



Te Kaunihera Rata
o Aotearoa

**Medical Council
of New Zealand**

Prevocational medical training accreditation –
report for:

Te Whatu Ora – Health New Zealand Te Toka
Tumai Auckland

Date of site visit: 27 and 28 March 2024

Date of report: 15 August 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](#).



**Te Kaunihera
Rata o
Aotearoa**

Medical
Council of
New Zealand

The Medical Council of New Zealand's accreditation of Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland

Name of training provider:	Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland
Name of sites:	Auckland Hospital
Date of accreditation visit:	27 and 28 March 2024
Accreditation visit panel members:	Dr Suzanne Busch (Accreditation panel Chair) Dr Kathryn Forwood Dr David Ivory Mr Chris Jenkinson Dr Karleigh O'Connor
Date of previous accreditation visit:	3 and 4 July 2018
Key staff the accreditation visit team met:	
Lead – Hospital and Specialist Services:	Dr Mike Shepherd
Chief Medical Officer:	Dr Carl Eagleton
Director of Prevocational Training:	Dr Chris Lewis
Prevocational Educational Supervisors:	Dr Amihan Yusingco Dr Andrew Stewart Dr Angela Bayly Dr Anne Tait Dr Cheri Hotu Dr Christine Brabyn Dr Diederik Meylemans Dr Elizabeth Curry Dr Gordon Nicholls Dr Li Hsee Dr Nicola Eaddy Dr Oliver Menzies Dr Raylene Rao Dr Sandra Hotu Dr Thomas Pasley Dr Tracey McMillan
RMO unit staff:	Ms Terina Davis Ms Fiona Ritchie
Clinical Education & Training unit staff:	Ms Yvonne Chan Dr Maria Ji Ms Andrea Evans
Māori health team	Dr Cheri Hotu

Key data about the training provider (as of 25 June 2024):

Number of interns at training provider:

Number of PGY1s: 62

Number of PGY2s: 78

Number of accredited clinical attachments: 192

Number of accredited community based attachments: 7



Section A – Executive summary

An accreditation panel of Te Kaunihera Rata o Aotearoa, Medical Council of New Zealand (Council) has assessed Te Whatu Ora | Health New Zealand – Te Toka Tumai Auckland (Te Toka Tumai Auckland) 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 Te Toka Tumai Auckland, its medical education unit staff, Māori health team, educational supervisors and interns for their preparation for the accreditation process. Their warm welcome and active engagement with the panel throughout the visit was appreciated.

Context

Te Toka Tumai Auckland is one of the largest training providers of prevocational interns. Te Toka Tumai Auckland provides health and disability services to more than half a million people living in central Auckland, regional services for Northland and greater Auckland, and highly specialised services to the whole of Aotearoa New Zealand.

The accreditation panel acknowledges the current workforce shortages across many healthcare roles and that the structural and governance changes within the health service are having a significant impact on prevocational training across the country. The accreditation panel recognises the hard work of all those who work with interns during these challenging times.

Strategic priorities

Te Toka Tumai Auckland strives to provide excellent prevocational training, and has high standards of medical practice, education and training as key strategic priorities.

There is representation for PGY1 interns on committees involved with intern training but there are no PGY2s present, resulting in missed representation of a cohort of interns within the governance structure.

Organisational and operational structures

The prevocational training programme is managed by the Clinical Education and Training Unit (CETU) led by the Director of Clinical Training (DCT), and the programme is overseen by the Chief Medical Officer (CMO). There is a long-standing relationship with Faculty of Medical and Health Sciences at the University of Auckland. Te Whatu Ora Northern provides the framework for shared work across multiple regional committees with Waitematā and Counties Manukau. In PGY2, interns usually rotate between these providers for their clinical attachments.

Te Toka Tumai Auckland's organisational and operational structures work well to support intern training. There is impressive educational expertise present, reflected in presentations to prevocational forums by the MEF and interns. The recent appointment of a medical education fellow (MEF) and Kaitiaki roles for Māori and Pasifika interns is to be commended. Their roles have resulted in substantial benefits to intern education, wellbeing, and cultural safety.

While there are good relationships with regional organisations, such as the University of Auckland and other regional hospitals, Te Toka Tumai Auckland acknowledges that it does not have effective partnerships with Māori health providers. It is encouraging that it has plans to include these providers in future training and educational opportunities.

The intern training programme

The intern training programme does not include sufficient community-based attachments and it is disappointing that there has been little progression over several years with this standard. There is no reference to planning to meet the requirement for all interns to be able to undertake a community-based attachment in Te Toka Tumai Auckland's strategic priorities. It is encouraging that there is recognition from

Te Toka Tumai Auckland that this is a standard that requires significant attention. This must involve commitment from Te Toka Tumai Auckland at senior leadership level.

There are some departments within the hospital who have excellent structured handover between shifts. However, it was identified that a number of grouped or smaller sub-specialty after-hours shifts do not have structured handovers and interns were not aware of their roles and responsibilities related to this.

Te Toka Tumai Auckland recognises that it does not fully adhere with the Council's policy regarding informed consent. There were issues across several specialties reflecting noncompliance at an SMO, registrar, nursing and systems level. Not all interns had a sufficient understanding of their responsibilities to comply with this policy.

While there are systems in place to ensure interns maintain and complete their learning portfolio in ePort, Te Toka Tumai Auckland acknowledged there are challenges ensuring that clinical supervisors have access to the ePort attachment for the intern they are supervising. This affects the ability to maintain the currency of attachments, and for clinical supervisors to document formal feedback in ePort.

