

MB ChB Trainee Intern Elective Inquiry Report
22–24 March 2021

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Executive Summary

The Inquiry, with an external chair, was established to conduct a wider review of overseas student medical placements, following issues that arose with the overseas elective attendance of a significant number of sixth-year medical students in 2019. It emerged that, while some of the behaviour of the 2019 cohort was unacceptable, it was not the first year in which elements of this behaviour had occurred. Students had been led to believe by a wide variety of sources that sightseeing was acceptable in addition to the clinical work expected of them. It appears that some students thought they could interpret the regulations in a permissive manner for a number of years prior to 2019. The Panel found no grounds for believing that any staff of the Medical School had encouraged unethical behaviour, and those closest to the students were appalled by what they heard and by the unprofessional conduct of some students.

However, the Panel noted that the systems in place were ill-equipped to deal with such behaviour. This was due in part to the high trust model in place, and to the amount of responsibility given to students to organize their placements and supervisors in the host medical school/hospital. The result was lack of quality control of the supervisors in the host institutions, made worse by the lack of adequate funding for the elective module as a whole. The elective was also seen as an outlier when compared with the other sixth-year modules, in that it was not managed in anything like the rigorous manner of the other modules. The students realized this and some treated it as a 'free' module, and interpreted their responsibilities in a flexible manner. The power of a 'hidden curriculum' emerged repeatedly, in that some students' expectations of what was acceptable were driven by a prevailing culture around past practice within the Medical School rather than what was explicitly stated in the formal curriculum.

As outlined in the Addendum (Background to the Inquiry) the Medical School and University were taken by surprise at the extent of the misdemeanours uncovered in 2019. This, and the lack of adequate administrative procedures in place, led to the slowness of the responses at many levels. The result was that decisions had to be taken within a very tight time frame in November 2019. The significance of preventing substantial numbers of medical students from graduating would have had major ramifications for DHBs. Consequently, a range of authorities were involved in the decision making, faced as they were with an unprecedented situation for which they were ill-prepared.

There was inadequate feedback to those in the individual campuses who had been dealing with students at the centre of the elective issues. At the time of the Inquiry this lack of feedback had not been rectified leading to ongoing ill-feeling and hurt, both on the part of staff and students. This was of particular concern to the Panel since some of the students who were penalized felt that they had been treated harshly, but the staff closest to them have been unable to discuss these matters with them.

The Panel was pleased to see the proposals being discussed for the structure of future electives, which aim to address many of the deficiencies of the previous structure. The steps taken by the Otago Medical School as summarised in the submission are appropriate and do address a number of shortcomings in the elective module structure as it has historically been operating.

While the Panel is not in a position to contribute to ongoing discussions, it would like to comment that, in its view, the notion of electives is important, as long as there are reciprocal agreements between this University and the host institutions. The development of Pacific electives would appear to be an important area for further development, as are ways of placing greater emphasis on the ethical responsibilities inherent within overseas electives. A further area for reflection is the manner in which professional development teaching, that is already a feature of the medical curriculum, can be enhanced so that students appreciate its relevance to every area of their practice and behaviour.

Ten recommendations have been made, with each directed at an appropriate authority within the Medical School and University.

The Panel would like to express its thanks to all who contributed to the Inquiry, via the material provided to the Panel, the written submissions and the face-to-face interviews.

Process

The MB ChB Trainee Intern Elective Inquiry was conducted by a three-member Panel. Administrative support for the Inquiry was provided by the Quality Advancement Unit (QAU) of the University of Otago. A summary document (*University of Otago MB ChB Trainee Intern Elective Inquiry*) was supplied by the University and included Terms of Reference (see below) and background information on the trainee elective issue.

Prior to the Inquiry convening, the QAU Administrator met with the University Registrar to discuss process and preparations.

The Inquiry Panel received a large number of documents from the Otago Medical School in advance of the Inquiry, primarily detailing Otago Medical School and University policy concerning the trainee intern elective and results of the initial investigation into Otago Medical School elective student misconduct.

