Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

Prevocational medical training accreditation – report for:
Health New Zealand | Te Whatu Ora MidCentral

Date of site visit: 23 and 24 June 2026
Date of report: 26 August 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*.

DRAFT

The Medical Council of New Zealand's accreditation of Health New Zealand | Te Whatu Ora MidCentral

Name of training provider:	Health New Zealand | Te Whatu Ora MidCentral
Name of sites:	Palmerston North Hospital
Date of accreditation visit:	23 and 24 June 2026
Accreditation visit panel members:	Dr Jules Schofield (Accreditation panel chair) Dr Arihia Waaka Dr Jon Albrett Dr Anu Kaw Mr Simon Watt Ms Jane Dancer
Date of previous accreditation visit:	30 and 31 March 2021
Key staff the accreditation visit team met:	
Interim Group Director of Operations	Ms Kath Fraser-Chapple
Chief Medical Officer:	Dr Claire Hardie
Director of Prevocational Training:	Dr Janine Stevens
Prevocational educational supervisors:	Dr Adolph Nanguzgambo Dr Sikhar Sircar Dr Navin Wewala Dr Alison Davies Dr Nicola Pereira Dr Janine Stevens
RMO unit staff:	Ms Christine Wood Ms Sarah Richardson Ms Corina van der Sloot
Māori health team	Reweti Arapere Rico Mita-Watene Chey Ratima Meretene Winter Ripeka Goddard Bridget Te Awe Awe-Bevan
Key data about the training provider (as of 7 August 2026):	
Number of interns at training provider:	
Number of PGY1s: 24	Number of PGY2s: 22
Number of accredited clinical attachments:	57
Number of accredited community based attachments:	9

Section A – Executive summary

An accreditation panel of Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (the Council) has assessed Health New Zealand | Te Whatu Ora – MidCentral 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 MidCentral, its director of medical training (DMT) and Medical Administration Unit (MAU) staff, Māori health team, prevocational educational and clinical supervisors and interns. Their warm welcome, hospitality and preparation for the visit were greatly appreciated.

Context
MidCentral is committed to providing a high-quality environment for prevocational medical education and training. The Council understands the challenges presented by the health reforms; and the limits of the locus of control of MidCentral as a district within the wider Central | Te Ikaroa region. Increasing service demand in the face of workforce shortages is having a significant impact on prevocational training across the motu. Despite this, MidCentral has nurtured a supportive and close-knit community of practice for interns which is reflected in a group of engaged and content interns.

Strategic priorities, governance and structures
MidCentral's leadership team clearly understands and advocates for high standards of medical practice, education and training at a strategic level. The chief medical officer (CMO) and director of medical training (DMT) are effective and valued as enthusiastic and authentic coordinators of a wider team that provides an excellent and supportive training environment for interns. However, MidCentral has not yet formally articulated or embedded this commitment in a documented strategic plan that also addresses Māori health and health equity.

There are clear lines of accountability apparent for the intern training programme. The Intern Training Advisory Group is still in its nascent stages as a governance body and MidCentral must demonstrate that this provides effective and sustained intern representation over time.

MidCentral has a cohesive team that is focused on providing an excellent training experience for interns. The team are frequently dependent on shared institutional knowledge and at times, key-person dependencies. It is therefore essential that MidCentral provides clear, documented pathways for various processes, to mitigate the risks associated with this.

The intern training programme
MidCentral has a high-quality training programme which provides a broad-based experience to ensure that interns are well equipped for future practice. The intern training programme is underpinned by sound medical education principles. The Council acknowledges the substantial work that MidCentral has undertaken to accommodate almost all interns with a community-based attachment (CBA) experience, and commends it for the range of CBAs available.

An excellent formal education programme aligned to intern learning needs is supported and refined by the intern teaching coordinator, medical education house officer and the intern teaching group.

Teaching attendance data is collected, but is not formally collated to track attendance. In addition, the formal PGY2 education programme has been replaced with PGY2 attachment departmental teaching. Attendance at these is not recorded or monitored centrally.

MidCentral is commended for the strong and valued contributions from Pae Ora, Māori health partners and its Māori nurse educator, while also identifying risks around capacity, key-person dependency, and the

need for more systematic processes to support interns' hauora Māori, cultural safety and cultural competence learning.

Supervision and training programme implementation
Interns understand the requirements of the intern training programme and implementation of the programme is supported by the highly effective MAU staff, PES team and the DMT.

ePort monitoring is currently informal and is undertaken by the PESs. A formalised system should be implemented to ensure that interns maintain their ePort as an adequate record of their learning and training experiences. The MAU has structured processes in place to ensure timely completion of training milestones.

Interns feel well supported by their clinical teams and know how to escalate their concerns. Handovers are robust and orientation to services is provided. Clinical supervisors are enthusiastic and supportive educators of interns, although they were not always orientated to their role or trained in clinical supervision for the intern context. Clinical supervisors meet regularly with interns at the beginning and end of their clinical attachment, although the proportion of mid-attachment meetings being held and recorded in a timely fashion was low. MidCentral must implement systems to remedy this.

