (METU) manager vacancy decreasing resource availability and changing community dynamics have impeded this progress. Acknowledging the challenges in CBA provision and the need for a proactive approach to address these issues, significant progress is still necessary to ensure that all interns undertake at least one CBA.

Interns are not rostered on at nights in quarter 1 of PGY1 and only in quarter 2 if they have completed or are currently working in a general medical attachment. The establishment of a buddy system, on-call contact list, and inclusion of out-of-hours information in orientation demonstrate a commitment to supporting interns during night duties.

Waitematā has departmental handover procedures for morning, afternoon and night, which are included in departmental orientation information. However, some key information for specific attachments around handover exists in informal intern generated material. For instance, the need to develop an acute general surgery handover list at the end of a weekend.

Waitematā has undergone significant investigation and process improvement regarding informed consent. Orientation processes and hospital culture are now such that interns are not pressured to provide informed consent and are empowered to decline to do so. They are supported in learning about the consent process and requirements so they can contribute when their knowledge and experience is sufficient.

Commendations:

- Waitematā is commended for the review of attachment blocks, which demonstrates a thoughtful approach to maintaining a broad-based experience while allowing for some specialisation (standard 3.1.4).
- Waitematā is commended for the significant mahi put in to support and empower interns in the area of informed consent (standard 3.1.10).

Recommendations:

- Waitematā should continue to progress the implementation of its Awhi Ora programme, so that interns can develop their skills and knowledge of hauora Māori, and deliver patient care in a culturally-safe manner (standard 3.1.5).
- Waitematā should ensure that all clinical handovers between teams and shifts are structured and supported by well communicated, formalised processes. (standard 3.1.9).

Required actions:

1. Waitematā must provide evidence of processes to ensure senior clinicians are equipped and able to enhance interns' skills, understanding and knowledge of hauora Māori, cultural safety and cultural competency (standard 3.1.5).
2. Waitematā must ensure that all its interns complete at least one community-based attachment over the course of the two intern years. Until this is ensured Waitematā must report on the pressures that make it challenging to ensure this and provide evidence of strategies being implemented to address these pressures (standard 3.1.6).

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:

Waitematā demonstrates a commitment to monitoring and supporting interns in maintaining their ePort and professional development plan (PDP) records, with particular attention to goal-setting and professional development.

Waitematā has established a system to ensure that each intern maintains their ePort as an adequate record of their learning and training experiences. During orientation, interns receive clear expectations about the requirements for ePort completion and that completion of their ePort training record is their professional responsibility. When required, reminders are sent, and if interns are not proactive, clinical supervisors and prevocational educational supervisors follow up, with a structured email escalation process.

Waitematā maintains a structured approach to PDP formation, review, and goal setting. The PDP is informed by various factors, including learning activities, assessments, personal interests, and vocational aspirations. There are mechanisms in place to ensure regular reviews of interns' goals, primarily with their prevocational educational supervisor and to a lesser extent with clinical supervisors. Training for

PGY1s on goal setting in the PDP is facilitated within the first month of the intern training programme and career development and CV building are integrated into the PGY2 teaching programme.

The interns noted that the orientation at the beginning of PGY1 is a period of information overload and that information from PESs about ePort requirements could vary. They suggested an early refresher (within the first month) on this information and more cohesive support from PESs would be beneficial.

Recommendations:

- Waitematā should consider the most appropriate timing for ePort training around PDP and ePort requirements (standard 3.2.2).

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:

Waitematā's formal PGY1 and PGY2 teaching and learning programme curricula are based on the 14 learning activities in the curriculum, University of Auckland medical undergraduate domains and Royal Australasian College of Physicians learning outcomes. The programme benefits from a region-wide approach to minimise overlap with other centres. The programme seeks innovative ways to include career information and inspirations, furthermore it responds to feedback from interns on different approaches.