The Panel was also provided with access to the Otago Medical School Moodle and a summary document written by the former acting Dean of the Otago Medical School, detailing events and actions at the time the misconduct was discovered.

Submissions

The Secretary received a list of stakeholders from the School who were invited to make written and/or oral submissions to the Panel. A notice inviting submissions was sent to the University's All Departments email address and the Otago Medical School distribution list and was posted on the University website. Otago Medical School graduates from 2015–2019 were invited via email to make written submissions.

Interview meetings

During 22–24 March 2021, the Inquiry Panel engaged in a series of meetings that included interviews with staff of the Otago Medical School and staff from the wider University. All external panel members and interviewees based outside Dunedin attended via Zoom due to the COVID-19 pandemic.

The Panel conducted fourteen interviews and received twenty-five written submissions.

The Panel reviewed and summarised its findings during the afternoon of 24 March, based on the information supplied and via the written submissions and interviews.

Terms of Reference

The Inquiry was appointed to enquire into and comment on:

- The University’s administration of sixth year electives, including the communication of its expectations and requirements in relation to those electives and its involvement in assessing the suitability of placements. The Inquiry is to focus principally on the 2019 year but is invited to consider whether any issues identified in relation to that year may have applied in earlier years.
- Any information received by the Inquiry to suggest insufficient elective attendance by Trainee Interns in years prior to 2019.
- The extent, if any, to which University of Otago staff may have been aware of, or encouraged, insufficient elective attendance and/or the submission of misleading elective reports, or otherwise gave 2019 students grounds for thinking that their actions were acceptable.
- The adequacy of steps already taken by the Otago Medical School to address the situation for the future and any other steps it might adopt in connection with future elective management, supervision, reporting and monitoring practices.

The members of the Inquiry Panel were informed that “the University does not have any ability to compel former students to engage with an inquiry of this kind, or to take action against any who might be identified as guilty of misconduct in earlier years. For that reason, identifying, or making recommendations, about individuals who may have had unsatisfactory attendance on their final year overseas electives is outside the scope for the Inquiry.

“The University notes its expectation that inadequate attendance at and submission of misleading overseas elective reports, while a major breach of integrity and trust, does not directly impact on a student’s clinical competencies and that historic breaches are unlikely to be an issue of concern to the Medical Council. However, where the Inquiry receives what it considers to be a serious and credible disclosure or allegation it may recommend that the person making that disclosure or allegation contact the Medical Council.

“If serious allegations are made against identifiable staff, these would need to be considered by the University through appropriate employment process, and the Inquiry may recommend that the person making the allegation raise it with the Director of Human Resources at the University. Judgement or comment on the culpability of any identifiable individual staff member is outside the scope of the Inquiry.

These exclusions allow the Inquiry to offer confidentiality to those who wish to engage with it.”

The Inquiry Panel took note of all the above considerations as it undertook its deliberations.

Term of Reference 1—

The Inquiry was established to investigate the University’s administration of sixth year electives, including the communication of its expectations and requirements in relation to those electives and its involvement in assessing the suitability of placements. The Inquiry was to focus principally on the 2019 year but was invited to consider whether any issues identified in relation to that year may have applied in earlier years.

Findings

There was some variation in the resources applied to administration of the elective module across the three clinical school sites. A Trainee Intern (TI) convenor was appointed at each site, together with identified administrative support, but there was variation in the amount of paid time for the Trainee Intern convenor role and the arrangements for the administrative support. The decisions regarding these matters are the responsibility of the local Dean.

The expectations and requirements of the elective terms for the 2019 Trainee Intern year were outlined in written guidance and supported by processes developed at each of the three clinical school sites.