Although mechanisms exist for interns to provide feedback on the training programme, concerns were raised regarding anonymity of feedback. The Council acknowledges that this can be a challenge in smaller centres. However, MidCentral must develop structured processes to ensure that interns can provide anonymous feedback on clinical attachment experience; and clinical supervisor, PES and MAU staff effectiveness.

MidCentral provides robust wellbeing support and comprehensive facilities for interns, including excellent simulation-based medical education facilities.

Summary of findings

Overall, Health New Zealand | Te Whatu Ora – MidCentral has met 15 of the 21 sets of Council's 2025 *Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers.*

Eight required actions were identified, along with four recommendations and eight commendations.

Standard		**2026 findings**	**Required actions**
1 – Strategic priorities		Not Met	2
2 – Organisational and operational structures	2.1 The context of intern training	Met	0
	2.2 Educational expertise	Met	
	2.3 Relationships to support medical education	Met	
3 – The intern training programme	3.1 Programme components	Substantially met	2
	3.2 ePort	Met	
	3.3 Formal education programme	Substantially met	
	3.4 Orientation	Met	
	3.5 Flexible training	Met	
4 – Assessment and supervision	4.1 Process and systems	Met	2
	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	Met	0
	6.2 Welfare and support	Met	
	6.3 Communication with interns	Met	
	6.4 Resolution of training problems and disputes	Met	
7 - Facilities		Met	0

Required actions

Required action	Standard
1. MidCentral must develop a strategic plan for its intern training programme that: • demonstrates high standards of medical practice, education and training are key strategic priorities • includes Māori health and health equity.	**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.
2. MidCentral must demonstrate that there is effective and sustained intern representation in governance of the intern training programme.	**Strategic priorities** **1.5 -** The training provider ensures intern representation in the governance of the intern training programme.
3. MidCentral must ensure that interns receive the supervision and opportunities to: • enhance their skills, understanding and knowledge of hauora Māori • develop their cultural safety and cultural competence • deliver patient care in a culturally safe manner.	**The intern training programme – Programme components** **3.1.5 -** The training provider has processes that ensure that interns receive the supervision and opportunities to: • enhance their skills, understanding and knowledge of hauora Māori • develop their cultural safety and cultural competence, and • deliver patient care in a culturally-safe manner.
4. MidCentral must develop a system to track and regularly monitor intern attendance at formal education sessions, and ensure that interns can attend at least two-thirds of formal education sessions.	**The intern training programme – Formal education programme** **3.3.2 -** The intern training programme ensures that interns can attend at least two thirds of formal education sessions, by structuring the formal education sessions so that barriers to attendance are minimised. **3.3.3 -** The training provider ensures that all PGY2s attend structured education sessions.

5. MidCentral must ensure that clinical supervisors: • are orientated to their role • undertake relevant training in supervision and assessment within 12 months of their appointment as a clinical supervisor • have ongoing access and support for professional development in fulfilling this role.	**Assessment and supervision** **Supervision – Clinical supervisors** **4.3.3 -** Clinical supervisors undertake relevant training in supervision and assessment as soon as practicable after beginning their supervisory role. This must be within 12 months of appointment as a clinical supervisor. **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.
6. MidCentral must ensure that formal feedback is provided to interns midway through the attachment and documented in ePort in a timely manner.	**Assessment and supervision – Feedback and assessment** **4.4.1 -** Systems are in place to ensure that regular, formal feedback is provided to interns and documented in ePort on their performance within each clinical attachment, including end of clinical attachment assessments. This should also cover the intern's progress in completing the goals in their PDP and the intern's self-reflections against the 14 learning activities.
7. MidCentral must ensure there are mechanisms that enable interns to provide anonymous feedback about their: • educational experience on each clinical attachment • prevocational educational supervisors, RMO unit staff and others involved in intern training.	**Monitoring and evaluation of the intern 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.
8. MidCentral must routinely evaluate supervisor effectiveness taking into account feedback from interns.	**Monitoring and evaluation of the intern training programme** **5.5 -** The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns.

Section B – Overall outcome of the accreditation assessment

In August 2026, 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 Health New Zealand | Te Whatu Ora MidCentral is **'substantially met'** and
- Health New Zealand | Te Whatu Ora MidCentral is accredited for a period of four years, until **31 August 2030**, subject to the following conditions:
  - MidCentral must provide progress reports that satisfy the Council that its required actions have been addressed, by the dates specified by the Council
  - MidCentral must provide annual reports 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:

Comments:

MidCentral's leadership team clearly understands and advocates for high standards of medical practice, education and training at a strategic level. The level of resourcing provided to support the intern training programme demonstrates this commitment. A highly valued team of prevocational educational supervisors provides pastoral and educational support. MidCentral also funds FTE for a director of medical training (DMT), an intern teaching coordinator and a dedicated medical education house officer role. The chief medical officer (CMO) and DMT make substantial and authentic efforts to coordinate these roles and provide an excellent and supportive training environment for interns. However, MidCentral has not yet formally articulated and embedded this commitment in a documented strategic plan for prevocational medical training.

