Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

Prevocational medical training accreditation – report for:
Te Whatu Ora – Health New Zealand Nelson Marlborough

Date of site visit: 10 and 11 October 2024
Date of report: 27 March 2025

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 – Health New Zealand Nelson Marlborough

Name of training provider:	Te Whatu Ora – Health New Zealand Nelson Marlborough
Name of sites:	Nelson and Wairau hospitals
Date of accreditation visit:	10 and 11 October 2024
Accreditation visit panel members:	Dr Sarah Nicolson (Accreditation panel chair) Dr Nitin Gadgil Dr Ainsley Goodman Mr Chris Jenkinson Ms Kim Ngarimu Dr Jacob Ward
Date of previous accreditation visit:	6 and 7 August 2019
Key staff the accreditation visit panel met:	
Group Director of Operations:	Ms Lexie O'Shea
Chief Medical Officer:	Dr Steve Low
Prevocational educational supervisors:	Dr Christopher Drury Dr Kay Hall Dr Perry Turner Dr Suzanne Busch Dr Reon Rensburg Dr Rosalynd Pochin
RMO unit staff:	Ms Loretta Matheson Ms Jo Highton
Other key people who have a role within the prevocational training programme:	
RMO service manager:	Ms Donna Addidle
Consumer representative:	Ms Janet Mace
RMO representative:	Dr Mishal Bajunaid Dr Sophie Mills
Key data about the training provider (as of 17 April 2025):	
Number of interns at training provider:	
Number of PGY1s: 34	Number of PGY2s: 15
Number of accredited clinical attachments:	37
Number of accredited community based attachments:	3

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 – Nelson Marlborough (Nelson Marlborough) against the Council's 2022 *Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers.*

The accreditation panel is grateful to the leadership of Nelson Marlborough, its RMO unit staff, supervisors and interns for their preparation for the accreditation process. Their engagement with the panel throughout the visit was appreciated.

Based primarily at Nelson and Wairau hospitals, Nelson Marlborough serves the communities at the top of the South Island.

Nelson Marlborough is a sought-after district for intern training, with both the high standard of hospital medicine and the attractive lifestyle being drawcards. The vast majority of PGY1 interns stay for their PGY2 year and many beyond.

Those responsible for prevocational medical training at Nelson Marlborough are highly engaged and dedicated to good patient outcomes. They work very hard in support of the interns, in addition to their increasingly demanding clinical and administrative roles locally and nationally.

Many of the pastoral care aspects of Nelson Marlborough's management of intern training are ideally suited to the organisation's size and culture, and have been built up over time to provide a uniquely supported environment which is highly valued by the interns.

The structural and governance changes to the Aotearoa New Zealand health service and the current workforce shortages across many health care roles are having an impact on prevocational education across the country. Nevertheless, the panel identified several areas in which action is required by Nelson Marlborough specifically for the Council's standards to be met.

Nelson Marlborough relies in part on informal processes to uphold its prevocational training programme. This has resulted in a lack of communication of shared purpose across the intern training programme and puts Nelson Marlborough at risk if key individuals leave roles, especially if their vacated positions are unable to be filled.

Nelson Marlborough must clearly articulate high standards of intern education and training as a key strategic priority for their district. Nelson Marlborough's strategic plan for intern training also needs to set out a framework for the ongoing development and support of the intern training programme as a guide for all intern training activities. This must be backed by appropriate processes and resources, and underpinned by sound medical educational principles.

Nelson Marlborough has documented handover procedures, however there are issues for the intern handing over to multiple clinical teams at the end of their night shift at Nelson hospital. These need to be resolved for patient safety and for the wellbeing of the interns.

The interns' practice of providing nuanced and practical orientation to clinical attachments for their successors is highly valued by the interns, including for building collegiality and peer support. However, Nelson Marlborough must still provide formalised orientation material for each clinical attachment that is reviewed regularly by those with oversight of the service to ensure that it is accurate and appropriate.

Nelson Marlborough needs to establish a routine process to regularly assess all clinical attachments to ensure they reflect the currency of each clinical attachment.

The interns at Nelson Marlborough value the approachability and often one to one working relationships with their supervisors. However, interns and clinical supervisors do not always meet with each other in a timely fashion in order to complete ePort requirements.

The peer review sessions held by the prevocational educational supervisors (PESs) form an important connection between interns and the organisation. These sessions contribute to intern wellbeing and help identify interns' concerns. However, these do not allow for interns to provide anonymised feedback on their clinical attachments, the support for intern training or effectiveness of their supervision.

Nelson Marlborough supports its PESs to attend annual Council workshops, and its clinical supervisors to undertake relevant training in supervision and assessment. However, there is no system to check that clinical supervisors have taken up the necessary training within the first 12 months of starting as a supervisor. The PESs, who are independently very capable, nevertheless should have direct support and guidance from their CMO, with regular meetings to facilitate, develop and maintain the intern training programme.