There was some variation across the three clinical school sites in the written guidance provided at each of the clinical school sites, for example

- the Dunedin handbook records: “Your elective period is 12 weeks – not 9 or 10, or 11. We allow a few days for travel. You may wish to do it all in one place, or break it e.g. 2x 6 weeks, or 4 + 8 weeks, or 3x 4 weeks”;
- the Wellington handbook states: “All electives are for a minimum of 11 weeks”;
- the Christchurch reads: “It is expected you will have 11 weeks’ contact time with one week allowed for travel and write up. The 11 weeks should be spent at one placement, or on 2 consecutive placements, provided all electives are approved by the Trainee Intern Coordinator.

In no clinical school’s written guidance were there explicit elective attendance expectations and requirements in terms of numbers of hours per week.

The processes followed in regard to the elective module across the three sites were consistent in terms of:

- Trainee Intern convenor meeting with students before planning their electives in their 5th year
- students being responsible for choosing elective placements with the choice being informed by previous elective reports available in the library and on-line in MedMoodle and/or word of mouth and/or personal or family knowledge of interesting elective placements
- Trainee Intern convenor approving the elective placement prior to it commencing
- Trainee Intern convenor or administrator sighting an elective supervisor's report obtained by the student
- the elective report being marked with the possibility of a rewrite and resubmit if the report was deemed 'unsatisfactory'
- a terms report going to the local campus Student Progress Committee to be considered with all the other information from other rotations in the Trainee Intern year
- the local Dean reporting to the 6th year Board of Censors whether the year had been completed satisfactorily or not
- the elective module, like all other modules in the Trainee Intern year, being the subject of three-yearly internal quality improvement reviews through the standard pathways for curriculum improvement at the Otago Medical School.

The Dunedin School of Medicine had an additional step. This was an interview and debrief conducted by the Trainee Intern convenor with returning Trainee Interns following return from their elective.

The arrangements in place for the elective module render it a 'distant outlier' when contrasted with other arrangements in place for other modules in the Trainee Intern year, for example:

- the very considerable freedom students have to define the elective module experience
- relatively few resources applied by the University and/or its clinical placement partners to support students in the elective modules
- lack of definition and operation of supervisory roles and responsibilities
- lack of formal agreements with clinical placement partners regarding elective module arrangements.

The elective term was frequently described as 'unchanged' in its purpose, expectations, requirements, and format for many years. Indeed, one clear statement made was that it was 'unchanged for 30 years'. Whether what was written about the expectations and requirements had changed significantly over that time is not clear to the Panel, but what is clear is that there was a

deep sense of a tacit understanding on the part of some students of what the elective involved. This had existed for many years, and in the thinking of students constituted a 'hidden curriculum'. This had strong expression in sequential student cohorts, and powerfully drove Trainee Intern elective choices and behaviour well before and including the 2019 cohort.

Commentary

Written and oral submissions to the Panel indicated that, notwithstanding the variations among the three clinical sites, the expectations regarding what was permitted in terms of the focus of the elective and what was required in terms of weeks of attendance were understood by both staff and students.

Written and oral submissions reinforced a view that despite a shared understanding of the expectations and requirements of the elective term at one level, there was general acceptance that there was considerable flexibility in the ways electives could be undertaken while still meeting these requirements. For example, spending some time understanding the culture or enjoying some sightseeing opportunities or staying with a local family for a time could all be within acceptable practice. Sometimes local supervisors at the host institutions encouraged activities like these or other experiences. Sometimes medical school and clinical staff indicated that, given the amount of time including overtime, a Trainee Intern had spent on the ward (say), taking a long weekend to have a break would be both appropriate and a good opportunity to see some sights. However, more extreme instances were reported to the Panel where supervisors at host institutions appeared to encourage non-attendance, and signed the supervisors' report on the first day of the attachment. The Panel formed the view that this practice, if it did occur, was the exception.

Explicit guidance as to how TIs should manage this sort of advice was not clear and this contributed to a sense among the Panel that there was blurring of the margins around the time allowed for general activities as opposed to strict clinical/ educational requirements. These factors make precise determination of what constitutes a 'sufficient' elective challenging.

