Te Kaunihera Rata o Aotearoa

Medical Council of New Zealand

Prevocational medical training accreditation – report for:
Health New Zealand – Te Whatu Ora South Canterbury

Date of site visit: 7 and 8 May 2026

Date of report: 4 June 2026

Background

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

To be accredited, training providers must have:

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

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

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

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

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

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

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

The Medical Council of New Zealand's accreditation of Health New Zealand – Te Whatu Ora South Canterbury

Name of training provider:	Health New Zealand – Te Whatu Ora South Canterbury
Name of sites:	Timaru Hospital
Date of accreditation visit:	7 and 8 May 2026
Accreditation visit panel members:	Dr Ken Clark (Accreditation panel chair) Dr David Ivory Ms Joan Simeon Dr Kate Dunstall Dr Luke Sutherland
Date of previous accreditation visit:	29 and 30 April 2025
Key staff the accreditation visit team met:	
Lead – Group Director of Operations:	Rachel Mills
Chief Medical Officer:	Cecilia Smith-Hamel Magda Sakowska
Prevocational Educational Supervisors:	Sires Bharathan Katie Steele Sofia Huddart (former PES)
Key data about the training provider (as of 7 May 2026):	
Number of interns at training provider:	
Number of PGY1s: 8	Number of PGY2s: 6
Number of accredited clinical attachments:	20
Number of accredited community based attachments:	2

Section A – Executive summary

This report is to be read in conjunction with the *Prevocational medical training accreditation report: Te Whatu Ora – Health New Zealand South Canterbury* (2 October 2025). While the report from October 2025 assesses South Canterbury against the full set of accreditation standards for training providers of prevocational medical training, this report focuses on the response to the eight required actions that South Canterbury were required to complete following the accreditation assessment in April 2025, as described below.

Accreditation April 2025
South Canterbury was assessed by the Council against the *Accreditation standards for training providers* for the purposes of providing prevocational medical training for interns in April 2025. The outcome as outlined in the report *Te Whatu Ora – Health New Zealand South Canterbury* (2 October 2025) was an overall rating of 'not met' for the accreditation of South Canterbury as a training provider of prevocational medical training. Interim accreditation was granted to South Canterbury up until 31 August 2026 subject to eight identified high-priority required actions being completed within specified timeframes, monthly reporting to the Council, and a further assessment and accreditation panel site visit being completed within 12 months.

Accreditation May 2026
This report is from the further accreditation assessment that was subsequently conducted by way of a visit to South Canterbury by an accreditation panel on 7 and 8 May 2026.

The accreditation panel wishes to sincerely thank South Canterbury and all the staff involved for the welcome and hospitality extended, for its preparation for this accreditation assessment, and for its honest and frank feedback given to the panel through written reports, surveys and interviews during the accreditation visit.

The panel appreciated the excellent engagement of all involved, noting a very good turnout of clinical supervisors, PESs and interns in the meetings over the course of their visit.

With respect to the eight high priority required actions that were the focus of the visit, the accreditation panel found that six had been fully addressed, while two were substantially progressed.
Addressed:

- Required action 7 (access to assistance from senior medical staff at night)
- Required action 8 (structured handover between shifts)
- Required action 9 (informed consent)
- Required action 16 (safe supervision and guidance by off-site on call SMOs)
- Required action 18 (enabling interns to provide anonymous feedback)
- Required action 20 (Ensuring a safe working and training environment, free from bullying)

Progressing:

- Required action 6 (interns working at night)
- Required action 14 (orientation for every clinical attachment).

Interns working at night
Interns reported that they are now well supported at night. The panel noted that the implementation of a number of key mechanisms, most importantly, the provision of six emergency department registrars, and the rostering of emergency department senior medical officers (SMOs) on-call overnight resulting in appropriate support being available to interns at all times.