There is an excellent teaching programme that receives positive feedback from interns. However, there are inadequate mechanisms in place to ensure interns can attend at least two-thirds of formal teaching. Te Toka Tumai Auckland has collaborated with other regional training providers to have structured targeted teaching for PGY2s. Unfortunately, there are barriers resulting in many PGY2s not being able to attend these sessions, with work planned to reduce these barriers.

Te Toka Tumai Auckland has included hauora Māori teaching in its orientation at the beginning of the year. There is one other session in the PGY1 formal programme and no dedicated hauora Māori, tikanga Māori and Māori health equity teaching in the PGY2 programme. Te Toka Tumai Auckland is currently in the early stages of working with He Kāmaka Waiora to build dedicated teaching for doctors.

Assessment and supervision

Work is needed to ensure that new clinical supervisors understand the requirements of the intern training programme, have the appropriate competencies, and undertake supervision training.

Prevocational educational supervisors (PESs) receive excellent support from CETU and the DCT, and they work well together. Time to provide supervision is acknowledged as a challenge by the PES team.

There is an excellent pathway for identifying and providing support for struggling interns.

Monitoring and evaluation

CETU undertakes a comprehensive end of year survey for PGY1s. Te Whatu Ora Northern undertakes end of clinical attachment surveys for interns across the region. A pilot was undertaken in 2023 to simplify the end of attachment survey to try improve participation but was not successful. There are challenges in surveying PGY2s who move between providers but the opportunity for them to provide anonymous feedback on their attachments, clinical supervisors, prevocational supervisors and the RMO unit staff needs to be ensured.

Implementing the education and training framework

Te Whatu Ora Northern works across the Auckland region providers with respect to allocating clinical attachments. It has a process for establishing clinical attachments and the process of allocation is considered transparent and fair with systems in place to ensure that interns preferences are considered while maintaining broad experience. There are challenges managing the currency of accredited clinical attachments, and keeping the allocated clinical supervisors up to date.

Due to significant workforce shortages, it is acknowledged that interns frequently cross cover and undertake additional duties. It is important that this volume of work be reviewed with mechanisms to detect sustained excessive workload incorporated in the review. Te Toka Tumai Auckland is committed to

providing a safe work environment, but it is recognised that the intern training model is not accounted for by the current anti-bullying processes. Interns need to be surveyed specifically about bullying, discrimination, and sexual harassment. Continued working towards developing cultural safety training for interns is recommended. The panel notes and commends the medical education fellow's focus on work related to intern wellbeing.

The interns considered the application processes for leave of all types fair and transparent and interns have access to appropriate health care and counselling. Te Toka Tumai Auckland recognises that Māori interns may have additional leave requirements for cultural obligations, however, the leave policy does not refer to leave beyond that required for tangihanga.

Facilities

There are impressive teaching facilities available for intern training, but the access issues at times are acknowledged. The introduction of new intern paging system is underway which is being welcomed. This was a positive example of change following feedback.



Summary of findings

Overall, Auckland has met 10 of the 21 sets of Council's 2022 *Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers*.

17 required actions were identified, along with 13 recommendations and 12 commendations.

Standard	2024 findings	Required actions
1 – Strategic priorities		Substantially met 2
2 – Organisational and operational structures	2.1 The context of intern training	Met 1
	2.2 Educational expertise	Met
	2.3 Relationships to support medical education	Substantially met
3 – The intern training programme	3.1 Programme components	Not met 6
	3.2 ePort	Substantially met
	3.3 Formal education programme	Not met
	3.4 Orientation	Met
	3.5 Flexible training	Met
4 – Assessment and supervision	4.1 Process and systems	Substantially met 3
	4.2 Supervision – prevocational educational supervisors	Met
	4.3 Supervision – clinical supervisors	Substantially met
	4.4 Feedback and assessment	Substantially met
	4.5 Advisory panel to recommend registration in the General scope of practice	Met
	4.6 End of PGY2 – removal of endorsement on practising certificate	Met
5 – Monitoring and evaluation of the intern training programme		Substantially met 2
6 – Implementing the education and training framework	6.1 Establishing and allocating accredited clinical attachments	Substantially met 3
	6.2 Welfare and support	Substantially 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
<p>1. Te Toka Tumai Auckland must include in its strategic plan, a plan to establish enough community-based attachments to ensure that over the course of the two intern years each intern can complete at least one community-based attachment.</p>	<p>Strategic priorities</p> <p>1.2: The training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education.</p>
<p>2. Te Toka Tumai Auckland must ensure PGY2 intern representation in the governance of the intern training programme.</p>	<p>Strategic priorities</p> <p>1.5: The training provider ensures intern representation in the governance of the intern training programme.</p>
<p>3. Te Toka Tumai Auckland must establish effective partnerships with Māori health providers to support intern training and education.</p>	<p>Organisational and operational structures – Relationships to support medical education</p> <p>2.3.3: The training provider has effective partnerships with Māori health providers to support intern training and education.</p>
<p>4. Te Toka Tumai Auckland 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, Te Toka Tumai Auckland must report on the pressures that make it challenging to ensure this, and provide evidence of strategies being implemented to address these pressures.</p>	<p>The intern training programme – Programme components</p> <p>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.</p>
<p>5. Te Toka Tumai Auckland must:</p> <ul style="list-style-type: none"> • establish structured handovers between clinical teams and shifts in all departments • ensure that interns understand their role and responsibilities in handover. 	<p>The intern training programme – Programme components</p> <p>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.</p>
<p>6. Te Toka Tumai Auckland must ensure adherence to the Council’s policy on obtaining informed consent.</p>	<p>The intern training programme – Programme components</p> <p>3.1.10: The training provider ensures adherence to the Council’s policy on obtaining informed consent.</p>