Attendance at formal education sessions is tracked, and efforts are made to minimise barriers, such as providing lunch and using a hybrid/Zoom option for off-site interns, efforts that the interns appreciate. Interns with low attendance are flagged to the prevocational educational supervisors for discussion. Interns at Waitakere report their workload, lack of cover and absence of registrars to carry pagers make attending teaching more onerous. While they often conscientiously attend teaching, work that is not completed during this time means that they stay late to complete it.

The PGY2 programme is coordinated across the three metro Auckland providers. Teaching for PGY2 occurs in two-day blocks quarterly, and is well received by interns. Attendance is compulsory but may be problematic, with service pressure not to attend being noted.

While in 2019 Waitematā made progress in providing education content on hauora Māori and tikanga Māori with the development of the 'Awhi Ora' approach, no evidence has been presented regarding Awhi Ora's implementation. The evidence provided showed an educational framework to link Māori health and equity into the program. However, details on how this is done was absent. Interns reported

neither Māori health, tikanga, equity, cultural safety or cultural competency was interwoven into formal education sessions. Interns noted a possible cause of this being lack of senior clinician knowledge, awareness, or guidance on how to do this. The details of the PGY1 and PGY2 programmes showed one session on cultural safety in PGY1. The voluntary 5-hour course on cultural safety delivered by the Māori Health team was highly valued by doctors who attended.

Waitematā actively addresses self-care and peer support through various initiatives, including formal teaching sessions, PGY1 and PGY2 representative groups and other hospital wide resources. Interns value highly the specific sessions provided by local and regional SMOs on these topics.

Waitematā provides numerous opportunities for work-based teaching and training, including grand rounds, departmental meetings, simulation events, growth coaching, resources on the RMO portal and eLearning modules.

Commendations:

- Waitematā is commended for its local and regional provision of teaching around self-care, burnout, and other stressors for those working in healthcare, which is highly valued by interns (standard 3.3.5).

Recommendations:

- Waitematā should consider methods to consistently support interns to attend the formal teaching programme, independent of site and service (standards 3.3.2 and 3.3.3).

Required actions:

3. Waitematā must ensure hauora Māori, tikanga Māori, and Māori health equity, including the relationship between culture and health, are embedded across the formal education programme (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:

Waitematā has adjusted the orientation processes and programme over the past three years due to pandemic-related changes. Variations of the orientation programme are available throughout the year, catering to individuals, small groups, or large numbers of PGY1 and PGY2s and utilise a range of delivery options. The aim is to make orientation personalised and provide a human point of contact to those new to the organisation. The beginning of the hospital year orientation is a 5-day event, delivered in person.

To accommodate those that start part way through the year, including those new to the district, new to the country and late notice additions to the provider's intern pool, an online condensed version of the Waitematā 's orientation is provided. Waitematā acknowledges that challenges have been faced with late notification of new starters and identifying those who miss orientation, and therefore it appears that processes for interns starting partway through the year are not robust.

Waitematā has introduced generic orientation standards and a checklist for all clinical attachments which are available for individual departments. PGY1 and PGY2 representatives, feedback mechanisms and

education fellows are used to support the implementation and currency of clinical attachment orientations. Identified issues are addressed through communication with the relevant service. However, departments adherence to the orientation standards is not formally checked and interns report that the orientations provided by certain services are not fit for purpose. In these circumstances often outgoing interns' personal informal handover or orientation sheets are considered essential. It is acknowledged that both formal and informal orientation processes can play a valuable role in supporting interns' familiarity with clinical attachments and team building, however reliance on informal arrangements for important "survival" guidance leaves the interns and organisation vulnerable.

Recommendations:

- Waitematā should assess the impact of a late notice start for interns during the employment year and ensure that orientation to the provider always occurs (standard 3.4.1).
- Waitematā should assess the informal mechanisms and information that interns are utilising to bridge gaps in the attachment orientation of some services (standard 3.4.2).