Earlier this year, MidCentral began work to adopt a strategy and develop a related action plan for intern training. Health New Zealand, at a national level, recently released *Excellence in Training & Education for Resident Medical Officers in the New Zealand Health System*. MidCentral has elected to adopt this document as its strategic plan, alongside an Intern Training Action Plan aligned with the Council's accreditation standards and a reorganisation of relevant governance groups. However, these initiatives remain in their formative stages. While the *Excellence in Training* publication has national relevance, it sets out HNZ's strategic commitments, rather than a plan. Adopting it directly does not sufficiently reflect MidCentral's local context. The strategic plan should set out how MidCentral will support high-quality prevocational medical training in a way that reflects its size, demographics, resources and interns' needs. The Intern Training Action Plan, which is under development, will be a useful mechanism for mapping the processes required to achieve the Council's standards; however, it does not constitute a strategic plan.

The adopted HNZ document references cultural safety and health equity, but does not address in substantive detail how MidCentral will strategically approach these areas. Similarly, the draft Intern Training Action Plan indicates that MidCentral intends to address Māori health and health equity, but the substance of this work has not yet been documented. Nonetheless, the panel observed recognition of Māori health and health equity as strategic issues for intern training, supported in part by the DMT's strong relationships with MidCentral's Māori health team, Pae Ora. Structural and policy changes in the

health sector have reduced capacity within Pae Ora, creating a risk of cultural loading on a small number of staff, including the Māori nurse educator.

MidCentral has clear lines of responsibility and accountability for intern training. The roles of the CMO, DMT, Intern Training Advisory Group (ITAG), Prevocational and General Registration Doctors Operational (PGRDOP) meeting group, prevocational educational supervisors, clinical supervisors and Medical Administration Unit lead are well understood and documented. The panel saw evidence of good coordination, clear communication, effective working relationships and mutual support across the key roles and teams involved in intern training. MidCentral recently reconstituted ITAG to strengthen oversight of the intern training programme; however, the group had only met once before the accreditation visit, so its effectiveness within the clinical governance and quality assurance framework has not yet been fully tested.

ITAG's terms of reference provide for substantial PGY1 and PGY2 intern representation, although not all intern positions had been filled for the first meeting. ITAG meets quarterly and will need to operate for at least a year before the effectiveness of intern representation, including interns' level of engagement and ability to influence the group, can be meaningfully assessed. However, the intent to include intern voice in governance is clear.

MidCentral also has an established Intern Teaching Group that meets monthly and includes PGY1 and PGY2 representation, including the medical education house officer. This group enables interns to influence the formal teaching programme and helps ensure the programme is aligned with their learning needs and the timing of delivery. Feedback from the PGY1 cohort confirmed that their representation on this group is effective. However, feedback from the PGY2 cohort indicated that the group is not effective for their needs. This may reflect the nature of PGY2 formal education, which is provided through individual services rather than through an overarching PGY2-specific programme.

MidCentral engages in the Council's regular accreditation cycle and meets reporting requirements between accreditation visits.

Commendations:

- MidCentral is commended for providing dedicated funding for a medical education house officer role.

Required actions:

1. MidCentral must develop a strategic plan for its intern training programme that:
    - demonstrates high standards of medical practice, education and training are key strategic priorities
    - includes Māori health and health equity (standards 1.1, 1.2 and 1.3).
2. MidCentral must demonstrate that there is effective and sustained intern representation in 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:

Comments:

MidCentral plans, coordinates and delivers its intern training programme effectively and has appropriate mechanisms and resources to support this work. The CMO and DMT set a supportive training culture, which the PESs and clinical supervisors reinforce through a safe and supportive learning environment for interns.

The DMT provides central coordination across the PES team, intern teaching coordinator, medical education house officer and MAU. Regular meetings between these groups support aligned planning, programme implementation and ongoing review.

The DMT demonstrates strong commitment to leading the programme and is well placed to do so, with extensive experience and a tertiary teaching qualification. The DMT works consistently to ensure that interns receive a robust and enjoyable educational training experience.

The CMO has executive accountability for the training programme and is recognised as approachable, supportive and effective in this role.

MidCentral has effective organisational and operational structures to manage interns, including mechanisms for interns to provide feedback on the training programme and a recently established ITAG intended to support programme governance, a dedicated PES team, designated clinical supervisors for each attachment and an appropriately resourced MAU.

The PES team provides educational supervision, pastoral care, career and professional development guidance, and oversight of interns' progress against the Council requirements. Clinical supervisors oversee interns' day-to-day clinical performance within each attachment. The MAU manages operational matters and supports interns with logistics, rostering and programme administration.

MidCentral has institutional knowledge and informal processes for responding to changes in a health service or the intern training programme that may significantly affect intern training. A documented escalation pathway could assist staff in how to respond in these circumstances.

Commendations:

- MidCentral is commended for its DMT who provides significant leadership to empower the wider team and supports effective connection and communication across the programme.
- MidCentral is commended for its CMO who is recognised as approachable, supportive and effective.

Recommendation:

- MidCentral should document escalation pathways to be followed in the event of changes in a health service or the intern training programme that may have a significant effect on intern training (standard 2.1.4).

2.2 Educational expertise

2.2.1 The training provider demonstrates that the intern training programme is underpinned by sound medical educational principles.