The electives were characterised by a high trust culture, a culture that had existed for years. It was a culture that was considered to be appropriate for students on the verge of taking up their hospital appointments. The Medical School had never regarded them as anything other than an important learning experience, by exposing students to health services different from the ones they would have known throughout their training. In light of the evidence presented to it, the Panel doubted whether some of the students were sufficiently well prepared for this sudden transition to such a culture. Whether such a high trust culture was appropriate educationally remains a matter for debate.

A number of aspects of the oversight and administration of the elective terms stood out as system level issues that contributed to the circumstances that led to the Inquiry. These included:

- no overall academic lead for the elective module in the Otago Medical School to drive conformity of expectations and requirements across the three clinical schools

- no independent assessment of the suitability of, and supervisory arrangements in place for, proposed elective placements. The only assessment was controlled by the students themselves in the form of their statements about the proposed elective and the arrangements that would be in place
- no electronic systems in place that could identify the dates and exact location(s) of each Trainee Intern during their elective, who the supervisor(s) was, and contact details for the supervisor
- no systems to capture potential signals of insufficient attendance during elective terms that could trigger appropriate investigations and ‘nip in the bud’ the growth and spread of poor behaviour
- post-elective interviews and debriefing occurring in only one clinical school.

In addition to these, variation among the clinical schools in the ways the elective module was resourced, together with a lack of student preparation by the Otago Medical School sufficiently far enough out from the elective may have detracted from good decision making on the part of TIs. In no case was there financial support for the host hospital/medical school, a notable feature when the host was poorly resourced in a developing country. Neither were there reciprocal arrangements between these hospitals/medical schools and the University of Otago. Little attention appears to have been paid to ethical considerations raised by these *ad hoc* arrangements.

The Panel did not receive any information on whether the elective module had been reviewed in recent years.

The Panel considered the post-elective interview with the Trainee Intern module convenor in Dunedin to be an example of good practice.

Term of Reference 2—

Any information received by the Inquiry to suggest insufficient elective attendance by Trainee Interns in years prior to 2019.

Findings

The Panel found it very hard to obtain evidence in regard to this term of reference. We read and heard consistent accounts from people who had heard accounts of unnamed students who had not attended 11 weeks of an elective module. These ‘accounts of accounts’ had consistent themes – ‘see the sights’, ‘have fun’, ‘go and have a good time’, ‘make the most of the opportunity’. Submissions from students demonstrated a pervasive belief that insufficient attendance, if that meant less than 11 weeks, was common and had been so for years. The impression the Panel gained over the Inquiry process was that the elective module had an ‘aura’ among students of being a time during which TIs would be enriched not only through undertaking relevant medical activities of their choosing, but also through the adventure of being in a new and different place and experiencing local cultural and scenic opportunities. The elective was ‘flexible’. Accountability around partitioning the ‘medical’ from the ‘other’ was blurred. And the University was more concerned with the overall enrichment the experience provided, rather than the exact proportion of time spent on each part.

The Panel heard one account from an Otago Medical School staff member that a graduate from the Otago Medical School, who graduated several years before 2019, had confessed to that staff member that they had not attended any part of the elective and that they had heard other students had done similar things. The staff member passed this information onto senior leadership at the time. The staff member understood that the outcome of this was a decision that no action could be taken.

Data provided to the Panel showed an increasing trend of TIs going to one particular site over the last four years summarised by the Medical School in the table below. Similar upward trends were not found for any other destination over this period.

	2016	2017	2018	2019
Christchurch	1	7	17	22
Wellington	1	9	9	14
Dunedin				1

While this does not prove similar behaviour to that which occurred in 2019 was occurring in earlier years, it does suggest that in both Christchurch and Wellington for whatever reasons, this site was a rapidly increasing destination of choice.