Required actions:

4. Waitematā must ensure that a formalised orientation to each clinical attachment occurs sufficient for the needs of the interns (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:

Waitematā is involved in an initiative to support Less Than Full Time Work. The metro Auckland area, through Te Whatu Ora Northern, has drawn up draft guidelines to support flexible work for interns. The guidelines aim for transparent and equitable treatment of less than full time work requests, with awareness of potential significant workforce planning implications. Until the guidelines are ratified, Waitematā has procedures in place for interns to apply for flexible training on a case by case basis. Some interns report that they have been able to access this.

Commendations:

- Waitematā is commended for the draft guidelines for consideration of less than full time work requests, it is a comprehensive document with wide consultation that has potential for national implementation (standard 3.5.1).

Recommendations:

- Waitematā should consider how to operationalise the pending Less Than Full Time Work guideline in a fair and transparent way (standard 3.5.1).

4 Assessment and supervision

4.1 Process and systems			
4.1.1 There are systems in place to ensure that all interns and those involved in prevocational training understand the requirements of the intern training programme.			
4.1 Process and systems			
	Met	Substantially met	Not met
Rating	**X**		
Commentary:			

Comments:
Waitematā has a well-established and engaged network of health professionals supporting its intern training programme, both within the organisation and in combination with the other two providers in Auckland.

The DCT outlines prevocational training requirements at orientation including details on ePort completion and expectations. The DCT (and educational fellow) send out a regular schedule of mid-attachment emails to all PGY1 and PGY2 to remind interns of ePort requirements and the areas to consider during that attachment. Some interns report that their PESs were not as familiar with the requirements of the training programme as others, and some interns would approach the DCT or education fellow directly with enquiries or concerns. This is discussed further in section 4.2.

There is a good working relationship between the CMO, DCT and PESs should issues arise that will affect the requirements of the intern training programme. Thus, the DCT addresses systematic issues within the Waitematā district with the help of the CMO if required. The Waitematā DCT is closely linked to the DCTs of the other two Auckland districts. The Waitematā DCT sits on the Auckland-wide Operational Management Group (OMG) to represent and advocate for prevocational training.

The Waitematā DCT is part of the DCT national group to ensure both local and national concerns can be addressed with wide collaboration.

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:
Waitematā has the appropriate ratio of PES to interns. While at any given time some may have more than 10; this is carefully managed in such a way to balance the learning needs of interns. All PESs have attended annual training run by the Council.

The PES group meet six-weekly to discuss current issues (local, regional, and national), any changes to expectations and share recent experiences and lessons. PESs maintain supervision of each intern through

PGY1 and continue during their PGY2 year, even when they are working at one of the other metro Auckland hospitals.

It appears that orientation to and guidance for the prevocational educational supervisor role is variable, which has led to the advice provided to interns by PESs being inconsistent or non-existent across the PES group. This especially pertains to interns seeking assistance with attachment selection, guidance on eligibility for general registration and endorsement removal, and some ePort requirements.

The Waitematā CMO delegates oversight of PESs to the DCT. The DCT liaises between the PESs, the interns and their employer. The DCT also liaises with the CMO about any specific employment matters. A new role has been established, that of an Assistant DCT, partly for back-up/leave cover for the DCT, and to share the load. The ADCT is primary responsibility for interns who are IMGs.

On paper Waitematā has a framework of support for PESs including the DCT, the Medical Education and Training Unit (METU) and the education fellows. Recent issues resourcing the METU has put stress on clinicians, requiring them to complete more of the administrative duties of the training programme, and has reduced the effectiveness of the supervisory support framework.

Recommendations:

- Waitematā should review its prevocational educational supervisors' knowledge of the intern training programme and its components and identify any opportunities for improvement (standards 4.2.3 and 2.2.2).

Required actions:

5. Waitematā must provide appropriate administrative resources to assist the director of clinical training and prevocational educational supervisors (standard 4.2.4).