2.2.2 The training provider has appropriate medical educational expertise to deliver the intern training programme.

2.2 Educational expertise

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

MidCentral underpins its intern training programme with sound medical education principles. The programme uses a hybrid education model to provide broad-based learning and supports interns to progress toward the 14 learning activities. Clinical apprenticeship, bedside teaching, procedural skills workshops, ACLS teaching during orientation and formal education sessions form the basis of programme delivery. In response to intern feedback, MidCentral is increasing the use of simulation-based medical education.

MidCentral has appropriate medical educational expertise to deliver the intern training programme. The DMT and PES team bring significant experience in designing and delivering medical education, and several members hold academic qualifications or have experience in medical education.

The intern teaching coordinator provides leadership for the recently established Intern Teaching Group, which oversees the formal teaching programme, including its design, delivery and review.

Required actions:

Nil

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:

MidCentral has effective collaborative relationships with external organisations involved in training and education, including the University of Otago, primary care providers, THINK Hauora and community-based attachment providers.

MidCentral also effectively coordinates local delivery of the intern training programme. The DMT collaborates with other medical education leaders through monthly national DCT meetings, which support idea-sharing and educational alignment with other districts. The MAU manager attends national RMO unit meetings and maintains connections with the RDSS to further support intern training.

MidCentral has strong relationships that bridge undergraduate and early postgraduate medical education. MidCentral accommodates medical students from the University of Otago during their training. The associate dean of undergraduate studies at the University of Otago and trainee intern representatives participate in ITAG, supporting interns' transition from medical student to PGY1 doctor.

MidCentral has effective partnerships with Māori health providers to support intern training and education. The DMT is central to these relationships, and the panel noted a potential vulnerability because of this key-person dependency.

MidCentral has a strong Māori health team, Pae Ora, which contributes enthusiastically to the intern teaching programme from the time the interns are welcomed during the pōwhiri, through their hospital orientation and during their formal education programme. The Māori nurse educator has recently joined the intern teaching group, and their role is already highly valued.

Two community-based attachments are with Māori health providers.

Commendations:

- MidCentral is commended for its Māori nurse educator who provides valuable support for the intern training programme through the intern teaching group.

Recommendations:

- MidCentral should strengthen its partnerships with Māori health providers to ensure that the partnerships are not solely reliant on the DMT.

Required actions:

Nil

3 The intern training programme

3.1 Programme components

3.1.1 The intern training programme is structured to support interns to attain the learning outcomes outlined in the 14 learning activities of the curriculum.

3.1.2 The intern training programme requires the satisfactory completion of eight accredited clinical attachments, which in aggregate provide a broad-based experience of medical practice.

3.1.4 The training provider selects suitable clinical attachments for training based on the experiences that interns can expect to achieve, including the:

- workload for the intern and the clinical unit
- complexity of the given clinical setting
- mix of training experiences across the selected clinical attachments and how they are combined to support achievement of the goals of the intern training programme.

3.1.5 The training provider has processes that ensure that interns receive the supervision and opportunities to:

- enhance their skills, understanding and knowledge of hauora Māori
- develop their cultural safety and cultural competence, and
- deliver patient care in a culturally-safe manner.

3.1.6 The training provider, in discussion with the intern and the prevocational educational supervisor, must ensure that over the course of the two intern years each intern completes at least one community-based attachment.

3.1.7 Interns are not rostered on nights during the first six weeks of PGY1.

3.1.8 The training provider has a process to ensure that interns working on nights are appropriately supported. Protocols are in place that clearly detail how the intern may access assistance and guidance on contacting senior medical staff.

3.1.9 The training provider ensures there are procedures in place for structured handovers between clinical teams and between shifts (morning, evening, nights and weekends) to promote continuity of quality care. The training provider ensures that interns understand their role and responsibilities in handover.

3.1.10 The training provider ensures adherence to the Council's policy on obtaining informed consent.

3.1 Programme components

	Met	Substantially met	Not met
Rating		**X**	

Commentary:

Comments:

MidCentral structures its intern training programme to support interns to achieve all required learning activities during the intern years. Interns develop skills and knowledge in the 14 learning activities through clinical attachments, both hospital and community-based; the formal education programme; service-specific education sessions; clinical skills sessions; and online educational resources. The medical education house officer (0.5 FTE) fills gaps in the teaching programme, as evidenced by the recent incorporation of simulation-based teaching sessions into the formal teaching programme.

MidCentral creates appropriate clinical attachment blocks for interns. These provide broad-based clinical experience, with all interns completing eight attachments over two years, including at least one surgical, one medical, and one community-based attachment. MidCentral uses a transparent process for intern attachment allocation, which allows interns to be allocated to clinical attachment blocks aligned with their preferences and career aspirations. It also ensures attachment allocation supports a mix of training experiences to support achievement of the goals of the intern training programme.

MidCentral aims to provide interns with the supervision and training required to deliver patient care in a culturally safe manner. Although Pae Ora (the Māori health unit) provides a range of cultural safety and

cultural competency courses, MidCentral has not yet established a clear process to ensure interns can access these courses or receive day-to-day advice and supervision from Pae Ora. As a result, MidCentral cannot yet demonstrate that interns consistently receive the supervision and opportunities required to enhance their skills, understanding and knowledge of hauora Māori, develop cultural safety and cultural competence, and deliver patient care in a culturally safe manner.