Over the last few years Nelson Marlborough has lost several highly skilled healthcare workers to national roles, and this has diminished its local resources to support Māori health. Māori patients and their whanau still have cultural support but there is no resource for healthcare workers to learn about Māori health, tikanga Māori and health equity within the organisation or established via links with external support. Nelson Marlborough did not have a plan to resolve this.

There is evidence of disparity in the training experience of interns across Nelson and Wairau hospitals. This was most notable with the current arrangement for delivery of formal teaching, but also in the workforce shortages and their impact at Wairau hospital.

Nelson Marlborough is encouraged to progress with development and implementation of structured PGY2 specific education sessions and ensure they are attended by PGY2 interns across both hospital and community-based training sites.

Nelson Marlborough has worked hard to establish, review and support its accredited community-based attachments, and most interns are completing CBAs before the end of their PGY2 year. However, this needs to occur for all Nelson Marlborough interns.

Summary of findings

Overall, Nelson Marlborough has met 9 of the 21 sets of Council's 2022 *Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers.*

18 required actions were identified, along with 14 recommendations and 4 commendations.

Standard	2024 findings		Required actions
1 – Strategic priorities		Not met	2
2 – Organisational and operational structures	2.1 The context of intern training	Substantially met	4
	2.2 Educational expertise	Substantially met	
	2.3 Relationships to support medical education	Not met	
3 – The intern training programme	3.1 Programme components	Substantially met	6
	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	3
	4.2 Supervision – prevocational educational supervisors	Substantially met	
	4.3 Supervision – clinical supervisors	Substantially met	
	4.4 Feedback and assessment	Substantially met	
	4.5 Advisory panel to recommend registration in the General scope of practice	Met	
	4.6 End of PGY2 – removal of endorsement on practising certificate	Met	
5 – Monitoring and evaluation of the intern training programme		Not met	2
6 – Implementing the education and training framework	6.1 Establishing and allocating accredited clinical attachments	Substantially met	1
	6.2 Welfare and support	Met	
	6.3 Communication with interns	Met	
	6.4 Resolution of training problems and disputes	Met	
7 - Facilities		Met	0

Required actions

Required action	Standard
1. Nelson Marlborough must develop a strategic plan for the ongoing development and support of high quality prevocational medical training and education, which sets out that high standards of medical practice, education and training are recognised as a local priority.	**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.
2. Nelson Marlborough must ensure its strategic plan for prevocational medical training addresses and integrates Māori health and health equity in the prevocational training programme.	**Strategic priorities** **1.3:** The training provider's strategic plan addresses Māori health and health equity.
3. Nelson Marlborough must ensure 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.
4. Nelson Marlborough must ensure that the training programme is underpinned by sound medical educational principles.	**Organisational and operational structures – Educational expertise** **2.2.1:** The training provider demonstrates that the intern training programme is underpinned by sound medical educational principles.
5. Nelson Marlborough must establish appropriate relationships with external organisations, including Māori health providers, to support the intern training programme.	**Organisational and operational structures – Relationships to support medical education** **2.3.1:** There are effective working relationships with external organisations involved in training and education. **2.3.3:** The training provider has effective partnerships with Māori health providers to support intern training and education.

6. Nelson Marlborough must ensure that in coordinating the delivery of the training programme across its sites, that all interns receive an equivalent training and educational experience.	**Organisational and operational structures – Relationships to support medical 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.
7. Nelson Marlborough must 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 • deliver patient care in a culturally-safe manner.	**The intern training programme – Programme components** **3.1.5 –** The training provider has processes that ensure that interns receive the supervision and opportunities to: • enhance their skills, understanding and knowledge of hauora Māori • develop their cultural safety and cultural competence, and • deliver patient care in a culturally-safe manner.
8. Nelson Marlborough must ensure an effective and efficient structured handover process from the night medical team to the daytime clinical teams.	**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.
9. Nelson Marlborough must ensure that interns can attend at least two thirds of formal education sessions across both training sites.	**The intern training programme – Formal education programme** **3.3.2:** The intern training programme ensures that interns can attend at least two thirds of formal education sessions, by structuring the formal education sessions so that barriers to attendance are minimised.
10. Nelson Marlborough must ensure that 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. Nelson Marlborough must implement a process to review and update formalised orientation material for each clinical attachment.	**The intern training programme – Orientation** **3.4.2:** Orientation is provided at the start of each clinical attachment, ensuring familiarity with key staff, systems, policies, and processes relevant to that clinical attachment.
12. Nelson Marlborough must ensure the CMO (or delegate) has oversight of the prevocational educational supervisors to assist them in 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. Nelson Marlborough 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.
14. Nelson Marlborough 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. Nelson Marlborough must establish processes and systems to monitor the intern training programme, that includes input from interns and supervisors. This must include mechanisms to enable interns to provide anonymous feedback: – about their education experience on each clinical attachment – on their PESs, RMO unit staff and others involved in intern training.	**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. **5.4:** 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. Nelson Marlborough must establish a process to routinely evaluate clinical supervisor and prevocational educational 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. Nelson Marlborough must establish a process to ensure the currency of accredited clinical attachments.	**Implementing the education and training framework – Establishing and allocating accredited clinical attachments** **6.1.1:** Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.