Required action	Standard
<p>7. Te Toka Tumai Auckland must establish mechanisms to ensure interns can attend at least two thirds of the required formal education sessions.</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>
<p>8. Te Toka Tumai Auckland must ensure that all PGY2s attend structured education sessions.</p>	<p>The intern training programme – Formal education programme</p> <p>3.3.3: The training provider ensures that all PGY2s attend structured education sessions.</p>
<p>9. Te Toka Tumai Auckland must ensure hauora Māori, tikanga Māori, and Māori health equity, including the relationship between culture and health, are embedded across the formal education programme.</p>	<p>The intern training programme – Formal education programme</p> <p>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.</p>
<p>10. Te Toka Tumai Auckland must establish a system to ensure clinical supervisors are fully informed about, and understand, the requirements of the intern training programme.</p>	<p>Assessment and supervision – Supervision – Clinical supervisors</p> <p>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.</p>
<p>11. Te Toka Tumai Auckland 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.</p>	<p>Assessment and supervision – Supervision – Clinical supervisors</p> <p>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.</p>
<p>12. Te Toka Tumai Auckland 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>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>

Required action	Standard
<p>13. Te Toka Tumai Auckland must ensure processes and mechanisms are established so that feedback from PGY2 interns and clinical supervisors is received.</p>	<p>Monitoring and evaluation of the intern training programme</p> <p>5.1: Processes and systems are in place to monitor the intern training programme with input from interns and supervisors.</p>
<p>14. Te Toka Tumai Auckland must ensure that it has a mechanism whereby PGY2 interns can provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training.</p>	<p>Monitoring and evaluation of the intern training programme</p> <p>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.</p>
<p>15. Te Toka Tumai Auckland must establish a process to ensure the currency of accredited clinical attachments, including the correct assignment of clinical supervisors to attachments.</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>The intern training programme – ePort</p> <p>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.</p>
<p>16. Te Toka Tumai Auckland must review the volume of additional duties and any cross cover arrangements, both formal and informal, worked by interns, and establish mechanisms to detect sustained excessive workload of interns.</p>	<p>Implementing the education and training framework – Welfare and support</p> <p>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.</p>
<p>17. Te Toka Tumai Auckland must include questions related to bullying, discrimination and sexual harassment in its monitoring and evaluation framework, and provide evidence from interns that demonstrates they do not experience bullying, discrimination or sexual harassment.</p>	<p>Implementing the education and training framework – Welfare and support</p> <p>6.2.2: The training provider ensures a safe working and training environment, which is free from bullying, discrimination, and sexual harassment.</p>

Section B – Accreditation decision

In August 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 – Te Toka Tumai Auckland is **'substantially met'**, and
- Te Whatu Ora – Te Toka Tumai Auckland is accredited for a period of 4 years, until **31 August 2028**, subject to the following conditions:
 - Auckland 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
 - Auckland 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:			
<p>Comments:</p> <p>Te Toka Tumai Auckland is committed to high standards of medical practice, education and training as key strategic priorities. The restructuring of its Clinical Education and Training Unit (CETU) in 2020 aimed to improve a number of aspects of intern training. The CETU strategic and implementation plan for 2023-2026 contains well defined priorities that reflect this commitment. The medical educational fellow’s appointment as part of the restructure of CETU in 2020 is noted as further commitment to medical education for interns.</p> <p>The ongoing development of high quality prevocational medical training includes the ability for all interns to undertake a community based attachment (CBA). While Te Toka Tumai Auckland acknowledges that it does not have sufficient CBAs, the strategic plans provided for Te Toka Tumai Auckland and CETU do not include plans for establishing more CBAs.</p> <p>Te Whatu Ora’s strategic plans, Te Toka Tumai Auckland’s strategic plan to 2023, and CETU’s strategic and implementation plan prioritise Māori health and equity. The recent appointment of Kaitiaki roles within CETU to support Māori and Pasifika interns is an excellent example of enacting this priority.</p> <p>The prevocational training programme is managed by CETU. CETU is led by the Director of Clinical Training, and reports directly to the Chief Medical Officer, resulting in clear lines of responsibility and accountability for intern training.</p> <p>Intern representation in the governance of the intern training programme is present for PGY1s. There are two PGY1 representatives who participate on a voluntary basis. They attend regular meetings with CETU and are included in the prevocational training committee. There are no PGY2s represented in the governance of the intern training programme at any level.</p> <p>Te Toka Tumai Auckland engages with the Council’s regular accreditation cycle.</p>			

Commendations:

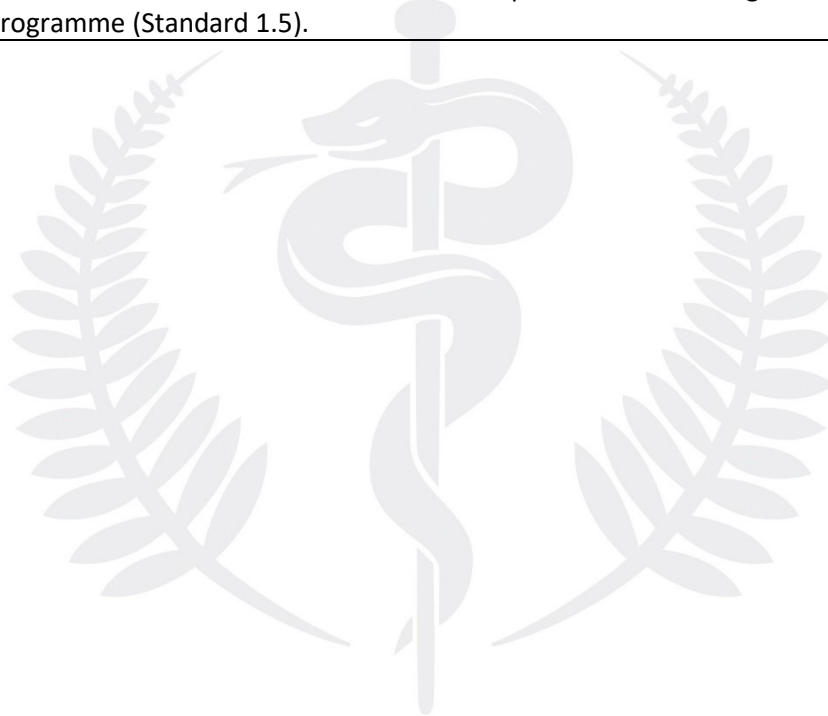
- Te Toka Tumai Auckland is commended for the establishment of the medical education fellow role (Standard 1.2).
- Te Toka Tumai Auckland is commended for the establishment of the Kaitiaki roles for Māori and Pasifika interns (Standard 1.3).