Commentary

With the exception of the one staff reported case of a graduate confessing about actions they had undertaken some years earlier, the Panel was not presented with evidence that was sufficiently firm for us to integrate and establish the truth of insufficient attendance. However, given the consistency of references to 'flexibility' in both staff and student submissions as a core aspect of the elective module, and the influence on students of informal reports and discussions with peers and others about acceptable elective practices, it seems there was a powerful 'hidden curriculum' in operation in respect of the electives choice and practice. Given this, it seems highly likely that less than 11 weeks of attendance in clinical placements was indeed happening prior to 2019.

The analyses of elective destination data were undertaken following the discovery of the attendance issues in the 2019 cohort. While this data had been collated for some time on an annual basis as part of reporting by the University for insurance purposes, it had not been analysed in any way as part of quality assurance processes around the elective module. Had this analysis been done routinely, it is possible questions would have been raised about why the location in question was proving so popular in 2018 or even 2017.

The Panel formed the view that lenient trends had been present for many years and were increasing in the years leading up to 2019, with the latter year tipping the balance. The Panel does not have firm evidence to back up this postulate, but it may have been sufficient for some students to express dissatisfaction with some of the practices of their colleagues.

Term of Reference 3—

The extent, if any, to which University of Otago staff may have been aware of, or encouraged, insufficient elective attendance and/or the submission of misleading elective reports, or otherwise gave 2019 students grounds for thinking that their actions were acceptable.

Findings

The Panel was presented with one example of a case in which University of Otago staff were aware of a misleading report being submitted by a Trainee Intern who some years later confessed to having done this. Apart from this, no information or evidence was provided to the Panel to suggest that any Otago Medical School staff were aware of, or encouraged, the submission of misleading elective reports.

The Panel was provided with no evidence that University of Otago staff may have been aware of, or encouraged, insufficient elective attendance or otherwise gave 2019 students grounds for thinking that their actions were acceptable. In their submissions, University of Otago staff acknowledged they spoke to students about 'flexibility' and 'choice' and 'having fun' and 'making the most of the opportunities', but never with the intent to encourage insufficient attendance. The University of Otago staff who made submissions consistently identified they were deeply shocked and distressed once the behaviours leading to this Inquiry came to light. Specifically, the Trainee Intern Convenors did not undertake any actions intended to encourage insufficient attendance or other unacceptable behaviour.

The unacceptable behaviour displayed by TIs in the 2019 cohort fell into two broad types: in the first, TIs who took more time off than was permitted for non-elective activities during the elective and minimised or misrepresented this in their reports; in the second, TIs premeditated and planned their elective prior to departure with the intent of insufficient elective attendance and of misrepresenting this in their reports. University of Otago staff members were consistent in reporting their shock, disbelief, and sense of betrayal they experienced on becoming aware of this second type of behaviour and the extent of it. This is not to say they approved of the first type – they did not. Rather it was that the second type of behaviour was not something any staff member the Panel spoke to had anticipated or believed would have been possible.

Commentary

A number of submissions referenced comments said to support insufficient attendance and attributed to people who were not specifically identified as being University of Otago staff. These included recent graduates of the Otago Medical School, consultants who may or may not have been graduates of the Otago Medical School, and other medical practitioners who had no association with the Otago Medical School at all but commented on what was allowable within elective terms they had undertaken in other medical programmes. The extent to which such comments contributed to decision making in the 2019 Trainee Intern cohort is unknown but cannot be discounted as being a contributing factor.

The influence of informal conversations and culture regarding the elective – the hidden curriculum - may have had a predisposing influence on how messages were received. It is possible that a statement like 'make the most of the opportunities' on the part of the sender meant nothing more

than ‘make the most of the opportunities within the clear parameters of the elective module’. Having read previous elective reports, with their photos of travels and good times, and having heard exotic stories from proximal cohorts one or two years senior to them, the same words may have been understood as tacit encouragement to ‘bend the rules’.