Section B – Overall outcome of the accreditation assessment

In March 2025, 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 – Nelson Marlborough is **'substantially met'**, and
- Te Whatu Ora – Nelson Marlborough is accredited for a period of 4 years, until **31 March 2029**, subject to the following conditions:
    - Nelson Marlborough 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
    - Nelson Marlborough must provide annual reports to Council for the period

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:

Nelson Marlborough does not have a local level strategic plan for its prevocational medical training programme. Nelson Marlborough is instead relying on health sector legislation and strategies to guide its strategic direction and was unable to describe how these high-level requirements translate to local strategy and priorities for prevocational medical training.

Since the disestablishment of Te Aka Whai Ora there has been a notable reduction of emphasis and resource related to Te Tiriti o Waitangi, health equity and Māori culture at Nelson Marlborough, as staff formerly responsible for these areas have not, in the most, returned to work specifically for Nelson Marlborough.

Nelson Marlborough attributes this to the changes in the health sector that have created uncertainty about where responsibility for strategic planning and prioritisation of the intern training programme lies.

At Nelson Marlborough, the RMO Governance Group is led by the CMO and reports to the Clinical Governance Group. It is an important mechanism to ensure oversight of the training programme. Its terms of reference contains important aspects that relate to intern training as a strategic priority, particularly its strategic leadership role, and addressing Māori health and health equity. However, these functions are not being adequately fulfilled by the group.

There is intern representation on the RMO Governance Group. There are barriers to intern participation, including the timing of meetings and a lack of protected time for the intern representatives to attend.

Nelson Marlborough has engaged constructively in the Council's accreditation and progress reporting processes.

Recommendations:

- Nelson Marlborough should assist intern representatives on the RMO Governance Group to be able to fully participate in its meetings and work programme.

Required actions:

1. Nelson Marlborough must develop a strategic plan for the ongoing development and support of high quality prevocational medical training and education, which sets out that high standards of medical practice, education and training are recognised as a local priority (Standards 1.1 and 1.2).
2. Nelson Marlborough must ensure its strategic plan for prevocational medical training addresses Māori health and health equity in the prevocational training programme (Standard 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:

Nelson Marlborough has organisational and operational structures to effectively manage interns. However, the mechanisms to manage the intern training programme including its ongoing planning, resourcing, development, implementation and review are less apparent. The management of the training programme needs a greater degree of formality.

The RMO Governance Group has the principal responsibility for governing the intern training programme. The Group's terms of reference were updated in August 2024 and, as noted in Standard 1, include a responsibility to ensure that support for prevocational medical training is demonstrated in Nelson Marlborough's strategic plan and that the training programmes' priorities and work programme should be identified annually. However, these do not occur in a systematic manner. There is no current strategic plan, and the work programme evolves through issues being progressively identified at RMO Governance Group meetings rather than through the systematic development of a plan and work programme.

The CMO has the main clinical role guiding and monitoring interns and overseeing the education and training programme.

The RMO unit, which includes RMO coordinators in both the Nelson and Wairau hospitals, and the prevocational educational supervisors (PESs), attend to the day-to-day management, interests and welfare of the interns.

There is a formal written procedure in place to notify the Council of changes that may affect the intern training programme including changes to training delivery, clinical attachments and service delivery.

Required actions:

3. Nelson Marlborough must ensure 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:

Nelson Marlborough has a significant level of internal educational expertise amongst its current staff including its prevocational educational supervisors and clinical supervisors. The University of Otago Associate Dean is located on site, although this role is more focused on oversight of medical students including trainee interns, and there are some community and health sector links that support the training programme.

However, Nelson Marlborough could not articulate how its training programme is underpinned by sound medical educational principles.

Required actions:

4. Nelson Marlborough must ensure that the training programme is underpinned by sound medical educational principles (Standard 2.2.1).

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:

A number of staff involved in the delivery of the education and training programme are participants in national and regional forums, which enables them to consider the experiences of their peers in the delivery of their intern training programme. There are some local community and health sector links that are accessed to support the intern training programme, and subject matter experts from around the country often present at grand rounds. However, the extent of external relationships and stakeholders contributing to the programme is limited.