Recommendations:

- Te Toka Tumai Auckland should train intern representatives on how to be more effective in their role (Standard 1.5).
- Te Toka Tumai Auckland should include intern representation across all committees involved in intern training, such as the Northern Region RMO operational management group and the Northern regional training committee (Standard 1.5).

Required actions:

1. Te Toka Tumai Auckland must include in its strategic plan, a plan to establish enough community based attachments to ensure that over the course of the two intern years each intern can complete at least one community-based attachment (Standard 1.2).
2. Te Toka Tumai Auckland must ensure PGY2 intern representation in the governance of the intern training programme (Standard 1.5).



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:			
<p>Comments:</p> <p>Te Toka Tumai Auckland’s planning and development of its intern training programme occurs at both a district and regional level. The Prevocational Training Committee (PVTC) oversees regional level training which is a subcommittee of the Resident Medical Officers Northern Regional Training Committee (RTC). The Director of Clinical Training at Te Toka Tumai Auckland is the chair of the current PVTC. The PVTC focuses on selection, allocation, career development and planning, education, and training. The Northern Region Resident Medical Officers Operational Management group (OMG) provide visible leadership on matters pertaining to the postgraduate medical training programme. At a local level the CETU, led by the DCT works well with the RMO unit to manage the training programme. These organisational and operational groups provide effective structures to manage interns.</p> <p>The Chief Medical Officer and their delegate, the DCT, have executive accountability for the quality of training and are part of the RTC and OMG.</p> <p>The Council is regularly contacted regarding changes in the intern training programme via annual reports, and regular communications at a regional level.</p>			
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:			
<p>Comments:</p> <p>The intern training programme is underpinned by work based pedagogy principles, with a combination of guided theory based learning and supervised on the job, practice based training. The CETU and its Medical Education Fellow have a lead role in designing the programme.</p> <p>With Te Toka Tumai Auckland’s links to the University of Auckland’s medical school, there is additional expertise supporting the programme. Many SMOs hold educational roles within medical colleges and lecture at the university. The appointment of a Medical Education Fellow has advanced the programme. The Fellow is encouraged to undertake research and provide support for interns seeking to engage with</p>			

research. Te Toka Tumai Auckland’s medical education fellow and PGY1 representative presented at the 2023 Prevocational Education Forum.

Feedback is regularly collected at each teaching session to guide future teaching.

Commendations:

- Te Toka Tumai Auckland is commended for supporting the medical education fellow and interns in their work and presentation to the prevocational education forum.

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:

Te Toka Tumai Auckland has effective and collegial working relationships with Te Whatu Ora - Waitematā, Te Whatu Ora - Counties Manukau, and Te Whatu Ora - Northern. There are regional committees comprising members from the three metro Auckland hospitals and Te Whatu Ora - Northern. These committees' meetings occur regularly to plan and implement regional programmes and discuss intern issues. Information is shared between the three districts to collaborate and ensure consistent quality in the delivery of the intern training programme.

Medical education fellows across the Auckland region work closely together and meet regularly to discuss education and training and to design new initiatives.

Te Toka Tumai Auckland has a longstanding relationship with the University of Auckland School of Medicine.

The DCT is a member of the national DCT forum, which has regular meetings to discuss educational and procedural matters. The CETU Operations Manager is currently Chair of the National Medical Education Officer Forum.

Te Toka Tumai Auckland collaborates and coordinates provision of training through these relationships; examples include the stepping up to registrar programme and the coordinated approach for the PGY2 education workshops.

Te Toka Tumai Auckland is strongly committed to improving Māori health equity. He Kāmaka Waiora, the Hospital Māori Health Services provide guidance and cultural advice to all staff. Work is currently underway between CETU and He Kāmaka Waiora to further develop cultural safety teaching but it is still in early stages. Te Toka Tumai Auckland acknowledges it does not have effective partnership with external Māori health providers to support its teaching or training programme.

Commendations:

- Te Toka Tumai Auckland is commended for its strong relationships and networks regionally and nationally (Standard 2.3.1).

Required actions:

3. Te Toka Tumai Auckland must establish effective partnerships with Māori health providers to support intern training and education (standard 2.3.3).



3 The intern training programme

3.1 Programme components	
3.1.1	The intern training programme is structured to support interns to attain the learning outcomes outlined in the 14 learning activities of the curriculum.
3.1.2	The intern training programme requires the satisfactory completion of eight accredited clinical attachments, which in aggregate provide a broad-based experience of medical practice.
3.1.4	The training provider selects suitable clinical attachments for training based on the experiences that interns can expect to achieve, including the: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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:

Te Toka Tumai Auckland has a strong training programme to support interns to achieve their required learning outcomes. There is a clear process that facilitates interns to complete eight accredited clinical attachments across a broad range of medical experiences. The interns' preferences and specific educational requirements are considered in the allocations, through effective co-operation between Te Toka Tumai and Te Whatu Ora Northern. The DCT is involved to facilitate allocations that support interns with specific needs or who are in difficulty.