MidCentral has productive and collaborative relationships with a range of community-based providers, which provide sufficient CBAs to ensure that all interns complete one over the course of their two intern years. The CBAs include experiences in general practice, Hato Hone St John's ambulance, kaupapa Māori, and hospice. MidCentral plans to establish further CBAs.

MidCentral ensures that PGY1 interns are not rostered on nights during the first six months of PGY1. During night shifts, interns are supported by on-site medical, surgical and orthopaedic registrars, ICU outreach and the medical emergency team. Senior medical officers (SMOs) are available on call, and interns face no barriers to calling them for advice.

Each service conducts formal handovers according to its own requirements. Interns and clinical supervisors confirmed that handover works well, and noted that registrars generally lead handovers. MidCentral also has a night-time intern handover in place.

MidCentral has a thorough informed consent policy and reinforces it through intern teaching sessions, particularly during orientation. This policy is in line with the Council's statement on informed consent and is complied with across the district. Registrars or SMOs obtain informed consent for complex procedures such as chemotherapy and surgery.

Commendations:

- MidCentral is commended for its dedicated and passionate Māori health unit (Pae Ora) whose input in the training programme is invaluable despite resource constraints.
- MidCentral is commended for its broad and innovative range of community-based attachments.

Required actions:

3. MidCentral must ensure that interns receive the supervision and opportunities to:
    - enhance their skills, understanding and knowledge of hauora Māori
    - develop their cultural safety and cultural competence
    - deliver patient care in a culturally safe manner (standard 3.1.5).

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:

MidCentral has an ad hoc system, monitored by the PESs, to ensure that each intern engages with ePort around PDPs and learning goals. A more formalised system could improve intern engagement with ePort and ensure learning and training experiences are adequately documented for all interns.

Clinical supervisors and interns engage with initial and end-of-attachment meetings, with variable responsiveness to the mid-attachment meeting. As a group, clinical supervisors expressed a desire for training or revision on ePort requirements and Council standards. Upskilling opportunities could improve compliance with the mid-attachment meeting, ensure clinical supervisors review goals in the intern's ePort, and support intern development.

PGY1 interns meet with their PES within the first few weeks of their first attachment, where they cover the PDP and goal setting. PESs then meet interns at the end of each clinical attachment to review the attachment, goals, plans and PDP progress, and to check that ePort is up to date. The longstanding PES team has experience and knowledge of ePort requirements.

Recommendations:

- MidCentral should formalise the process by which PESs 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 (standard 3.2.1).

Required actions:

Nil

3.3 Formal education programme

3.3.1 The intern training programme includes a formal education programme that supports interns to achieve the learning outcomes outlined in the 14 learning activities that are not generally available through the completion of clinical attachments.

3.3.2 The intern training programme ensures that interns can attend at least two thirds of formal education sessions, by structuring the formal education sessions so that barriers to attendance are minimised.

3.3.3 The training provider ensures that all PGY2s attend structured education sessions.

3.3.4 The formal education programme provides content on hauora Māori and tikanga Māori, and Māori health equity, including the relationship between culture and health.

3.3.5 The training provider ensures the formal education programme provides opportunity for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out.

3.3.6 The training provider provides opportunities for additional work-based teaching and training.

3.3 Formal education programme

	Met	Substantially met	Not met
Rating		**X**	

Commentary:

Comments:

Alongside the broad clinical experience interns gain through clinical attachments, MidCentral provides a comprehensive formal education programme mapped to the 14 learning activities. The formal teaching programme has a broad curriculum designed to meet all required aspects of intern educational development and receives multidisciplinary and intern input, including from pharmacy and Pae Ora. The medical education house officer primarily facilitates this programme.

MidCentral uses a QR code system to monitor attendance at teaching sessions, but does not yet have a system that consistently checks this attendance. There is an organisational emphasis that teaching time is protected, and interns should attend. There is additional support from the medical education house officer in this regard as well.

MidCentral had previously established a dedicated PGY2 teaching programme, but it was clear that most PGY2s were not attending these sessions and so it was discontinued. Many PGY2 attachments arrange their own departmental teaching programmes, which interns preferentially attend. This has become the primary PGY2 teaching arrangement. MidCentral does not currently monitor PGY2 attendance at any departmental teaching sessions.

MidCentral welcomes interns with a Pōwhiri and provides a cultural competence session during orientation. Until recently, interns also completed a one-day cultural responsiveness course delivered by Pae Ora; however, this has been halted and replaced with the mandated national Te Tiriti o Waitangi module on the Ko Awatea e-learning platform. This has reduced opportunities to support cultural competence aligned with MidCentral's local context. Other cultural safety and competency courses are available, and Pae Ora personnel are regularly on site for *ad hoc* support. The Māori nurse educator has recently been welcomed on to the intern teaching group.

The formal teaching programme includes wellbeing, stress management and burn-out. MidCentral also provides opportunities for additional work-based teaching and training.

Recommendations:

- MidCentral should work with Pae Ora to enhance the hauora Māori professional development of interns and ensure that local needs are met (standard 3.3.4).