It is also apparent that due to the co-ordination of the local delivery of the programme across the Nelson and Wairau sites, the Wairau interns are not receiving a training experience that is equivalent to the Nelson interns. This is most apparent in the delivery of the formal teaching programme, which the Wairau interns attend by videoconference, but also extends to other aspects of intern training such as Wairau interns noting that increased service demands impacted their ability to attend teaching sessions and some ward rounds lasting until the afternoon, leaving them under time pressure to manage the tasks arising. Disparities in the teaching programme are discussed under standard 3.

Nelson Marlborough did not demonstrate effective partnerships with Māori health providers, or others involved in the Māori health sector such as Iwi Māori partnership boards, to support the intern training programme. Nelson Marlborough advised that it has limited capacity to deliver hauora Māori learning, although one such session was recently delivered at a grand round by an external party.

Required actions:

5. Nelson Marlborough must establish appropriate relationships with external organisations, including Māori health providers, to support the intern training programme (Standards 2.3.1 and 2.3.3).
6. Nelson Marlborough must ensure that in coordinating the delivery of the training programme across its sites, that all interns receive an equivalent training and educational experience (Standard 2.3.2).

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:

At Nelson Marlborough the intern training programme is structured so that interns can attain the learning outcomes of the curriculum, with clinical attachments that are appropriate to achieve the goals of the programme.

The PGY1 year consists of four clinical attachments appropriate to basic hospital-based medical practice, while in the PGY2 year interns can request attachments from a broader range of clinical settings including emergency medicine, urgent care, general practice and other community-based attachments. Some PGY2 attachments are six months in duration.

Te Waka Hauora is the hospital-based team of Māori health workers who assist Māori to receive culturally safe care in Nelson Marlborough. The interns report that both Te Waka Hauora and many of the clinical supervisors demonstrate patient care that is useful for the interns' learning in hauora Māori.

However, Nelson Marlborough, whilst promoting cultural safety for their patients, no longer have onsite resources to provide formal teaching either in the clinical setting or during the weekly teaching programme.

Nelson Marlborough has 12 accredited community based attachments (CBAs). While ePort statistics indicate that the number of interns completing a CBA is increasing yearly, not all interns have yet completed a CBA over their two years as an intern. In 2022-2023, 83% of those interns who finished the two-year intern training programme and had completed their final attachment at Nelson Marlborough had undertaken a CBA. For 2023-24, this figure was 88%. Nelson Marlborough is optimistic that all will complete a CBA this year.

Interns are not rostered on nights until the fourth quarter of their PGY1 year.

Nelson Marlborough has implemented several initiatives to ensure interns are appropriately supported in the hospital overnight. These include sessions in its formal teaching programme to prepare interns for nights, provision for interns to complete a paediatric life support course and increased clinical exposure to paediatrics and O&G prior to nights. However, the teaching sessions and courses are not mandatory before commencing night shift.

Changes to rostering with a new afternoon admission shift at Wairau has improved the workload on nights for interns. Although a new ICU SHO role at Nelson has the potential to provide additional onsite support, at the time of the accreditation visit it was unclear to SMOs and interns exactly how this extra workforce will assist interns in delivery of patient care and support overnight.

The interns understand how to access assistance on nights and report a safe and supportive response in general when they seek support from registrars and senior medical officers. There were some rare ongoing instances of challenging interactions with senior staff when phoning out-of-hours for support. Nelson Marlborough has made a commitment to promptly address any reports of unsupportive behaviour. This is a significant improvement since the last accreditation visit to Nelson Marlborough.

Although Nelson Marlborough has documented processes for handover it was clear that the stated processes are not followed in the morning handover. There is no common formal morning handover and the night intern is left to chase day staff to handover night issues. The time taken to find the appropriate staff often results in the intern staying in the hospital well past the end of their shift. As a matter of patient safety and intern wellbeing this process must be better structured and formalised.

The process of obtaining informed consent is taught in formal teaching, and in various clinical settings. The interns report that they are under no pressure to obtain consent for procedures that they are not sufficiently knowledgeable about.

Commendations:

- Nelson Marlborough is commended for the approachability of its emergency medicine SMOs at Wairau. The interns highly value their collegiality and support, at all hours, especially overnight (Standard 3.1.8).

Recommendations:

- Nelson Marlborough should consider how best to use their expanded overnight staffing at Nelson to support interns and manage workload, and should communicate this effectively to its medical staff (Standard 3.1.8).
- Nelson Marlborough should consider whether to mandate completion of certain formal teaching or courses by interns before commencing night duties (Standard 3.1.8).
- Nelson Marlborough should continue to monitor and address ongoing instances of challenging interactions with senior staff when phoning out-of-hours for support (Standard 3.1.8).

Required actions:

7. Nelson Marlborough must 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

- deliver patient care in a culturally safe manner (Standard 3.1.5).

8. Nelson Marlborough must ensure an effective and efficient structured handover process from the night medical team to the daytime clinical teams (Standard 3.1.9).

