

Te Whatu Ora – Health New Zealand Northland – Progress on required actions

Te Whatu Ora – Health New Zealand Northland underwent an accreditation assessment as a provider of prevocational medical training on 29 and 30 April 2024.

The overall outcome of the assessment for Northland’s accreditation was ‘**substantially met**’.

Northland is currently accredited for prevocational medical training until 31 August 2028, subject to satisfactorily addressing the required actions listed below.

Update: In February 2026, as part of the transition to the new accreditation of prevocational medical training framework, Council updated required actions that will sit at a different or multiple levels under the new framework.

Required actions on accreditation	Standard	Status	
1	<p>Northland must establish a strategic plan for the ongoing development and support of high quality prevocational medical training and education.</p> <p><i>Due to be addressed: 30 June 2026</i></p>	<p>Strategic planning and governance – Strategic planning</p> <p>1.1.1: The district training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education, which reflects the training organisation’s strategic priorities.</p>	
2	<p>Northland must provide appropriate administrative support to plan, develop, implement and review the intern training programme.</p> <p><i>Due to be addressed: 30 June 2026</i></p>	<p>Organisational and operational structures – The context of intern training</p> <p>2.1.1: The district training provider demonstrates that it has the mechanisms in place to plan, develop, implement, and review the prevocational training programme.</p>	
3	<p>Northland must establish effective partnerships with Māori health providers to support intern training and education.</p> <p><i>Due to be addressed: 30 June 2026</i></p>	<p>Organisational and operational structures – Relationships to support medical education</p> <p>2.4.3: There are effective partnerships with Māori health providers to support intern training and education.</p>	

Required actions on accreditation		Standard	Status
4	<p>Northland must ensure that all its interns complete at least one community-based attachment over the course of the two intern years.</p> <p><i>Due to be addressed: 30 June 2025</i></p>	<p>The intern training programme – Programme components</p> <p>3.1.5: Processes are in place to ensure that, over the course of the two prevocational training years each intern completes at least one community-based attachment.</p>	Addressed (August 2025)
5	<p>Northland must ensure its surgical clinical attachments have structured handover from night to morning and interns in its surgical clinical attachments understand their roles and responsibilities in handover.</p> <p><i>Due to be addressed: 30 June 2025</i></p>	<p>The intern training programme – Programme components</p> <p>3.1.8: 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 district training provider ensures that interns understand their role and responsibilities in handover.</p>	Addressed (March 2026)
6	<p>Northland must ensure interns can attend at least two thirds of formal education sessions.</p> <p><i>Due to be addressed: 30 June 2026</i></p>	<p>The intern training programme – Formal education programme</p> <p>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.</p>	
7	<p>Northland must establish structured education sessions for all PGY2s.</p> <p><i>Due to be addressed: 30 June 2026</i></p>	<p>The intern training programme – Formal education programme</p> <p>3.3.3: The district training provider ensures that all PGY2s attend structured education sessions.</p>	
8	<p>Northland must formalise orientation processes for each clinical attachment, that includes formal orientation documentation for each clinical attachment.</p> <p><i>Due to be addressed: 30 June 2026</i></p>	<p>The intern training programme – Orientation</p> <p>3.4.2: Orientation, including written descriptions, is provided at the start of each clinical attachment, ensuring familiarity with key staff, systems, policies, and processes relevant to that clinical attachment.</p>	

Required actions on accreditation	Standard	Status
<p>9 Northland must ensure that systems are in place to ensure that clinical supervisors meet with interns at the beginning, middle and end of each attachment, and record these meetings in ePort in a timely manner.</p> <p><i>Due to be addressed: 30 June 2025</i></p>	<p>Assessment and supervision – Feedback and assessment</p> <p>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.</p>	
<p>10 Northland must establish a system to provide regular feedback to clinical supervisors about their effectiveness.</p> <p><i>Due to be addressed: 30 June 2025</i></p>	<p>Monitoring and evaluation of the intern training programme</p> <p>5.1.5: The district training provider routinely evaluates supervisor effectiveness taking into account feedback from interns.</p>	
<p>11 Northland must have a process to ensure the currency of accredited clinical attachments.</p> <p><i>Due to be addressed: 30 June 2026</i></p>	<p>Implementing the education and training framework – Establishing and allocating accredited clinical attachments</p> <p>6.1.1: Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.</p>	<p>Addressed (August 2025)</p>