Te Toka Tumai Auckland has a strong focus on cultural safety for patients with support from He Kāmaka Waiora within the clinical teams.

The RMO Clinical Handbook provides useful localised information and links to external information on cultural safety. The appointment of two SMO Kaitiaki provides a valuable addition to Te Toka Tumai Auckland's ability to develop a culturally safe programme.

Te Toka Tumai Auckland has seven Council-accredited community-based attachments (CBAs) across several specialties such as general practice and public health medicine. Two of these are new for the

2024 intern year. In principle, this allows at least 28 interns to undertake a CBA each year. Of those interns who finished the two-year intern training programme during 2022-23 and had completed their final attachment at Te Tokai Tumai Auckland, only 17% had undertaken a CBA.

This falls far short of the Council's requirement that over the course of two years each intern completes at least one CBA. Te Toka Tumai Auckland has attributed the shortfall to a variety of reasons, including funding issues, a lack of sustained engagement with community providers and primary health organisations (PHOs), intern preference for other attachments, and hospital workforce shortages.

While Te Toka Tumai Auckland described steps being taken to address some of these issues, it did not have a formalised plan in place to satisfy Council that all interns would undertake CBAs by a specified date. In addition, there was no evidence of progress on securing the funding needed to fulfil this requirement, as identified by the provider. Te Toka Tumai Auckland's focus on the quality of the current CBAs in preference to establishing new CBAs is not sufficient to ensure that all interns at Te Toka Tumai undertake a CBA.

Interns are not rostered to night shifts during their first three months of clinical practice. Interns who have completed a general medicine term as their first clinical attachment are rostered to night shifts after the first three months of their PGY1 year. All other interns are not rostered to night shifts for the first six months of their PGY1 year.

Te Toka Tumai Auckland has implemented a night shift escalation protocol including processes to support staff in response to significant staff shortages. Suitable on-site and off-site supervision is available to interns working on nights. The Patient-at-Risk team and Code Red system provide immediate access to support in critical situations.

Several departments at Te Toka Tumai Auckland have well-established and highly-functioning handovers between shifts for example general medicine and general surgery. This is not established for all departments in Te Toka Tumai Auckland resulting in informal handovers in multiple departments. Interns receive limited training on their role and responsibilities in patient handovers, which is particularly evident in departments without structured handovers.

While Te Toka Tumai Auckland provides education on informed consent procedures to interns and has an established informed consent policy, there is limited compliance with Council's policy on informed consent. This was evident in two intern surveys undertaken by the provider in 2023 and spans a number of departments at a system, SMO, registrar and nursing level. Interns also lacked understanding of their responsibilities with Council's policy.

Commendations:

- Te Toka Tumai Auckland is commended for its strong night shift escalation protocol that ensures there are active processes to support interns over night shifts during medical staff shortages (standard 3.1.8).

Required actions:

4. Te Toka Tumai Auckland 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, Te Toka Tumai Auckland 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).
5. Te Toka Tumai Auckland must:
 - establish structured handovers between clinical teams and shifts in all departments
 - ensure that interns understand their role and responsibilities in handover (standard 3.1.9).
6. Te Toka Tumai Auckland must ensure adherence to the Council's policy on obtaining informed consent (standard 3.1.10).

3.2 ePort

- 3.2.1 There is a system to ensure that each intern maintains their ePort as an adequate record of their learning and training experiences from their clinical attachments and other learning activities.
- 3.2.2 There is a system to ensure that each intern maintains a PDP in ePort that identifies their goals and learning objectives which are informed by the learning activities, mid and end of clinical attachment assessments, personal interests and vocational aspirations.
- 3.2.3 There are mechanisms to ensure that the clinical supervisor and the prevocational educational supervisor regularly review the goals in the intern’s PDP with the intern.
- 3.2.4 The training provider facilitates training for PGY1s on goal setting in the PDP within the first month of the intern training programme.

3.2 ePort			
	Met	Substantially met	Not met
Rating		X	

Commentary:

Comments:
 Te Toka Tumai Auckland has a comprehensive system in place to ensure that interns maintain ePort, as a record of learning and training experiences, and identify goals and learning objectives informed by the learning activities. While it is the intern’s responsibility to maintain their records and develop goals and learning objectives, they are supported through a variety of processes. These include orientation, quarterly meetings between PESs and their interns, regular email reminders, and closer management and oversight of individual interns, as required. Te Toka Tumai Auckland staff are experienced in using reporting functionality available through ePort to support this system.

Clinical supervisors are expected to discuss PDP goals with their interns. However, frequently, there are delays in assigning the correct clinical supervisor to the attachment on ePort, which limits the ability of the intern and their clinical supervisor to have effective discussions at the beginning of clinical attachments. These meetings are important for supporting the intern with their goals and learning objectives.

Goal-setting in the PDP is included in the orientation programme.

Required actions:
See required action 16.