3.2 ePort

3.2.1 There is a system to ensure that each intern maintains their ePort as an adequate record of their learning and training experiences from their clinical attachments and other learning activities.

3.2.2 There is a system to ensure that each intern maintains a PDP in ePort that identifies their goals and learning objectives which are informed by the learning activities, mid and end of clinical attachment assessments, personal interests and vocational aspirations.

3.2.3 There are mechanisms to ensure that the clinical supervisor and the prevocational educational supervisor regularly review the goals in the intern's PDP with the intern.

3.2.4 The training provider facilitates training for PGY1s on goal setting in the PDP within the first month of the intern training programme.

3.2 ePort

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

Nelson Marlborough's orientation for interns includes teaching on ePort requirements.

The interns' first meeting with their PES includes discussion about ePort, the intern training programme requirements and training on PDP goal setting. The PES and clinical supervisors facilitate PDP development which is formally taught during Nelson Marlborough's orientation for interns.

Interns report confidence in, and highly value, the guidance they receive from their PESs.

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:

The formal teaching programme is provided on a district wide basis and is mainly delivered from Nelson with some site-specific sessions. Nelson Marlborough provides formal teaching twice a week. The

Wednesday lunchtime sessions are devoted to clinical topics, and Thursday to professional development topics.

A PES convenes the formal teaching programme, which is administered by the RMO unit. The teaching topics have been built up over the years based on gaps and needs identified by interns, are delivered in a mix of didactic and practical formats and are not formally mapped to the learning outcomes outlined in the 14 learning activities. The RMO Governance Group does not appear to have oversight of the teaching programme.

Interns from both Nelson and Wairau are encouraged to attend the formal teaching programme. A few years ago, the sites' programmes were combined, partly to assist Wairau where limited resources prevented delivery of a complete programme. While the intention was to have presenters from both sites, the programme has defaulted to the sessions being held in Nelson with the Wairau interns attending via videoconferencing.

The utility of these sessions for the Wairau interns is affected at times by poor internet connection, presenters struggling with the hybrid modality and practical skills sessions, for example simulation or ECG interpretation, not translating across the two sites. The Wairau interns report an element of disengagement due to limited perceived value of the education sessions. As a direct consequence of this, the Wairau PESs are considering whether they will be able to supplement teaching locally at Wairau.

While interns are also able to access teaching via videoconference from Te Whatu Ora - Canterbury, they report that the timing of these sessions means attendance is difficult.

Interns' attendance at formal teaching is monitored, but there is no formalised process to follow in the case of poor attendance.

Interns at Nelson report being well supported to attend teaching, while interns at Wairau struggle to leave clinical duties to attend teaching. This is reflected in the Wairau interns' attendance statistics which average less than 50%. Interns report that they are not effectively protected during formal teaching from phone calls and texts from clinical staff.

The teaching sessions are recorded and posted on the intranet RMO Toolkit. Wairau interns noted that they have to watch these in their own time if clinical duties prevent them from attending the live sessions.

There are no formal teaching sessions provided specifically for PGY2 interns although they are able to attend the PGY1 teaching. Many PGY2 interns appreciate the specialty specific clinical teaching they receive in their clinical attachments, which is generally high quality. However, not all attachments for PGY2 interns provide these opportunities. There is no monitoring of PGY2 attendance at sessions run by the different services. Nelson Marlborough briefly outlined plans to provide more tailored and relevant teaching specifically for PGY2 interns, which are in the formative stages.

Nelson Marlborough described losing valued staff from Te Waka Hauora during the re-organisation of the public health service over the last few years. This has meant that many teaching opportunities in the clinical setting no longer occur, and they have needed to source resources outside the organisation to provide sessions in the interns' formal teaching programme. The interns report that there have been some sessions at grand rounds that they have found very useful for their learning in hauora Māori.

Sessions on health and wellbeing are included in formal teaching. In addition, the PESs run peer review sessions every few months with PGY1 interns, which are valued by the interns. Sessions cover case reviews and debriefing, managing the logistics of work as an intern, and professional challenges. There

may be opportunities for interns to provide feedback on the training programme and formal teaching during these sessions.

Nelson Marlborough provides additional teaching and training opportunities for interns including ALS and sessions on serious illness conversation guide and understanding bias in healthcare. However, it is unclear how attendance is monitored and non-attendance managed.

Commendations:

- Nelson Marlborough is commended for the peer support sessions provided by the PESs, which interns highly value. The sessions provide a safe space for interns, enhance their education and reinforce the role of PESs as intern advocates (Standard 3.3.5).