Access to assistance from senior medical staff during night
Significant cultural shifts that support good professional behaviour have been led by the CMO and leadership of South Canterbury. This has resulted in interns feeling willing and able to contact SMOs across

the hospital's services at night and that when they do, they are supported. However, interns noted that with the added support onsite by registrars and SMOs, that the need to contact offsite SMOs has decreased markedly.

Structured handover between shifts
Formal processes are now in place across the organisation, to ensure that all clinical areas now have a structured handover between shifts to promote continuity of quality care. It is particularly noted that the handover in the evening to staff at night is formalised, structured and working very well.

Informed consent
Interns reported that they understand and are supported to apply the Council's statement on informed consent. SMOs and medical leaders also attested to appropriate behaviours and processes in relation to informed consent.

Orientation for every clinical attachment
Written documentation has been put in place to support effective orientation to each clinical attachment. However, there is still some variability in format and consistency of such material, with steps being taken to further embed effective orientation for some clinical attachments.

Safe supervision and guidance by off-site on call SMOs
Clinical supervisors who are offsite and on call are providing safe supervision and guidance to interns when called. A number of steps have been taken to address this required action most notably related to a greater focus on professionalism, and led by the CMOs.

Enabling interns to provide anonymous feedback
Many appropriate mechanisms are now in place to enable interns to provide anonymous feedback safely. There is evidence of a significant cultural change since the last accreditation visit, that supports professionalism and would not tolerate victimisation or harassment of any intern when raising a concern.

Ensuring a safe working and training environment, free from bullying
Strong leadership has resulted in effective changes in professional behaviours, and interns now feel safe to provide feedback and to conduct their clinical duties within a supportive environment.

South Canterbury is reliant on regional and national support to be able to fully meet the Council's standards. Over the last year there has been significant and important regional (South Island | Te Waipounamu) support to improve education and training of interns at South Canterbury. The engagement of the Regional CMO has been a crucial component of South Canterbury's success. It is particularly important that there is ongoing engagement with regional leadership in ensuring that the district can fully meet the Council's standards for education and training in a sustainable way.

The RMO Unit and its Manager provide excellent support for interns and the intern training programme. The RMO Unit is a critical component in the training and wellbeing of interns. Efforts by management to sustain and fully resource the RMO Unit are strongly encouraged.

Conclusion
The accreditation panel was impressed by the progress made by South Canterbury in addressing the critical required actions detailed in the 2025 accreditation report. South Canterbury is to be congratulated on its extensive efforts, and in changes and improvements made. It is essential that these efforts are further embedded and built upon with ongoing support nationally, regionally and by senior management, medical leadership, and clinicians across the organisation.

Summary of findings

Overall, South Canterbury has met 13 of the 21 sets of Council's 2022 *Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers.*

Standard		**2026 findings**	**Required actions**
1 – Strategic priorities		Not 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	*Substantially met	7
	3.2 ePort	Met	
	3.3 Formal education programme	Not met	
	3.4 Orientation	Substantially met	
	3.5 Flexible training	Met	
4 – Assessment and supervision	4.1 Process and systems	Met	2
	4.2 Supervision – prevocational educational supervisors	Substantially met	
	4.3 Supervision – clinical supervisors	*Substantially met	
	4.4 Feedback and assessment	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		*Met	0
6 – Implementing the education and training framework	6.1 Establishing and allocating accredited clinical attachments	Met	1
	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

* These standards were assessed as 'not met' in the 2025 accreditation assessment

Section B – Overall outcome of the accreditation assessment

In June 2026, 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 Health New Zealand | Te Whatu Ora South Canterbury is **'substantially met'**
- Health New Zealand | Te Whatu Ora South Canterbury is accredited for a period of four years, until **31 August 2029**, subject to the following conditions:
  - South Canterbury must provide progress reports that satisfy the Council that its required actions have been addressed, by the dates specified by the Council
  - South Canterbury must provide annual reports for the period of its accreditation.