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:			
<p>Comments:</p> <p>Te Toka Tumai Auckland provides a high-quality formal education training programme for PGY1 interns coordinated by the CETU. The programme covers a wide range of topics to complement attachment-based learning experiences.</p> <p>Te Toka Tumai Auckland's data shows its interns are not attending two thirds of formal education sessions. Interns expressed that the workload of clinical duties does not always allow them to attend the sessions. The CETU staff answer phones to protect their time when they do attend. Reminders regarding teaching time protection are sent to charge nurses and clinical supervisors. Attendance is recorded and reported although barriers to attendance remain.</p> <p>Te Toka Tumai Auckland has established a separate PGY2 formal education programme with a well-planned curriculum focused on this cohort of interns, including didactic and simulation sessions. Te Toka Tumai Auckland has identified that attendance has been low due to a number of factors including staffing, workloads, and frequency of workshops. Te Toka Tumai Auckland and is currently adjusting its approach to this programme.</p> <p>The current programmes for both PGY1 and PGY2 have limited content on hauora Māori, tikanga Māori or Māori health equity. The CETU is planning to engage with key stakeholders to establish a more structured and comprehensive teaching programme on cultural safety and tikanga Māori. Additional work-based health equity and tikanga Māori teaching from clinical supervisors was noted and appreciated by interns.</p> <p>Education on wellbeing and self-care is included in the formal education programme. This includes information on where to seek help and escalation of concerns. The addition of the Medical Education Fellow, along with the support of the DCT and CETU staff, provides a strong structure to support intern self-care and provide significant peer support.</p> <p>Required actions:</p> <ol style="list-style-type: none"> 7. Te Toka Tumai Auckland must establish mechanisms to ensure interns can attend at least two thirds of the required formal education sessions (standard 3.3.2). 8. Te Toka Tumai Auckland must ensure that all PGY2s attend structured education sessions (standard 3.3.3). 9. Te Toka Tumai Auckland 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:
 Te Toka Tumai Auckland offers a comprehensive five day orientation programme at the beginning of the intern year, which is well regarded by interns. Adapted orientation programmes under the supervision of CETU are provided to interns starting at other stages of the year.

Te Toka Tumai Auckland participates in the NZREX bridging programme which is an extensive 6 week orientation followed by a 13 week clinical placement to prepare for commencing medical practice as an intern.

Individual departments provide orientation at the start of each clinical attachment. While these provide sufficient information to the interns, the content of the written orientations is variable across departments.

Commendations:

- Te Toka Tumai Auckland is commended for its work with the NZREX bridging programme (standard 3.4.1).

Recommendations:

- Te Toka Tumai Auckland should develop standardised templates for clinical attachment orientations (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:
 The OMG has approved a policy for less than full time work for the Auckland metro region, subject to union agreement. The policy allows interns the opportunity to request less than full time work at any time throughout the year, for consideration by the DCT in conjunction with the PES and other DCTs in the region. This ensures a fair and transparent process for both supervisors and interns pursuing flexible training arrangements. Although the policy is not yet implemented, interns can still apply for consideration.

Recommendations:

- Te Toka Tumai Auckland should implement the draft flexible training policy, once approved (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:			
<p>Comments:</p> <p>There are structures in place to ensure interns and prevocational educational supervisors understand the requirements of the intern training programme. Interns are provided with information on the requirements at orientation, through the formal education programme and via their PESs. Reminders of requirements are sent to interns and PESs regularly via email.</p> <p>Updates regarding the prevocational education programme at Te Toka Tumai Auckland are provided to SMOs via the CMO office.</p>			

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:			
<p>Comments:</p> <p>Although Te Toka Tumai Auckland has an appropriate number of PESs appointed for its number of interns, new PESs are allocated a reduced number of interns to supervise during their initial period in the role. This is a supportive step taken. However, it results in other PESs being allocated more than ten interns, which may risk those PESs being unable to dedicate sufficient time to oversee the training and education of those interns.</p> <p>Council’s annual PES meetings are well attended by Te Toka Tumai Auckland PESs.</p> <p>The DCT has delegated responsibility for the PES team from the CMO. The DCT has a strong relationship with the PES team and provides excellent oversight to them. The DCT chairs bimonthly PES meetings that assist in this relationship.</p> <p>The CETU and Te Whatu Ora Northern provide administrative support to the PES team to enable them to effectively carry out their roles.</p> <p>Commendations:</p> <ul style="list-style-type: none"> Te Toka Tumai Auckland is commended for its DCT’s excellent oversight of the PES team (standard 4.2.3). 			

Recommendations:

- Te Toka Tumai Auckland should review its system for allocation of interns to prevocational educational supervisors (standard 4.2.1).

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:**

Te Toka Tumai Auckland has a large cohort of clinical supervisors providing supervision to interns. Of these, a small cohort of clinical supervisors is maintained to provide supervision to interns on relief attachments.

Te Toka Tumai Auckland acknowledges that limitations of time and resources impacts the current clinical supervisor workforce resulting in difficulties in fulfilling the requirements of their roles. This is apparent in the delays to recording meetings in ePort.

The understanding of clinical supervisors regarding the training programme requirements is variable. There is no system to identify new clinical supervisors commencing at Te Toka Tumai Auckland to ensure they understand the requirements of the intern training programme.

Overall intern feedback on the quality of supervision is positive.

Te Toka Tumai Auckland has no mechanism to ensure clinical supervisors have undertaken relevant training in supervision within 12 months of their appointment.

Clinical supervisors are aware of Council's training resources, and are provided information on intern supervision. All SMOs can access other supervision and education training resources, including through medical college programs or by accessing CME opportunities.

Required actions:

10. Te Toka Tumai Auckland must establish a system to ensure clinical supervisors are fully informed about, and understand, the requirements of the intern training programme (standard 4.3.1).
11. Te Toka Tumai Auckland 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:
 The data from ePort indicates that clinical supervisor meetings are not occurring within expected timeframes due to multiple reasons including leave and high workload. Some interns and supervisors reported that although meetings had occurred, there was delays to documentation as the clinical supervisors were not correctly recorded for the intern’s assigned clinical attachment.

Te Toka Tumai Auckland has various mechanisms to identify underperforming interns. This is usually via clinical supervisors or registrars raising g their concerns to the CETU team, the intern’s PES or the DCT. The RMO unit has a process to notify CETU about interns that take excessive sick or unpaid leave, to ensure follow-up in case there is an underlying issue. Under the DCT’s supervision, interns are managed as per Te Toka Tumai Auckland’s Doctor’s in Difficulty algorithm. Human Resources and Occupational Health provide support as required.