Recommendations:

- Nelson Marlborough should review the sessions provided in their formal teaching programme and ensure that they address the learning outcomes outlined in the 14 learning activities that are not available in clinical teaching and learning (Standard 3.3.1).
- Nelson Marlborough should consider how its RMO Governance Group could have effective oversight of the formal education programme (Standard 3.3.1).
- Nelson Marlborough should consider methods to minimise the barriers to interns attending effective formal teaching at Wairau (Standard 3.3.2).
- Nelson Marlborough should improve processes to protect interns from interruptions during formal teaching sessions (Standard 3.3.2).
- Nelson Marlborough 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 (Standard 3.3.3).

Required actions:

9. Nelson Marlborough must ensure that interns can attend at least two thirds of formal education sessions across both training sites (Standard 3.3.2).
10. Nelson Marlborough must ensure that 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:

There is a fit-for-purpose orientation at the start of the interns' employment. The formal orientation of PGY1 interns to the organisation is an established programme that occurs at the beginning of the hospital year. This orientation is reviewed and revised every few years to ensure it is relevant and meeting needs of the interns. Recently, the ALS course has been removed from orientation and rescheduled to other times, which has freed up significant time in the orientation week to cover other important topics.

Interns joining the organisation partway through the hospital employment year receive a bespoke orientation to their hospital which is reported to be sufficient for their needs. Many PGY1 interns stay on

as PGY2 interns at Nelson Marlborough, however, any PGY2 doctors who are new to the organisation also receive a bespoke orientation.

There were inconsistencies in orientation between clinical attachments. Interns, almost universally, receive an informal handover at the beginning of attachments from intern colleagues who have most recently worked on that attachment. These orientations to a clinical attachment provide invaluable tips and tricks on day-to-day logistics.

The RMO toolbox holds formal orientation documentation to clinical attachments. However, the information can be variable in nature and value, especially if the documentation has not been recently updated.

Interns also report that it can be hard to find out exactly who their clinical supervisor will be on an upcoming attachment.

Required actions:

11. Nelson Marlborough must implement a process to review and update formalised orientation material for each clinical attachment (Standard 3.4.2).

3.5 Flexible training

3.5.1 Procedures are in place and followed, to guide and support supervisors and interns in the implementation and review of flexible training arrangements.

3.5 Flexible training

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

Nelson Marlborough has a flexible working policy and procedure document for all employees and their services.

Nelson Marlborough has drafted a local flexible training policy specific to RMOs, while awaiting a nationally agreed process through the Te Whatu Ora Resident Doctors Support Service. The RMO Governance Committee is yet to approve the local flexible training policy.

Few interns have undertaken flexible training in recent years. The PESs report that Nelson Marlborough should be able to support interns who apply for flexible training. Nelson Marlborough's approach, in the absence of an approved policy, would be for an assessment of need and agreement to a solution.

Recommendations:

- Nelson Marlborough should establish a flexible training application and approval process appropriate to the needs of interns and their supervisors (Standard 3.5.1).
- Nelson Marlborough should establish procedures to review the effectiveness of the flexible training process (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:

Nelson Marlborough has several systems in place to ensure interns and those involved in the training programme understand the requirements of the intern training programme. These include relevant teaching sessions during intern orientation and the weekly teaching programme, the RMO toolkit which is accessible on the intranet, and formal and informal PES guidance and advice. In addition, the Council's website is referred to for additional information as required.

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:

Nelson Marlborough has six PESs across the two sites. There is an appropriate ratio of PES to interns in PGY1 and PGY2. On rare occasions the ratio may increase for a short period to cover another PES's leave.

Nelson Marlborough facilitates and encourages PES attendance at the annual PES meetings.

Nelson Marlborough reported that there is little to no oversight of the PES group by the CMO, and as such it acknowledged a need to strengthen this process. While both parties are members of the RMO Governance Group, which considers specific issues pertaining to the prevocational training programme, there are no scheduled meetings just for the CMO and PESs. The Nelson Marlborough PESs are seen as a competent motivated team, highly regarded by their interns. However, it was apparent that the PESs function independently in the absence of any formal feedback provided to the PES group about their effectiveness in fulfilling the obligations of their role.

The RMO unit provides much valued administrative support to the PES group.

Required actions:

12. Nelson Marlborough must ensure the CMO (or delegate) has oversight of the prevocational educational supervisors to assist them in 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:

Feedback from the clinical supervisors and RMO unit indicated that 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. The clinical supervisors tailor supervision to the individual intern's experience, noting some may have additional requirements.

The RMO unit proactively encourages clinical supervisors to undertake relevant training in supervision and assessment by emailing links to the Council's supervisor training. Feedback indicated that there is no system to monitor the completion of this, or other relevant training.

The PES group provide supervision for relief clinical attachments, and coordinate input from the relevant clinical supervisors to satisfy ePort documentation requirements.

Supervisors have access to professional development courses and are encouraged to take professional leave, including secondments and sabbaticals. The spreadsheet of completed activities had not recently been updated. This is consistent with direct feedback from the clinical supervisors that professional development activities relevant to their supervisory roles are not recorded or monitored.