4.3 Supervision – Clinical supervisors	
4.3.1	Mechanisms are in place to ensure clinical supervisors have the appropriate competencies, skills, knowledge, authority, time and resources to meet the requirements of their role.
4.3.2	Interns are clinically supervised at a level appropriate to their experience and responsibilities.
4.3.3	Clinical supervisors undertake relevant training in supervision and assessment as soon as practicable after beginning their supervisory role. This must be within 12 months of appointment as a clinical supervisor.
4.3.4	The training provider maintains a small group of clinical supervisors for relief clinical attachments.
4.3.5	All staff involved in intern training have access to professional development activities to support their teaching and educational practice and the quality of the intern training programme.

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

Commentary:

Comments:

The DCT and PESs are available to clinical supervisors (CSs) for advice and guidance, and many departments use their PES as such a resource.

All Waitematā clinical supervisors are vocationally registered, and Waitematā relies on supervisors utilising their specialist colleges' resources for supervisor education and training. Some CSs appear unaware of this expectation, and many reported that they had not actively sought training on supervision through their college for the purposes of building and maintaining competencies for their CS role. Some were also unaware of the intern training requirements and their responsibilities within the programme. In addition, Waitematā do not record whether CSs have undergone supervisor training. Currently Waitematā does not require its supervisors to undergo cultural safety training.

Interns report good supervision in their clinical work from seniors in their team. However, ePort records demonstrate that many CSs are not meeting with interns in a timely fashion, particularly for the mid-attachment meeting. This is discussed in section 4.4 on feedback and assessment.

The only departments with a significant number of clinical relief attachments are the departments of General Medicine and General Surgery. These relief attachments have a separate supervision structure. The interns are required to complete logbooks and there is a pool of relief CSs. Interns nominate a supervisor who they have worked with, to review their logbook and conduct their attachment meetings. However, some interns and supervisors report that relief interns are not always paired up with a supervisor they have worked with, and not all relief supervisors are comfortable with completing an end of attachment assessment for an intern they do not know.

Waitematā has not formalised opportunities for those supervising in community-based attachments to learn about the role, and gain support from hospital-based colleagues.

Recommendations:

- Waitematā should review the arrangement for supervision of relief runs and ensure that those nominated to supervise relief interns are appropriate for the task (standard 4.3.4).
- Waitematā should investigate collaborative opportunities to encourage best practice within the clinical supervisor group, which should include CBA supervisors (standard 4.3.5).

Required actions:

6. Waitematā must establish a system to ensure clinical supervisors are fully informed about, and understand, their role within the intern training programme (standard 4.3.1).
7. Waitematā must have a system to ensure clinical supervisors undertake relevant training in supervision and assessment as soon as practicable (within 12 months) after 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:

Interns and CSs are aware that start, mid and end of attachment feedback is required for all PGY1 and PGY2 interns. These meetings include goal setting and progress discussions. Virtual communication means are utilised when a PES or clinical supervisor and intern are not able to meet in person. There is some variability as to whether regular meetings occur and are documented. ePort statistics show that less than half of beginning of run and mid-run meetings with clinical supervisors are being recorded in ePort within appropriate timeframes.

Concerns about intern performance are raised from many sources and predominantly escalated to the educational fellow and/or DCT. These concerns are managed confidentially and individually, in accordance with the Waitematā Prevocational Doctors in Difficulty – Management Process. Waitematā also has a *House Officer Support Process* guidance algorithm, and a document *for ePort guidance for Clinical Supervisors of struggling trainees*, however some supervisors and interns report uncertainty as to any formalised process within the organisation for assisting interns. Many would just contact the DCT or Education Fellow for direction, and supervisors appear to readily handover the management of concerns to them.

Interns who receive a conditional pass or fail an attachment will have PES and DCT involvement to ensure support is offered in a constructive way, and supportive remediation is placed. This may involve the next clinical team or specific staff as required, for example pharmacy input.

Interns are encouraged to self-report concerns to the Council, but the DCT would report interns if required for example because of health, training or professional concerns.