Required actions:

4. MidCentral must develop a system to track and regularly monitor intern attendance at formal education sessions, and ensure that interns can attend at least two-thirds of formal education sessions (standards 3.3.2 and 3.3.3).

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:

MidCentral provides a structured five-day orientation programme for interns at the beginning of the year. The programme is tailored to interns and reviewed annually, with input from the interns who most recently completed it. For interns who start part way through the year, MidCentral provides bespoke orientation. Together, the orientation programme and RMO Handbook adequately onboard interns to the hospital.

There are different approaches to delivering service-orientation; however, all services covered the required key components and interns were generally satisfied with orientation to attachments. As an added safety net, MidCentral reserves the final teaching session of each quarter for interns to hand over to each other, with outgoing and incoming interns discussing ward systems, staffing and processes. The PES team monitors this through tools such as the Torohia survey.

Required actions:

Nil

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: MidCentral has procedures to guide and support supervisors and interns in implementing and reviewing flexible training arrangements. The MAU, DMT and PES team work with interns to consider flexible training requests and adjust arrangements where appropriate. **Required actions:** Nil			

4 Assessment and supervision

4.1 Process and systems			
4.1.1 There are systems in place to ensure that all interns and those involved in prevocational training understand the requirements of the intern training programme.			
4.1 Process and systems			
	Met	Substantially met	Not met
Rating	**X**		
Commentary:			

Comments:
MidCentral interns demonstrate a clear understanding training requirements which is well supported by the highly effective MAU staff, PES group and DMT. Timely reminders are sent out to ensure completion of all components of the training programme and interns report they have good access to their clinical supervisors to meet the requirements of ePort, although compliance with some ePort requirements is discussed under standards 3.2 and 4.4.

This system is well supported by a comprehensive orientation programme.

Required actions:
Nil

4.2 Supervision – Prevocational educational supervisors			
4.2.1 The training provider has an appropriate ratio of prevocational educational supervisors in place to oversee the training and education of interns in both PGY1 and PGY2. 4.2.2 Prevocational educational supervisors attend an annual prevocational educational supervisor meeting conducted by Council. 4.2.3 There is oversight of the prevocational educational supervisors by the CMO (or delegate) to ensure that they are effectively fulfilling the obligations of their role. 4.2.4 Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.			
4.2 Supervision – Prevocational educational supervisors			
	Met	Substantially met	Not met
Rating	**X**		
Commentary:			

Comments:
The MidCentral PES group is highly regarded by interns, who describe excellent professional and pastoral support during their first two years.

MidCentral has the appropriate number of PESs to keep a ratio of 1:10, with 0.65 FTE total for PESs. When a PES is on leave the work is spread between the remaining PESs to maintain cover.

All MidCentral PESs attended the 2025 annual meetings conducted by the Council.

The CMO and the DMT work extremely well together and are highly engaged in ensuring the PES group is working well and are effective. The commitment of the CMO and DMT to intern training is also reflected in the newly formed ITAG.

The PES group reports that it is well supported by the MAU, DMT and CMO and has adequate administrative support.

Commendations:

- MidCentral is commended for its PES group which is highly valued by the interns it supports, and works as an effective team to improve the intern educational and pastoral experience.

Required actions:
Nil

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:
MidCentral's clinical supervisors are engaged and motivated to train and support interns. Some information is available to support clinical supervisors in their role, including electronic resources available through the Council. The PES group works to ensure clinical supervisors understand the requirements of their role in ePort, with particular attention given to supporting community-based providers.

Interns and clinical supervisors reported that supervision is appropriate and accessible. Interns are supervised at a level appropriate to their experience and responsibilities, and are provided with procedural and assessment opportunities that support their development. The PES group monitors supervision arrangements and responds promptly to address any gaps when they arise.

Most clinical supervisors have completed relevant training in supervision and assessment. However, the panel heard through meetings and supporting data that several clinical supervisors have not yet completed this training, despite this being a requirement of the role. The panel also noted that some clinical supervisors completed their training some years ago, and that regular refresher training would support ongoing capability and consistency in supervision.

MidCentral does not currently have an adequate system to monitor which clinical supervisors have completed supervision training, when this training was completed, or when refresher training may be due. A more structured approach to recording training completion, providing timely reminders, and making professional development resources available would better support clinical supervisors to maintain and strengthen their supervisory practice.

MidCentral maintains a small group of clinical supervisors for relief clinical attachments, and the supervision provided in these attachments is well managed.

Required actions:
5. MidCentral must ensure that clinical supervisors:
    - are orientated to their role
    - undertake relevant training in supervision and assessment within 12 months of their appointment as a clinical supervisor

- have ongoing access and support for professional development in fulfilling this role (standards 4.3.3 and 4.3.5).

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:

Interns and clinical supervisors complete beginning- and end-of-attachment meetings in a timely manner approximately 80% of the time. However, ePort data from quarter 1, 2026 shows that mid-attachment meetings were recorded as completed on time in only 49% of cases. This is a concern, as missed mid-attachment meetings reduce opportunities for interns to receive feedback and address areas for development before the end of the clinical attachment. The PES group monitors completion of these meetings and sends reminders to interns and clinical supervisors, in addition to the automated reminders sent by the Council.