A powerful culture had developed over the years in regard to the elective, with its explicit guidance regarding expectations and tacit understandings of how that guidance could be interpreted without sanction. This culture appears to have become more dominant over recent years. However, prior to the events of 2019, this culture was not recognised and so remained unchallenged.

It seemed to the Panel that the changes in pedagogical practice and the formulation and application of precise rules within tertiary education practice over the past 10 years or so had not been taken into account by the Medical School in promoting the elective module. The notion of a ‘free’ module may have conveyed different messages in the years leading up to 2019 compared with previous years. The Panel was not able to comment specifically on this possibility, but considers it is worthy of future reflection as decisions are made on modifications to be made to the elective module.

The Panel was repeatedly informed that there was widespread belief that students needed to have some time during the elective module for a holiday break. The Panel had some sympathy with this desire in view of the relative lack of formal breaks during and around the Trainee Intern year. However, the informality of these breaks was of concern and opened the elective up to abuse.

Term of Reference 4—

The adequacy of steps already taken by the Otago Medical School to address the situation for the future and any other steps it might adopt in connection with future elective management, supervision, reporting and monitoring practices.

Findings

During its investigations the Panel received considerable input into background matters and to the way in which the University responded to the issues raised by the lack of adequate attendance by some students during their overseas electives. Since this did not fit into any of the Terms of Reference, the Panel’s comments are included in an Addendum at the end of this report.

The Panel also wishes to make it clear that of 264 students completing electives in 2019, 51 (19%) were found to have unacceptable elective attendance.

Overview of changes

The changes put in place to address the issues exposed in 2019 are summarised in various submitted documents, particularly those of the Acting Dean at the time and the Trainee Intern Convenors. A Trainee Intern elective coordinator for the entire Otago Medical School has been appointed. Further examples of changes include greater alignment of elective module policies, processes and objectives across the three campuses, implementation of the SONIA student placement software application, which allows more rigorous and standardised electronic management of student placements, increased contact with supervisors to at least four times each placement. Additionally, introduction of an electronic assessment system for the supervisors to use which means the Trainee Intern does

not mediate the assessment process between supervisor and individual campus, and the introduction of a signed declaration by the student as part of their elective reports.

The advent of the Covid-19 pandemic in 2020 has had a major impact on elective placements in 2020 and 2021. TIs who were overseas when the pandemic emerged were required to return to New Zealand. All elective placements since that time have been in New Zealand.

The Panel heard that there were ongoing discussions at the Otago Medical School Curriculum Committee level regarding restructuring the elective module, and revisiting its purpose. These were initiated before the events of 2019 but were clearly further energised by these events. For the elective module, the discussions had included a possible change in name to 'selective' while retaining the core principle that the module would be driven by student choice; shortening of the module to six weeks; and reducing the options for TIs to go beyond New Zealand's shores. These include a few known places, such as some Pacific Islands, and possibly some other international sites with which the University would have more formal arrangements in place to support the experience. In addition, attention to the social accountability and ethical principles underpinning current best practice for elective modules was regarded as foundational to these discussions, as were important global health considerations.

Commentary

A large number of TIs failing to meet course requirements at the very end of their six-year medical school programme points to systematic problems in that six-year course. Specifically, in this case it is clear students, for whatever reasons, considered it acceptable to behave unprofessionally in the Trainee Intern elective. Independent of their responsibility for making these poor choices, and for which they rightly bear consequences, this represents a failure of the programme to identify and correct significant deficits in understanding what constitutes professional behaviour in large numbers of students. It is not simply this being a case of these students being 'bad apples'. There is a much wider responsibility the Otago Medical School must address to both identify and correct shortcomings in the medical programme that facilitated this behaviour, including the teaching of professionalism and ethics and the connection between these and their behaviour during the elective module. It is difficult to determine to what extent their behaviour was due to inadequate prior preparation in professionalism and/or in the 'free' nature of the elective.