Section C – Progress on the required actions

Out of the 20 required actions from the 2025 visit, Council determined that South Canterbury report on eight required actions by 13 March 2026, and that the visit would review the progress made on these required actions. They were:

Required action	Standard
6. South Canterbury must ensure that interns working on nights are adequately supported and supervised.	**The intern training programme – Programme components** **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. **Assessment and supervision – Supervision – Clinical supervisors** **4.3.1:** Mechanisms are in place to ensure clinical supervisors have the appropriate competencies, skills, knowledge, authority, time and resources to meet the requirements of their role. **4.3.2:** Interns are clinically supervised at a level appropriate to their experience and responsibilities. **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.

Required action 6

	Addressed	Progressing	Not progressing	Unsatisfactory
Rating	**X**			

Commentary:

Comments:

South Canterbury has employed six emergency medicine registrars to support and supervise interns working at night. This change received positive feedback from all groups met with during the accreditation follow up visit. The addition of the registrars has added a layer of seniority to the RMO group working at night, acting as an onsite level of support and supervision.

South Canterbury has also initiated emergency medicine SMO on call rostering overnight. This ensures consultant level supervision and support is available when required for interns managing emergency department patients overnight.

Interns in South Canterbury reported that SMOs are now receptive and supportive of phone calls overnight. Senior management, clinical supervisors, PESs and interns were aware of senior leadership meeting with and managing individuals following complaints regarding unprofessional behaviour over the phone at night. The panel noted clear evidence of a top-down direction and resulting cultural change occurring in this space.

Informed consent is understood by interns and SMOs. No concerns were raised by the interns to the panel. This correlates with the intern survey responses provided by South Canterbury regarding informed consent.

Patient load was reported to be better managed in the mornings for teams coming into the emergency department for the morning shift. This indicates the night shifts have experienced improved patient management, as a byproduct of the improvement in supervision and support of interns. SMOs reported an improved morale in the nightshift team at handovers.

While these improvements are significant, the panel noted that the current number of emergency medicine registrars provides limited capacity to accommodate leave, particularly in the case of unplanned leave. South Canterbury has implemented contingency measures when required, however this represents an ongoing vulnerability.

Commendation:

- South Canterbury is commended for its leadership (CMOs, GDO, PESs and regional CMO), who have pushed for significant change in the night roster, in turn directly enhancing supervision and intern and patient safety.

Recommendation:

- South Canterbury should review and strengthen the sustainability of the emergency department's registrar roster, as the current staffing of six registrars provides limited capacity to accommodate leave and is therefore an ongoing vulnerability.

Required action	Standard
7. South Canterbury must ensure that protocols for accessing assistance from senior medical staff during night duties are implemented safely and consistently, to support interns, and protect patient safety.	**The intern training programme – Programme components** **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. **Assessment and supervision – Supervision – Clinical supervisors** **4.3.2:** Interns are clinically supervised at a level appropriate to their experience and responsibilities.

Required action 7				
	Addressed	Progressing	Not progressing	Unsatisfactory
Rating	**X**			

Commentary:

Comments:

Relevant protocols, comprising of policy and processes, have been implemented regarding accessing assistance from senior medical staff during nights, to both support interns and protect patient safety. Evidence and tangible examples demonstrate that these measures have resulted in appropriate support for interns.

South Canterbury has created and distributed a document outlining when to call the consultant overnight, formalising a protocol for accessing assistance from senior medical staff at night.

There have been clear improvements in accessing senior staff at night which was supported by intern feedback and the intern survey. Interns are supported to provide patient care and uphold patient safety.

Interns reported feeling supported with the introduction of emergency medicine registrars providing near peer encouragement and decision making when contacting senior medical staff.

A formal process has been created to escalate unprofessional behaviour from senior medical staff. The panel noted broad awareness of meetings being held with individuals following complaints. Interns reported being comfortable using the process, and feel it is an appropriate way of escalating concerns given the small size of South Canterbury and the subsequent difficulty with anonymity. The formal process allows a delay between escalated behaviour and engaging in meetings to further anonymise the intern involved.