There are clear processes to ensure PESs inform the Council in a timely manner of interns not performing at the required standard of competence.

Commendations:

- Te Toka Tumai Auckland is commended for its well-established and high-quality approach to developing remediation plans for interns not performing at the required standard of competence (standard 4.4.2).

Required actions:

12. Te Toka Tumai Auckland 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:

Te Toka Tumai Auckland has established, and operates, an advisory panel process that meets the Council's requirements. With the change in clinical attachment dates, many interns are now being granted registration in the General scope of practice well into quarter one of their PGY2 year.

Recommendations:

- Te Toka Tumai Auckland should consider ways to improve the timeliness of Advisory Panel consideration (standard 4.5.3).

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:

Te Toka Tumai Auckland has monitoring mechanisms in place to ensure that eligible PGY2s apply for endorsement removal, and PESs review their progress.

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:			
<p>Comments:</p> <p>Te Toka Tumai Auckland has processes and systems in place to monitor the intern training programme. These include an end of attachment survey consisting of three open questions; an end of year detailed survey for PGY1s; an orientation survey for those who attend beginning of the year orientation; and formal education session surveys for PGY1 and PGY2 teaching. Attempts to increase survey participation with simplified questionnaires have not resulted in improved engagement.</p> <p>There is a disparity between the feedback mechanisms for PGY1s and PGY2s, with PGY2s having fewer opportunities to provide direct feedback. There is no end-of-year PGY2 survey. The lack of structured questions in the end or attachment survey results in interns reporting that they do not have an opportunity to provide feedback about clinical supervisors. Interns who start part way through the year are not surveyed about orientation effectiveness.</p> <p>Although clinical supervisors can speak with CETU, the DCT or PESs on an informal basis, there is no structured system for clinical supervisors to provide input into the intern training programme.</p> <p>Results of end of attachment surveys are fed back from CETU to department leads if there are issues raised. Because some attachments may have only a very small number of interns, it was not clear that interns' feedback about their clinical experience on each attachment would be anonymous.</p> <p>Te Toka Tumai Auckland has a mechanism for incorporating feedback into quality improvement strategies. CETU is responsible for reviewing all feedback received and acting on identified issues. Te Toka Tumai Auckland described a range of improvements made in response to feedback. CETU updates interns on the feedback provided and action taken during formal education sessions, variable attendance rates may result in many interns missing out on these updates.</p> <p>The end of year survey of PGY1s includes feedback about PESs, and the RMO unit staff and those involved in intern training. PGY2s are not surveyed about this specifically. PGY2s undertake different attachments to PGY1s so clinical supervisor effectiveness for these attachments is not routinely specifically evaluated.</p>			

Te Toka Tumai Auckland prioritises Council's accreditation processes and this is reflected the CETU's monitoring framework. However, Te Toka Tumai Auckland has not addressed the required action set by Council related to CBAs. Te Toka Tumai Auckland has recognised the challenges in providing CBAs, as documented elsewhere, but its process to address these challenges has not been effective.

Te Toka Tumai reports to the Council annually against the accreditation standards, in line with the Council's expectations.

Commendations:

- Te Toka Tumai Auckland is commended for its careful monitoring of intern feedback and its implementation of changes made as a response to this feedback (standard 5.3).

Recommendations:

- Te Toka Tumai Auckland should continue to consider ways to improve the response rate to clinical attachment surveys (standard 5.2).
- Te Toka Tumai Auckland should consider ways to preserve the anonymity of interns on clinical attachments where few interns are undertaking those attachments, such as through aggregating feedback across several quarters (standard 5.2).
- Te Toka Tumai Auckland should provide interns who begin employment part-way through the year an opportunity to provide feedback on their orientation programme (standard 5.3).
- Te Toka Tumai Auckland should consider additional ways to share the outcome of intern feedback with interns (standard 5.3).

Required actions:

13. Te Toka Tumai Auckland must ensure processes and mechanisms are established to receive feedback from PGY2 interns and clinical supervisors (standards 5.1 & 5.5).
14. Te Toka Tumai Auckland must ensure that it has a mechanism whereby PGY2 interns can provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training (standard 5.4).

6 Implementing the education and training framework

6.1 Establishing and allocating accredited clinical attachments			
6.1.1	Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.		
6.1.2	The training provider has processes for establishing new clinical attachments.		
6.1.3	The process of allocation of interns to clinical attachments is transparent and fair.		
6.1.4	The training provider has a system to ensure that interns' preferences for clinical attachments are considered, taking into account the 14 learning activities and the intern's individual PDP goals in the context of available positions.		
6.1 Establishing and allocating accredited clinical attachments			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
<p>Comments:</p> <p>Te Whatu Ora Northern manages the establishment and allocation of clinical attachments regionally, with local input from the RMO unit. Attachments are not regularly updated in ePort, including the assignment of clinical supervisors, which has resulted in some clinical supervisors being unable to access information on the intern they were supervising through ePort.</p> <p>A transparent process exists for establishing new clinical attachments before submission to the Council for consideration. This process involves collaboration between the DCT and the clinical services director, with oversight from the regional operational management group (OMG).</p> <p>A policy governs the allocation of interns to clinical attachments, and consideration is given to interns' preferences. Interns are presented with blocks of attachments and invited to submit their preferences. PGY1 interns are allocated solely at Te Toka Tumai Auckland, while PGY2 attachments span Te Toka Tumai Auckland, Waitemata, and Counties Manukau. While the priority in PGY1 is to allocate interns across a mix of surgical and medical specialties, PGY2 interns have more flexibility to choose attachment blocks aligned with their personal development plan goals and career aspirations. The allocation process is equitable, transparent, and communicated to interns via email.</p> <p>Required actions:</p> <p>15. Te Toka Tumai Auckland must establish a process to ensure the currency of accredited clinical attachments, including the correct assignment of clinical supervisors to attachments (standards 3.2.3 and 6.1.1).</p>			