The Panel was concerned by the evident disconnect between the teaching of professional and ethical practice throughout the Otago Medical School programme and the reality that TIs in the final year of that programme could act unprofessionally, seemingly without recognition that they were doing so. Staff interviewed during this Inquiry could not shed light on why this might have been the case.

The steps taken by the Otago Medical School as summarised in the submission are appropriate and do address a number of shortcomings in the elective module structure as it has historically been operating. However, it is clear that the fundamental nature of the elective module is in the process of being significantly redesigned. The Panel cannot comment on the extent to which these changes will apply to and be sufficient to manage the final version of the future elective module.

The Panel noted that other modules in the Trainee Intern year were relatively tightly constrained compared to the 'free' elective. Indeed, the whole medical programme in comparison to other University programmes, shepherds medical students through it prescribing where they have to be and what they have to do in great detail. It may be that an unintended consequence of this shepherding is students being ill prepared for the freedom and autonomy the elective provides. Suddenly, no one is watching. The opportunities to practice being professional in such circumstances had not arisen earlier in the programme. Perhaps this contributed to the outcomes observed in 2019.

The processes finally established to manage this extraordinary circumstance were necessarily bespoke and run within very tight timeframes. Had the time from initial suspicion to finally determining the extent of the problem been reduced, and had these same bespoke processes been designed and run well before the critical graduation dates, it is conceivable there would have been greater opportunity for expert medical educational input, particularly in the design of the remediation TIs were required to undertake. This might have meant the requirements were less likely to have been seen as punitive and would have been more nuanced in their demands depending on the extent of any premeditated intent to deceive. It may also have facilitated more in-depth communication regarding what was happening and what the outcomes were. This may have mitigated some of the distress conveyed to the Panel.

The Panel was concerned with the number of times it heard that 'the University' had not acted appropriately in the remediation required. It was generally unclear to the Panel who constituted 'the University' and where critical decisions had been made. Despite the passage of time, it is clear a number of affected TIs and staff continue to feel aggrieved by the way this has all played out. Relationships between some members of the Otago Medical School staff with each other and/or some Otago Medical School staff with the University are strained. Relationships between some 2019 graduates, now doctors, and some Otago Medical School staff or the University are fractured. Trust between people has been eroded and efforts need to be made, even at this late stage, to remedy them.

Recommendations

Recommendation 1: To the Dean of the Otago Medical School, in consultation with the Trainee Intern elective module convenors in the three campuses

That a review of the elective module is undertaken starting from the core consideration of the purposes of the module. This should encompass, but not be limited to:

- Medical education benefit generally and to the furtherance of global health
- Benefit to the individual TIs and their development as medical professionals and University graduates
- Benefit to the host institutions and communities
- 'Electives' versus 'selectives'

- The mix of international, and/or Pacific or New Zealand focus
- Specific consideration of the role the Pacific will play in the new elective module drawing on the strong Pacific leadership within the Medical School

Recommendation 2: To the Dean of the Otago Medical School, in consultation with the Trainee Intern elective module convenors in the three campuses

That a set of policies and procedures, and expectations for the operation of the newly-developed module consistent across the three campuses be developed. Assessment methods ought to be agreed and applied consistently across campuses.

Recommendation 3: To the Dean of the Otago Medical School

That a Convenor of the newly-developed module be appointed, with oversight of all Trainee Intern placements, including on-going monitoring of trends, international best practice and convening meeting(s) of all Trainee Intern elective convenors.

Recommendation 4: To the Dean of the Otago Medical School, in consultation with the Trainee Intern elective module convenors in the three campuses

That an agreed process for dealing with issues and escalating those issues when required, with clarity around whom to escalate to, so that decision-making under great stress and inappropriate time pressures can be avoided. Consideration needs to be given to preventative detection of potential issues in a systematic manner.

Recommendation 5: To the Dean of the Otago Medical School

That a review of professional development education in ALM is undertaken to reflect on why it was, despite an embedded professional education, about 20 per cent of a cohort failed to meet the expectations of professional behaviour only months before qualification.