Recommendations:

- Nelson Marlborough should develop a process to record and monitor completion of professional development activities by clinical supervisors (Standard 4.3.5).

Required actions:

13. Nelson Marlborough 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:

Statistics from ePort indicate required timeframes are often not being met for beginning, mid and end of attachment meetings between clinical supervisors and interns. Although the RMO unit sends out reminder emails and interns are reminded of their obligations to schedule meetings with their supervisors, an unacceptable proportion of meetings are not being conducted or recorded at all.

Nelson Marlborough has a trainee doctor in difficulty policy, written by a PES and with links to the Council's resources. The policy has a clearly documented flowchart of expected process and a template performance improvement plan to guide remediation.

PESs and clinical supervisors are aware of the policy, and the PES group stated that they understand the requirement to notify the Council early about intern performance concerns.

Required actions:

14. Nelson Marlborough 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:

Nelson Marlborough has an advisory panel which meets in person to consider progress of each intern at the end of the PGY1 year. The RMO unit ensures ACLS certification has been uploaded, escalates the intern to the advisory panel for review and reminds the intern to apply for general registration in ePort.

Nelson Marlborough follows the Council's Advisory Panel guide and ePort guide for Advisory Panel members and bases its recommendation on completion of the Council's requirements.

The process has been facilitated by a new draft agenda template which is filled in by the PES at the end of 3rd quarter meeting to identify any issues or unsatisfactory progress which could affect the attainment of general registration.

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: Nelson Marlborough has processes in place to ensure interns, at the end of PGY2, have applied for endorsement removal and PESs have reviewed intern progress. This is overseen by the RMO unit.			

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:

Nelson Marlborough generally relies on semi-structured meetings to seek input from interns and supervisors to monitor the intern training programme.

The interns valued that they can provide input through monthly peer group sessions led by a PES. Nelson Marlborough includes intern representatives on the RMO Governance Group and prevocational intern support meetings to discuss prevocational training, workforce and employment matters, though service demands can impact consistent attendance from the intern representatives.

Aside from these opportunities, Nelson Marlborough does not systematically seek input about many aspects of the intern training programme such as the weekly teaching programme or clinical attachments. It has recently re-introduced the PHEEM survey, which is coordinated from the CMO office, however, it is not yet clear how this will be used to monitor the educational experience of interns.

The PES group attend the prevocational intern support meetings with the RMO unit office and intern representatives to provide input into the training programme. Additionally, one of the PESs is currently visiting each accredited CBA which is a proactive example of monitoring of the training programme. These CBA visits provide support to those settings, their clinical supervisors, their other staff, the interns and assurance to Nelson Marlborough that those CBAs are providing suitable training.

Nelson Marlborough does not have consistent mechanisms in place to enable interns to provide anonymous feedback about their educational experience on each clinical attachment. It is especially vital in a smaller centre that interns can provide anonymous feedback, are supported in doing so and that the feedback is considered and acted upon as required. The re-introduction of the PHEEM survey, carried out at appropriate intervals, may provide this opportunity.

Nelson Marlborough has mechanisms that allow feedback from interns and supervisors to be incorporated into quality improvement strategies. Several examples of this were given such as a house officer-led clinic in the Nelson obstetrics & gynaecology service, and projects underway to update clinical attachment information.

Nelson Marlborough's prevocational educational supervisors seek feedback from interns in the end of attachment meetings. Clinical supervisors may also seek intern feedback at the end of an attachment. However, Nelson Marlborough does not have mechanisms in place that enable interns to provide anonymous feedback on their PESs, RMO unit staff or others involved in intern training. Nelson Marlborough also does not have a process to routinely monitor and evaluate the effectiveness of clinical supervisors or prevocational educational supervisors using intern feedback.

Nelson Marlborough's CMO and the RMO Governance Group considers matters raised by the Council regarding training.

Nelson Marlborough reports to the Council annually against the prevocational medical training accreditation standards.

Commendations:

- Nelson Marlborough is commended for having a PES who is visiting all CBA sites. This support and engagement is an initiative welcomed especially by clinical supervisors at the training sites (Standard 5.3).

Required actions:

15. Nelson Marlborough must establish processes and systems to monitor the intern training programme, that includes input from interns and supervisors. This must include mechanisms to enable interns to provide anonymous feedback:
    - about their education experience on each clinical attachment
    - on their PESs, RMO unit staff and others involved in intern training.

    (Standards 5.1, 5.2 and 5.4)
16. Nelson Marlborough must establish a process to routinely evaluate clinical supervisor and prevocational educational 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:

Nelson Marlborough has a lack of processes and mechanisms in place to ensure the currency of accredited clinical attachments. While some attachments are updated this is done on a reactive, ad hoc basis. This has led to some attachments being reported as out of date by interns and supervisors, particularly in Nelson.