Recommendations:

- Waitematā should review its framework of support for intern wellbeing, ensure that supervisors are aware of formal processes for addressing concerns and can safely seek assistance for concerns regarding interns that are struggling (4.4.2)

Required actions:

8. Waitematā must ensure that systems are in place to ensure that clinical supervisors meet with interns at the beginning, middle and end of each attachment, and record these meetings in ePort in a timely manner (standard 4.4.1).

4.5 Advisory panel to recommend registration in the General scope of practice
4.5.1 The training provider has established advisory panels to consider progress of each intern at the end of the PGY1 year that comprise: • a CMO or delegate (who will chair the panel) • the intern's prevocational educational supervisor • a second prevocational educational supervisor • a layperson.
4.5.2 The panel follows Council's *Advisory Panel Guide & ePort guide for Advisory Panel members*.
4.5.3 There is a process in place to monitor that each eligible PGY1 is considered by an advisory panel.
4.5.4 There is a process in place to monitor that all interns who are eligible to apply for registration in the General scope of practice have applied in ePort.
4.5.5 The advisory panel bases its recommendation for registration in the General scope of practice on whether the intern has: • satisfactorily completed four accredited clinical attachments • substantively attained the learning outcomes outlined in the 14 learning activities of the curriculum • developed an acceptable PDP for PGY2, to be completed during PGY2 • achieved advanced cardiac life support (ACLS) certification at the standard of the New Zealand Resuscitation Council CORE Advanced less than 12 months old.

4.5 Advisory panel to recommend registration in the General scope of practice			
	Met	Substantially met	Not met
Rating	**X**		
Commentary:			

Comments:

Appropriate processes are followed to establish advisory panels that follow the Council's guidance and ensure each PGY1 is considered by an advisory panel, and apply for General Registration when eligible.

The NRA ePort co-ordinator, in conjunction with the DCT and METU administrator as required, compiles a list of interns eligible for consideration by the Advisory Panels. This is achieved by monitoring the attachment progress tab on ePort and is usually done mid-way through quarter 4. The Advisory Panel is constituted at other times as required such as for late start or delayed interns.

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:

Towards the end of PGY2, the DCT sends an email to all Waitematā PGY2s to remind them of upcoming Endorsement Removal (ER) and the necessary steps.

While it is the intern's responsibility to apply for ER, the PESs provide support in the ER process by meeting their interns at the end of their final attachment and highlighting the process.

Recommendations:

- Waitematā should ensure that the current mechanisms in place are sufficiently robust to monitor whether all eligible PGY2s apply to have their endorsement removed in a timely manner (standard 4.6.1).

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:

Processes and systems are in place to monitor the intern training programme with input from interns during and at the end of the clinical attachments. These processes include:

- electronic input sought from interns after teaching sessions
- face to face and by email during the clinical attachments directly to the educational fellows and the DCT
- end of attachment surveys from Te Whatu Ora Northern.

Waitematā has made efforts to improve mechanisms for anonymous feedback and to gather a greater number of responses in a timely manner. Waitematā reviewed its intern feedback mechanisms in 2022, and launched a new end of run feedback survey in 2023. While the response rate from interns is still low, and the late release of survey results has reduced the value of the feedback by hindering the ability to close the loop on some issues, Waitematā is working to address this issue in future iterations of the survey.

The educational fellows have developed an initiative to improve the timeliness and survey participation by interns into teaching session feedback. This initiative provides tablets loaded with surveys for intern feedback into the monitoring of the intern teaching programme. The educational fellows presented on the outcome of this new method of capturing feedback at the Prevocational Medical Educational Forum in Perth in November 2023.

The DCT and educational fellow are readily available and provide a valued means for interns to provide ad hoc feedback on the training programme. The interns provided examples of when their concerns were followed up in a timely fashion.

In contrast, only informal processes are in place to monitor the intern training programme with input from supervisors, and these are not routinely documented and therefore cannot be broadly circulated and incorporated into quality improvement strategies.