Required action	**Standard**
8. South Canterbury must ensure that all clinical areas have a structured handover between all shifts to promote continuity of quality care.	**The intern training programme – Programme components** **3.1.9:** The training provider ensures there are procedures in place for structured handovers between clinical teams and between shifts (morning, evening, nights and weekends) to promote continuity of quality care. The training provider ensures that interns understand their role and responsibilities in handover.

Required action 8				
	Addressed	Progressing	Not progressing	Unsatisfactory
Rating	**X**			

Commentary:

Comments:

The accreditation panel found that there has been substantial improvement in the structure, consistency and culture of clinical handover processes across South Canterbury since the previous accreditation visit. Clinical supervisors, PESs and interns consistently reported that handover processes are now functioning effectively and that previous concerns have been addressed. No clinical areas were identified during the visit as having ongoing concerns regarding the adequacy or safety of handover processes.

This represents a significant improvement from the findings of the 2025 accreditation report, which identified variability in handover structure and concerns regarding the effectiveness and culture of some handover environments.

The general medicine morning handover was identified as an area of particular improvement, with interns and SMOs reporting a more constructive, clinically focused and supportive environment that contributes positively to patient care and trainee wellbeing. The panel also observed evidence of a reliable and formalised evening handover process involving medical, nursing and duty manager staff to support safe continuity of care overnight. Feedback from all groups interviewed was that these handovers are now functional and effective.

The panel considered that senior management and clinical leadership have demonstrated good oversight and commitment in establishing these improvements, which have strengthened patient safety and improved support for interns.

Required action	Standard
9. South Canterbury must ensure that interns understand the requirements for informed consent, and ensure interns are able to appropriately apply the Council's policy on obtaining informed consent in all areas of their practice.	**The intern training programme – Programme components** **3.1.10:** The training provider ensures adherence to the Council's policy on obtaining informed consent.

Required action 9				
	Addressed	Progressing	Not progressing	Unsatisfactory
Rating	**X**			

Commentary:

Comments:

South Canterbury has addressed outstanding matters relating to informed consent. Practice now aligns fully with South Canterbury's Informed Consent policy statement. Education on informed consent is included in PGY1 orientation, a fixed session of the intern teaching programme, and interns complete online training on informed consent which is monitored. A clear awareness of the Council's statement on informed consent is both shared and reinforced with SMOs and RMOs.

The culture around informed consent is now embedded, and this is reinforced by strong consultant engagement and constant dialogue at multiple levels.

Required action	Standard
14. South Canterbury must ensure that there is written documentation to support effective orientation for every clinical attachment.	**The intern training programme – Orientation** **3.4.2:** Orientation is provided at the start of each clinical attachment, ensuring familiarity with key staff, systems, policies, and processes relevant to that clinical attachment.

Required action 14				
	Addressed	Progressing	Not progressing	Unsatisfactory
Rating		**X**		

Commentary:

Comments:

South Canterbury has taken steps to ensure there is consistent and effective documentation for all clinical attachments. Although all attachments now have written orientation material outlining staff expectations, process, and learning opportunities, there remains variability in the format, level of detail and currency of review across documents, which is acknowledged by South Canterbury. An example of this variability is the general surgery attachment, which provides very thorough documentation, contrasted with the general medicine attachment, which is a single page.

South Canterbury indicated that work would continue to standardise documentation across all attachments.

A notable feature of the clinical attachment orientation process was the shadowing for PGY1s across both their first and second attachments. This encompasses the first set of long days, nights, and weekends.

Commendation:

- South Canterbury is commended for its shadowing practice for all PGY1s at the start of their first and second clinical attachments.

Required action	Standard
16. South Canterbury must ensure that all clinical supervisors are providing safe supervision and guidance to interns when on-call off-site.	**Assessment and supervision – Supervision – Clinical supervisors** **4.3.2:** Interns are clinically supervised at a level appropriate to their experience and responsibilities.