Interns and the PES group demonstrated a good understanding of PDP goals and intern self-reflections.

The CMO, DMT and PES group are highly engaged in supporting interns. They meet regularly to discuss interns who may be experiencing performance concerns, adversity or stress. MidCentral provided a thorough document outlining how to support interns experiencing difficulty, together with a strong performance management plan template. The panel heard meaningful examples of how these documents have been used in practice, and it was evident that appropriate structures are in place to support interns experiencing difficulty. However, clinical supervisors reported less awareness of these processes, although were generally aware of their initial responsibility when such a situation arose.

MidCentral has a proven track record of maintaining a good relationship with the Council. The panel heard satisfactory examples of the Council being notified where appropriate. The relatively flat hierarchy enables the CMO, DMT and PES group to contact the Council when necessary.

Recommendations:

- MidCentral should ensure that clinical supervisors understand the processes for addressing and escalating concerns about intern performance (standard 4.4.2).

Required actions:

6. MidCentral must ensure that formal feedback is provided to interns midway through the attachment and documented 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
- met Council's requirements for advanced cardiac life support (ACLS), as set out in the Council's policy on the advanced cardiac life support requirement for PGY1 interns.

4.5 Advisory panel to recommend registration in the General scope of practice

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:
MidCentral has an established process for convening advisory panels to consider the progress of each eligible intern at the end of the PGY1 year. The panel composition aligns with the Council's requirements. Panel members follow Council's Advisory Panel Guide and ePort guidance when reviewing each intern's record and making recommendations.

The MAU assigns and monitors each intern's progress through their attachments and maintains oversight of which interns are eligible for advisory panel consideration. There is a standardised process for scheduling end-of-PGY1 advisory panel meetings, including arrangements for interns whose timing falls outside the usual annual cycle.

The DMT and MAU ensure that eligible interns are reminded of the requirements for applying for registration in the General scope of practice through ePort. Interns receive information ahead of the advisory panel process about the evidence they need to have completed, and the MAU follows up outstanding applications or incomplete documentation.

In making recommendations for registration in the General scope of practice, the advisory panel reviews whether the intern has satisfactorily completed four accredited clinical attachments; substantively attained the learning outcomes in the 14 learning activities; developed an acceptable PDP for PGY2; and achieved the required ACLS certification.

Required actions:
Nil

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:

MidCentral has clear monitoring mechanisms to ensure that eligible PGY2 interns apply to have the endorsement removed from their practising certificates. The MAU tracks PGY2 interns' progress through their attachments and monitors eligibility for endorsement removal. Interns are notified when they need to apply, and the MAU follows up outstanding applications and alerts the relevant PES where further action is required. This provides an effective check that eligible PGY2 interns complete the application process in a timely manner.

The PES group reviews the progress of interns who have applied for endorsement removal, including checking completion of PGY2 requirements such as satisfactory clinical attachments, ePort requirements and multisource feedback.

Required actions:

Nil

5 Monitoring and evaluation of the intern training programme

5	Monitoring and evaluation of the intern training programme
5.1	Processes and systems are in place to monitor the intern training programme with input from interns and supervisors.
5.2	There are mechanisms in place that enable interns to provide anonymous feedback about their educational experience on each clinical attachment.
5.3	There are mechanisms that allow feedback from interns and supervisors to be incorporated into quality improvement strategies for the intern training programme.
5.4	There are mechanisms in place that enable interns to provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training.
5.5	The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns.
5.6	There is a process to address any matters raised by Council in relation to training, including those arising from accreditation visits.
5.7	The training provider reports to Council annually against these standards to advise on significant changes to its intern training programme.

5. Monitoring and evaluation of the intern training programme			
	Met	Substantially met	Not met
Rating		**X**	

Commentary:

Comments:

MidCentral has various mechanisms to monitor the intern training programme. Interns are able to provide feedback on the training programme through surveys such as PHEEM and feedback forms after each formal education session; via the Intern Teaching Group; or *ad hoc* through the Medical Education House Officer, PESs, MAU and the DMT.

Intern participation in feedback surveys has not been strong over recent years and a new shorter survey has been developed but not yet implemented. The intern training programme team has recently sought the input of MidCentral's quality team in making improvements to their monitoring and evaluation processes.

Interns report that they do not feel that their feedback is sufficiently anonymous, both in relation to their educational experience on their clinical attachments, and in relation to those involved in their training, including RMO unit staff and prevocational educational supervisors. The challenge of gathering anonymous feedback as a smaller training programme was acknowledged.

There are mechanisms that allow feedback from interns and supervisors to be incorporated into quality improvement strategies for the intern training programme. The ITAG and the Intern Teaching group both include intern representatives. Issues raised by clinical supervisors are discussed at PES meetings. It is anticipated that issues raised from both interns and supervisors will feed into the new Intern Training Action Plan. A recent example of change arising from intern feedback was the strengthening of simulation-based medical education in the formal teaching programme, initiated by the medical education house officer.

There are *ad hoc*, informal processes where clinical supervision effectiveness is discussed between interns and PESs, and with supervisors and PESs seeking feedback from interns in end of attachment feedback. However, MidCentral does not have a structured process to routinely evaluate supervisor effectiveness.