While acknowledging the resource limitations on Waitematā, there are few formalised mechanisms in place to allow feedback from interns and supervisors to be incorporated into the quality improvement strategies within the intern training programme. Intern feedback is considered in annual review of the formal teaching programme whilst clinical supervisors appear to be particularly distant from knowledge about and improvements within the intern training programme.

Waitematā has developed a formal feedback mechanism for interns to comment annually on prevocational educational supervisors. Initial response rates have been low, and it is looking into possible mechanisms to improve feedback rates.

Feedback on the performance of clinical supervisors is gathered informally by prevocational educational supervisors from interns and intern representatives. The DCT and education fellows also gather feedback via an end of attachment survey and on an adhoc basis. The feedback is not passed on to clinical supervisors in any formal manner.

Furthermore, Te Whatu Ora Northern routinely gathers feedback from interns at the end of each clinical attachment, however supervisors report not reliably receiving information from these surveys, and it appears that Waitematā does not have any method of using its various sources of feedback to routinely and robustly assess supervisor effectiveness.

Waitematā has noted requirements and recommendations from previous accreditation visits and has sought to make changes. Waitematā actively engages in providing responses to the Council on intern matters. Also the provider is actively involved in PES workshops run by the Council, including representatives leading sessions, and in prevocational forums such as conferences, regional leadership groups and the national DCT network.

Waitematā reports to the Council annually against these standards to advise on significant changes to its intern training programme.

Commendations:

- Waitematā is commended for investigating methods to improve capture of intern feedback (standard 5.1).

Recommendations:

- Waitematā should formalise engagement with both prevocational educational supervisors and clinical supervisors in regard to quality improvement initiatives for the intern training programme (standard 5.3).
- Waitematā should provide regular formal feedback to clinical supervisors about the quality of their intern supervision (standard 5.5).

Required actions:

9. Waitematā must demonstrate formal mechanisms where intern, prevocational educational supervisor and clinical supervisor input is sought and clearly articulated in quality improvement strategies (standard 5.3).
10. Waitematā must routinely assess the effectiveness of both prevocational educational supervisors and clinical supervisors (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:

There are formal processes to ensure the currency of clinical attachments. This includes an ePort co-ordinator at Te Whatu Ora Northern who contributes to new attachments and updates previous ones as required. There is a quarterly survey for interns to provide feedback on their clinical attachment and a generic email that interns can use to raise any concerns throughout the attachment. The survey results are provided to the CMO and DCT who forward department-specific feedback to heads of department and clinical directors. Informal feedback through the intern representatives is used to triangulate this information.

The OMG with input from the DCT oversees the establishment of new clinical attachments. Te Whatu Ora Northern assists the DCT in submitting an attachment for accreditation by the Council.

Waitematā has named community-based attachments as a priority in its strategic plan and acknowledges the difficulties in establishing and sustaining these attachments. During their PGY2 year interns usually rotate around the three metro Auckland providers, and a collaborative approach with the other districts is likely to be required. Significant loss of administrative support for the development and implementation of community-based attachments has been difficult to overcome.

Other issues may also be contributing to Waitematā's struggle to provide each intern with reliable CBAs options. Waitematā plans that assessing the issues with CBAs, and working to establish and maintain these attachments in the community will be part of the new Associate Director of Clinical Training role.

A computer matching algorithm is used each year in the allocation of interns to attachments. This is to ensure at least 95% of interns receive one of the top ten choices they select in their allocation preference survey.

Interns choose between pre-formulated blocks of attachments. Interns felt it was difficult to choose community-based attachments as an option when not many blocks contained a CBA, and some were just listed as "CBA" without any details about location or role.

Interns are concerned about minimal communication and consultation when not allocated one of their ten choices and there is a lack of transparency around the process of allocation into empty roles following a colleague's resignation. Te Whatu Ora Northern acknowledges this concern especially around attachments that are overallocated and therefore cannot be swapped into.