Required action 16				
	Addressed	Progressing	Not progressing	Unsatisfactory
Rating	**X**			

Commentary:

Comments:

The accreditation panel found that there has been significant improvement in the provision of overnight supervision and support for interns since the previous accreditation visit. Interns, clinical supervisors, PESs and senior leadership consistently reported that clinical supervisors are now accessible, responsive and providing appropriate guidance to interns when on-call off-site. The concerns identified in the 2025 accreditation report regarding inconsistent supervisory support and the impact this had on intern confidence and patient safety were not substantiated during this visit. PESs and SMOs consistently reported that there had been a positive culture change and that interns now felt able to seek advice appropriately when required.

The accreditation panel considered that interns are currently being supervised at a level appropriate to their experience and responsibilities. The team also noted that South Canterbury has implemented a number of system improvements to support safer overnight practice, including increased emergency medicine registrar and SMO availability overnight, alongside clearer escalation guidance documents outlining expectations for contacting senior staff. Collectively, these changes have strengthened the overnight clinical environment and improved both intern welfare and patient safety.

Required action	Standard
18. South Canterbury must put mechanisms in place that enable interns to provide anonymous feedback: – about their educational experience on each clinical attachment that encourages intern participation – on their prevocational educational supervisors, RMO unit staff and others involved in intern training.	**Monitoring and evaluation of the training programme** **5.2:** There are mechanisms in place that enable interns to provide anonymous feedback about their educational experience on each clinical attachment. **5.4:** There are mechanisms in place that enable interns to provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training.

Required action 18				
	Addressed	Progressing	Not progressing	Unsatisfactory
Rating	**X**			

Commentary:

Comments:

South Canterbury has put in place several mechanisms to enable interns to provide anonymous feedback. The most used mechanism is feedback to the RMO unit manager who then anonymises the complaint or concern, and ensures it is seen either by the CMOs or, if at a lower level, one of the PESs. Feedback through the intern representatives is also occurring, with the representatives reporting they were very comfortable with taking such concerns to medical leaders. Interns were also comfortable with providing direct feedback to their PES, knowing that their feedback would be treated with sensitivity. Finally, anonymous feedback is occasionally given through the use of the end of attachment feedback forms, although completion of these forms remains low.

It was clear that the senior medical leadership at South Canterbury demonstrably responds to concerns. On meeting with leaders of the organisation, with SMOs, and with interns, there is undoubtedly evidence of cultural change since the last accreditation visit, such that victimisation or harassment of an intern who raises a concern would not be tolerated.

Recommendation:

- South Canterbury should encourage interns to complete the Council's *Torohia* survey in September of each year, as a further means of providing important feedback with respect to interns' educational experience.

Required action	**Standard**
20. South Canterbury must ensure a safe working and training environment, which is free from bullying.	**Implementing the education and training framework – Welfare and support** **6.2.2:** The training provider ensures a safe working and training environment, which is free from bullying, discrimination, and sexual harassment.

Required action 20				
	Addressed	Progressing	Not progressing	Unsatisfactory
Rating	**X**			

Commentary:

Comments:

South Canterbury has taken several steps to ensure a safe working and training environment that is free from bullying. The CMOs and clinical directors have communicated clearly and firmly to SMOs regarding workplace safety and culture. In addition, the interns now have access to a number of escalation pathways and options to provide anonymous feedback should they be concerned about the professional behaviours of SMOs or other staff within the organisation. To support these processes, the CMOs are committed to meeting with SMOs who are in breach of such professional standards and have done so on several occasions since the last accreditation visit.

It is noted that the national *Bullying, Harassment and Discrimination* policy has been shared with both SMOs and interns. At a broader organisational level, work is being done in relation to the professional culture with regional support for these activities, including initiatives to potentially develop a face-to-face programme.

The panel noted that, in its meetings with senior leadership, clinical supervisors, and interns, there is evidence of cultural change, such that bullying and harassment of interns will no longer be tolerated.

South Canterbury has made significant progress to address this required action. Ongoing and sustained efforts will be required to ensure this remains the case.