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:

Te Toka Tumai Auckland faces significant workforce shortages, which inevitably impact the delivery of high-quality training and safe patient care. Despite these challenges, Te Toka Tumai Auckland is making concerted efforts to mitigate the effects of these shortages and uphold its commitment to training and patient safety. Te Toka Tumai Auckland has developed a contingency plan in response to staffing shortages. However, it is imperative that the implications of these shortages be monitored at an individual intern level to prevent any intern from experiencing a sustained excessive workload. Te Toka Tumai Auckland has been proactive in requesting reporting from Te Whatu Ora Northern to capture the individual workloads of interns.

Te Toka Tumai Auckland is committed to providing a safe work environment. Considerable efforts have been made to establish a workplace free from bullying, discrimination, and sexual harassment at Te Toka Tumai Auckland. However, interns have shown limited awareness of initiatives such as the Speak Up program, leading to low engagement. Also, Te Toka Tumai recognises that the intern training model is not accounted for by the current anti-bullying processes. Surveys of interns do not include questions about bullying, discrimination, and sexual harassment.

Career planning advice is currently provided in a more informal manner, with Lollipop sessions integrated into the teaching program and access to up-to-date career planning information available on the Career-med website. There are plans this year to reinstate the in-person careers fair, which was discontinued in 2021. However, currently resource limitations are preventing this from occurring.

There is a process for applying for professional development leave which is published and practical.

Interns have access to personal counselling through the Employee Assistance Program (EAP) and are strongly encouraged to register with their own general practitioner to prioritise their personal wellbeing. The medical education fellow focuses on intern wellbeing within their role.

Te Whatu Ora Northern organises rostering at a regional level, and the local RMO unit manages annual leave. Both parties feel that this arrangement works well, although there are difficulties managing leave, attributed to the size of the organisation. The process for applying for leave is straightforward and transparent. Interns have the option to disclose their reasons for leave, which is used for prioritisation purposes. However, the rationale for requesting this was not well understood by interns, with some perceiving this as intrusive.

Te Toka Tumai Auckland is committed to cultivating a culturally safe environment for interns. It has demonstrated significant dedication to support Māori and Pasifika interns through targeted initiatives such as the establishment of the SMO Kaitiaki roles. These efforts signify a proactive approach to addressing the unique needs and perspectives of Māori and Pasifika interns, fostering an inclusive and supportive environment for their professional development. The SMO Kaitiaki has informed interns that she is available to provide support for those needing special leave due to cultural obligations. However, to date, no interns have used this support. Currently, there is no formal process in place for the consideration of cultural leave requests, other than for tangihanga and each request is assessed individually on a case-by-case basis.

Commendations:

- Te Toka Tumai Auckland is commended for its process for dealing with workplace shortages and their implications for intern wellbeing and safety (standard 6.2.1).
- Te Toka Tumai Auckland is commended for its Education Fellow effectively prioritising and advocating for intern wellbeing (standard 6.2.2).
- Te Toka Tumai Auckland is commended for the work completed to date to create a culturally safe environment (standard 6.2.3).

Recommendations:

- Te Toka Tumai Auckland should consider ways to engage interns with initiatives such as the Speak Up programme, to ensure they are provided with a safe workplace environment, free from bullying and discrimination (standard 6.2.2).
- Te Toka Tumai Auckland should make its rationale for requesting the reason for annual leave clear to interns (standard 6.2.7).
- Te Toka Tumai Auckland 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:

16. Te Toka Tumai Auckland must review the volume of additional duties and any cross cover arrangements, both formal and informal, worked by interns, and establish mechanisms to detect sustained excessive workload of interns (standard 6.2.1).
17. Te Toka Tumai Auckland must include questions related to bullying, discrimination and sexual harassment in its monitoring and evaluation framework, and provide evidence from interns that demonstrates they do not experience bullying, discrimination or sexual harassment (standard 6.2.2).

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: Information regarding the intern training programme is communicated to interns through various channels. Te Whatu Ora Northern, the RMO unit, and CETU provide the majority of communication and other informal methods strengthen communication with interns. These include a WhatsApp group with the prevocational medical education fellow and noticeboards advertising teaching sessions.			

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 are actively encouraged to address any concerns related to supervision and training requirements with their PES or CETU. Interns also identified the Medical Education Fellow as an approachable avenue for raising such concerns.

Processes have been established to address training-related disputes encountered by interns. In the event of any dispute arising from where the interns' performance is in question, these are managed through the doctor in difficulty process. Other disputes are managed through CETU, or referred elsewhere as appropriate. Interns are offered peer support.



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:			
<p>Comments:</p> <p>Te Toka Tumai Auckland provides interns with a comprehensive suite of educational resources, facilities and infrastructure to support their training.</p> <p>The RMO clinical handbook has been recently updated and published although is not currently available as a smart phone app, in contrast to the previous version.</p> <p>CETU has its own website and a page accessible via the staff intranet which interns can use to access information about weekly teaching, the intern training programme. Interns also have access to the University of Auckland library, both online and at the Grafton campus.</p> <p>The facilities available to interns are extensive. There is a well-equipped clinical skills centre and a dedicated RMO lounge with separate rooms for sleeping, dining and a lounge.</p> <p>Te Toka Tumai is aware that there are major issues with the current out-of-hours pager system iBleep, which was echoed by the interns. Replacement with a more modern system, Medtasker, has begun. This is a positive example of responsiveness to intern feedback.</p>			