Recommendations:

- Waitematā should ensure that the specific details of each community-based attachment are available to interns when completing their allocation preference survey (standard 6.1.4).

- Waitematā should make community-based attachments an expected part of clinical attachment allocation over the two years. All interns should expect to see a community-based attachment as one of their grouped clinical attachment choices (standards 3.1.4, 3.1.6 and 6.1.4).

Required actions:

11. Waitematā must ensure that the process of allocation of clinical attachments is transparent and communicated effectively to interns, including for those interns whose clinical attachment preferences are not met (standard 6.1.3).

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 accreditation panel acknowledges the current nationwide RMO vacancies and the stress it puts on interns, the RMO unit and supervisors.

Waitematā interns demonstrate a high level of professionalism and collegiality that prioritises patient safety. Workforce shortages have meant that interns have developed several work-around arrangements, aimed at sharing out clinical load, covering short notice intern absences and bridging gaps when there is no registrar. The pressure that daily requests for cover puts on the interns, their services and the RMO Unit staff is considerable, with deleterious effects on job satisfaction, ability to take rest away from work, and on intern training.

As noted under other standards, interns report that their current duties, rostering, working hours and supervision puts high quality training under jeopardy due to a range of factors including resource limitation and additional demands on many of those that work for the provider.

Some of the arrangements for cover do not follow formalised process and some occur without knowledge of the RMO Unit. A chief house officer role has developed in a number of services, with a core responsibility being juggling the services' work amongst the RMO group. It is unclear to what extent Waitematā provides oversight or support to these chief house officer roles.

Waitematā states that it has a zero tolerance policy for bullying, discrimination and harassment. Interns confirm that Waitematā generally provides a safe working environment free from bullying and are well supported by their DCT and education fellows to raise any concerns. There is proactive messaging from the organisation around services to maintain intern wellbeing, and interns feel comfortable approaching

the DCT or education fellow if help is needed. However not all PESs and CSs were able to describe how they would assist interns in accessing counselling or career advice.

The interns expressed cultural safety is well role-modelled especially by more senior RMO colleagues. Māori and Pasifika interns are supported by a small group of senior Māori and Pasifika clinicians who run regular informal get togethers in the hope that interns can debrief their week, and they are provided with an opportunity to establish mentoring relationships. Furthermore, Waitematā prioritises leave for cultural obligations. This could, however, be further strengthened by the development of a formal policy.

Te Whatu Northern has leave prioritisation criteria, but these are not published or clearly communicated to the interns. Te Whatu Ora Northern, with oversight from the OMG, commenced a Leave Implementation Project in 2020. More recently there has also been work done on an updated Medical Education Leave guide. This is due to be considered by the OMG in late 2023.

Interns have raised concerns that the process to achieve leave is unnecessarily stressful and prioritisation is not transparent. Leave is often declined initially, and interns may need to make three to four follow up approaches to the provider in order to improve their chances of leave eventually being approved. Waitematā monitors how much leave each intern gets and confirmed that, over the last year, accessed leave appears relatively even across the intern group. However, the interns perceive that the process to secure leave detracts from the rest the leave is meant to provide.

Commendations:

- Waitematā is commended for creating a safe working and training environment which is free from bullying (standard 6.2.2).

Recommendations:

- Waitematā should review the departmental chief house officer roles to ensure they are fit for purpose, have appropriate oversight, and robustly supported (standard 6.2.1).
- Waitematā should inform its supervisors of counselling and career advice available to interns (standard 6.2.4).
- Waitematā should review the Leave Implementation Project outcomes and should consider steps to mitigate the factors that make the leave application process stressful for interns. (standard 6.2.1 and 6.2.7)
- Waitematā should formalise its processes for Māori interns who may have additional cultural obligations, to enable those obligations to be met (standard 6.2.8).