Nelson Marlborough has processes to establish new clinical attachments , with consideration of educational and workforce challenges.

The process for allocation to clinical attachments for both PGY1 and PGY2 interns is by the interns ranking appropriate options. Then, the PESs are readily involved in allocating attachments, particularly as it pertains to an intern's PDP and learning activities. The interns reported no concern over the allocation of clinical attachments at either site, recognising the need to balance their preferences with service requirements.

Required actions:

17. Nelson Marlborough must establish a process to ensure the currency of accredited clinical attachments (Standard 6.1.1).

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:

Multiple groups the panel met with noted there is ongoing delivery of valued education at Nelson Marlborough. However, the interns and the training provider are under considerable resource constraints and the pressure placed on the interns and the RMO unit to meet these service needs is considerable. This has inevitable effects on intern wellbeing and the delivery of training, but Nelson Marlborough monitors this increased workload, and any individual or service that are at risk are referred to the PES or CMO for intervention. The panel was satisfied that appropriate quality training and safe patient care is being delivered.

Nelson Marlborough has a zero-tolerance policy for bullying, discrimination and sexual harassment. Interns can access policies, platforms, and programmes such as the 'Safety First' programme. The interns report a safe and supportive environment generally, however, there were some rare ongoing instances of challenging interactions with senior staff when phoning out-of-hours for support. Interns know their PESs will listen if issues are brought to them, and will be dealt with promptly by management, as discussed under Standard 3.

Interns and staff report Nelson Marlborough is a culturally safe environment, attributing that to role-modelling from experienced senior staff and robust medical school education. Nelson Marlborough readily acknowledges the ongoing resource deficit in this space. This deficit puts ongoing maintenance and improvement of culturally safe practice and learning at risk.

The PESs provide a substantial amount of quality pastoral care to the interns and this was readily reflected by multiple groups. The peer review sessions held monthly are valued by the interns, offering a further conduit for pastoral care and education in non-clinical skills. There are personal counselling services available to interns, and this is well advertised.

Career advice is offered informally by the PESs and clinical supervisors at the scheduled clinical attachment meetings.

Currently, interns apply for professional development leave through a centralised system. The applications are appropriately considered against a list of pre-approved courses or escalated appropriately to the relevant staff for consideration. The interns report this process is fair, transparent and practicable, with the opportunity to make their case if the application is not initially approved.

Interns are encouraged to register with a general practitioner at multiple key milestones, as well as through generalised hospital messaging. Interns are well supported to maintain their own health and welfare by the PESs, CMO and RMO unit.

There are clear annual leave processes. Interns report no systematic or ongoing barriers to access annual leave, and report that the RMO unit works collaboratively with the interns to attempt to meet leave requests. The interns were readily aware of service pressures, and noted the RMO units still aimed to approve leave where possible.

Nelson Marlborough recognises additional cultural obligations placed on Māori interns, and interns are well supported by the RMO unit and PES team to meet these obligations if they arose. This could be further strengthened by formalising leave for cultural obligations in policy.

Recommendations:

- Nelson Marlborough should address the Māori health resource deficit to ensure ongoing maintenance and improvement in cultural safety (Standard 6.2.3).
- Nelson Marlborough should formalise its processes for Māori interns who may have additional cultural obligations, to enable those obligations to be met (Standard 6.2.8).

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

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

Comments:
There are clear and available resources which are published to interns on the intranet platform 'RMO Toolkit'. Most interns are aware of this site and its value. Interns report they are able to easily contact PESs and RMO unit should the need arise.

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

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

Comments:
There are confidential pathways that are clear, functional and timely for interns to address problems related to training supervision and requirements. Interns report no concerns about these pathways maintaining appropriate confidentiality.

The CMO and PESs confidentially and impartially manage training-related disputes.

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:
Nelson Marlborough has a range of facilities that contribute to intern training and education. Wairau has an appropriately resourced library with multiple physical and online resources that can be readily accessed by interns across both sites.

Interns have access to resources on the local intranet, and online such as UpToDate. Interns feel supported by the availability of online resources and noted that Wi-Fi access was appropriate.

Nelson Marlborough has an appropriately resourced simulation room that is utilised for training courses such as CORE Advanced. There are adequate computer facilities throughout most educational and clinical spaces that support intern learning.

The RMO lounges at both hospitals are well resourced and provide a secure space to store belongings. There are shower and changing facilities available in multiple areas.

The PESs and RMO unit staff have adequate space to have confidential meetings should they be required.

There is considerable resource dedicated to exercise facilities, with access to a gym at both sites. There is dedicated car parking for afterhours staff to improve safety, and the ability to request security escorts to vehicles. There is adequate car parking and bike facilities.