Recommendation 6: To the Dean of the Otago Medical School

That a multidisciplinary working group is established to review the professional and ethical education teaching throughout ALM to find ways of ensuring, as far as feasible, that students appreciate its practical implications for all aspects of clinical practice.

Recommendation 7: To the Dean of the Otago Medical School and the PVC Health Sciences

That there should be a review of the level of the financial resources to be made available to support the Trainee Intern elective module to cover all aspects of the running of the module, including administration in the three campuses, and the costs incurred by the host institutions. There is to be consistency of resource across all three campuses.

Recommendation 8: To the Dean of the Otago Medical School

That the sixth-year of the curriculum should have formal holiday periods built into it, to bring to an end the culture of taking holiday breaks during the elective module.

Recommendation 9: To the Registrar and the Dean of the Otago Medical School

That a concerted effort is made as a matter of urgency to ensure that those staff overseeing Trainee Intern electives in the three campuses in 2019, are informed of the details of the remedial actions taken on the students in their respective campuses. This would complete the feedback loop that did not occur in 2019, and that has led to dissonance between those dealing with students and central decision-makers.

Recommendation 10: To the Vice-Chancellor and the Dean of the Otago Medical School

That a statement is made by the University and the Otago Medical School to the effect that the recommendations of this Inquiry will be acted on as appropriate, and that processes and policies will be put in place to improve the educational and clinical effectiveness of the elective module.

Addendum: Background to the Inquiry

The first indication that something might have been amiss with elective attendance occurred in April/May 2019. Initial inquiries completed by July 2019 pointed to the issues being largely confined to the Christchurch campus. It was late October and into November before the actual scale of the problem had been fully identified. The escalation of the issue from being a single campus matter, to being an Otago Medical School matter, to being a matter of concern to the University was driven by a combination of escalation 'upwards' through standard communication channels between the individual campuses and the Otago Medical School and University, as well as the University reacting 'downwards' in response to these developments. The initial management of a relatively small number of cases at one of the campuses through 'routine' academic misconduct policies and procedures was rendered inappropriate once the scale of the problem was identified. The real problem stemmed from the limited timeframe. It was for this reason that the matter was handled largely as satisfactory completion of the year and fitness to practise issues, bar the initial cases. Whilst the system could tolerate a relatively small proportion of TIs not graduating, as happens for various reasons every year, the prospect of nearly 20% of a final year class not graduating had very significant downstream impacts on adequate staffing levels in various District Health Boards (DHBs) and thus on patient care.

The definitive processes used to arrive at a way of appropriately managing the affected TIs, had to take account of the public money provided to support study, the requirements of the New Zealand Medical Council, and addressing the work force requirements of DHBs. These occurred in very tight timeframes in November 2019. Communications leading up to and following these processes between affected TIs and the University or between relevant staff and the University were affected by these short timeframes. The inherent complexities of these circumstances were clear to the Panel. What was also clear were deep and continuing concerns on the part of both some affected TIs and some staff who made submissions and/or presented to the Panel. It was common to hear words like 'cruel', 'unnecessary', 'punitive' applied to the package of remedies TIs were offered. Some staff who had been very involved in early parts of the investigations felt that, although it was entirely appropriate for matters to have been moved to 'higher' organisational levels, they were left uninformed as to what the outcomes of those deliberations were. They were not seeking access to

confidential information, rather just have the 'loop closed' with a summary of decisions made. This did not happen.

A range of Trainee Intern behaviour surfaced through the Otago Medical School and University processes. A cut-off point of 9 weeks attendance emerged as the critical dividing line between those whose attendance was considered satisfactory, and those whose attendance was deemed unsatisfactory leading to the need for remediation.

Panel Membership

Emeritus Professor Nicholas Glasgow (Independent Chair; College of Health and Medicine, Australian National University)

Emeritus Professor Gareth Jones (Anatomy)

Professor Shelley Griffiths (Law)

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