Required actions:

12. Waitematā must review the volume of additional duties and any cross cover arrangements, both formal and informal, that are being worked by interns. This must include mechanisms to detect sustained excessive workload for the interns and RMO Unit staff (standard 6.2.1).
13. Waitematā must ensure processes are in place to ensure applications for annual leave are dealt with fairly and transparently (standard 6.2.7).

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:

The DCT communicates intern training programme during orientation and via quarterly emails. Interns receive weekly emails from the education fellow regarding the teaching topic and includes a 'tip of the

week'. There is an RMO Portal on the staff intranet which is utilised to post information from teaching sessions for reference and revision.

The DCT and education fellow are readily available to provide information and answer questions from interns, with common themes often shared in formal communication from both.

Interns report a lack of certainty around requirements to gain general registration at the end of PGY1 and remove endorsement at the end of PGY2. Information is provided at orientation by Waitematā however many interns admit that it was difficult to take in all the information in the first week of their job, especially if it was perceived as only relevant to processes much later in the year. When they are near the completion of their year some interns have struggled to obtain clear answers about registration requirements from Te Whatu Ora – Northern or from their supervisors.

Commendations:

- Waitematā is commended for its Education Fellow's responsiveness and approachable nature, and their weekly emails to interns, which are appreciated (standard 6.3.1).

Recommendations:

- Waitematā should ensure that interns understand the PGY1 requirements to attain general registration, and PGY2 requirements to attain removal of endorsement, including consistent information provided by supervisors (standard 6.3.1).

6.4 Resolution of training problems and disputes
6.4.1 There are processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality.
6.4.2 There are clear and impartial pathways for timely resolution of training-related disputes.

6.4 Resolution of training problems and disputes			
	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

Interns feel well supported by the DCT and education fellow to raise and resolve issues with training or supervision in confidence. There are formal processes including the *Doctor in Difficulty Policy* and informal processes including regular PES meetings that ensure struggling interns are pro-actively identified and supported.

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:

Waitematā has an excellent education centre, Whenua Pupuke, which has dedicated clinical training spaces for both small and large group teaching. Intern training sessions are held at Whenua Pupuke with video conference links for Waitakere-based PGY1s. Sometimes there are technical issues with the video link.

North Shore Hospital has a physical library that operates an inter-library loan system with the University of Auckland and Auckland University of Technology to allow wider access to resources. Waitematā interns also have access to online medical resources like Up-to-Date and the Cochrane Library.
Interns feel well supported by robust clinical guidelines on the staff intranet when dealing with common clinical situations. There is an RMO portal with links to employment and education resources.

The RMO lounge at North Shore Hospital is close to the wards and has a kitchen, lounge, two bunk bedroom and a bathroom. Food is restocked each day by both the hospital kitchen and by the education fellow. Interns felt the bunkroom with 2 single beds at Northshore Hospital were not always adequate for the number of staff working night shift.

The RMO lounge at Waitakere Hospital has a kitchen, lounge, bathroom and 2 individual bedrooms that are cleaned and stocked daily. There are no showers available and this disincentivises biking to work for the interns. The lounge is located a distance away from the clinical areas, and at night is accessed via a corridor which is not lit.

There are computer stations for interns to use on the wards, library and RMO lounges. Interns at Waitakere voiced difficulty in escalating and resolving issues around broken computers. Also, due to Waitematā's electronic notes and prescribing systems, there are often insufficient numbers of available computers to allow all healthcare staff to access them at certain busy times of the day. This adds work for interns when they need to take handwritten notes on ward rounds then transcribe the notes later when a computer is available.

Waitematā has a free staff gym and spiritual centre available for intern use.

There is a staff cafeteria on both sites however, at Waitakere, there is limited inside seating that results in interns eating lunch on the wards in poor weather.

Recommendations:

- Waitematā should consider how to improve facilities for the interns across both hospital sites, including adequate number of devices by which to access and document patient notes, robust videoconferencing facilities to enable reliable attendance at teaching, and sufficient space to rest and eat.