MidCentral has structures and processes in place to address matters raised by the Council in relation to training. The new ITAG group will be integral to this.

MidCentral reports to the Council annually against standards and to advise on significant changes to its intern training programme.

Required actions:

7. MidCentral must ensure there are mechanisms that enable interns to provide anonymous feedback about their:
    - educational experience on each clinical attachment.
    - prevocational educational supervisors, RMO unit staff and others involved in intern training (standards 5.2 and 5.4).
8. MidCentral must routinely evaluate supervisor effectiveness taking into account feedback from interns (standard 5.5).

6 Implementing the education and training framework

6.1	Establishing and allocating accredited clinical attachments
6.1.1	Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.
6.1.2	The training provider has processes for establishing new clinical attachments.
6.1.3	The process of allocation of interns to clinical attachments is transparent and fair.
6.1.4	The training provider has a system to ensure that interns' preferences for clinical attachments are considered, taking into account the 14 learning activities and the intern's individual PDP goals in the context of available positions.

6.1 Establishing and allocating accredited clinical attachments			
	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

MidCentral has processes and mechanisms to maintain the currency of accredited clinical attachments. The MAU manager conducts an annual review of hospital clinical attachments to confirm that clinical supervisors remain current. Significant changes to a clinical attachment trigger reassessment, which the MAU completes in conjunction with the DMT.

MidCentral has a thorough process for establishing new clinical attachments. For community-based attachments, the DMT works with external providers to outline the requirements and expectations of intern placements, define the scope of practice, confirm supervision arrangements and provide support with ePort. MidCentral formalises these arrangements through a memorandum of understanding. For new hospital attachments, the MAU manager works with the department to ensure the attachment meets interns' learning needs and provides appropriate training and supervision. MidCentral submits final documentation to the Council for approval.

MidCentral has clear and transparent processes for allocating clinical attachments. Incoming PGY1 interns provide their attachment preferences to the MAU, and MidCentral allocates attachments based on preferences and consultation with PES representatives. PGY2 allocation takes account of interns' intentions and occurs in consultation with the intern's PES, the DMT or an SMO who provides collegial support. PGY2 interns also rank their preferences for community-based attachments, and interns reported that they are often matched to their first choice.

The PES group, in liaison with the DMT, reviews the attachments undertaken by interns to ensure they receive a broad and balanced range of clinical experiences that align with their PDP goals and career progression.

Required actions:

Nil

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:

MidCentral interns confirmed that their duties, rostering, working hours and supervision support high-quality training and safe patient care. MidCentral uses templated rosters that meet the requirements of the relevant collective agreements.

MidCentral provides a clinically and culturally safe working and training environment. Interns described a positive and inclusive culture and reported strong support from registrars, senior medical officers and clinical supervisors.

The PES team, MAU and medical education house officer provide active pastoral care and wellbeing support. The MAU manager has deep institutional knowledge and humanises the interface between interns and operational needs. Interns can access the employer assistance programme (EAP) for counselling and are encouraged during orientation to register with a GP. Interns also receive career advice through clinical supervisors, PESs and the annual Careers Café, which enables them to engage with SMOs from a wide range of specialties.

The MAU coordinates access to medical education leave through a fair and transparent process. Interns are encouraged to plan leave in advance, and the MAU actively monitors wellbeing by supporting interns to take appropriate leave and maintain a healthy balance throughout the training year.

MidCentral recognises interns' cultural obligations, including attendance at tangihanga, and provides flexibility to accommodate these obligations. Professional supervision for Māori interns was previously available but has now ceased because of funding constraints. A PES holds a dedicated portfolio for providing supervision and support to Māori interns. Interns can request additional Māori health support, but further awareness of the availability of this support could be beneficial.

Commendations:

- MidCentral is commended for its MAU manager who has deep institutional knowledge and humanises the interface between interns and operational needs.

Required actions:

Nil

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:

MidCentral provides interns with clear and accessible information about the intern training programme. The MAU sends regular email updates and essential information about teaching sessions, grand rounds and programme requirements. The medical education house officer also supports communication with interns and helps ensure that key information is accessible and timely.

Required actions:
Nil

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:
MidCentral has processes to support interns to address problems with training, supervision and training requirements while maintaining appropriate confidentiality. Interns reported that they feel well supported by clinical supervisors, PESs, the DMT and CMO. They also feel comfortable raising concerns with the MAU, intern representatives and the medical education house officer, who escalate issues appropriately.

MidCentral has a clear intern-in-difficulty procedure, and PES management of these interns is supported and peer reviewed by PES colleagues. This supports timely, impartial resolution of training-related problems and disputes.

Required actions:
Nil

7 Facilities

7	Facilities		
7.1	Interns have access to appropriate educational resources, facilities and infrastructure to support their training.		
7. Facilities			
	Met	Substantially met	Not met
Rating	**X**		
Commentary:			

Comments:
MidCentral provides appropriate facilities, educational resources and infrastructure to support intern training and education.

The centrally located RMO lounge gives interns space to rest, socialise, eat and store belongings. Its location supports interns' day-to-day workflow, with the MAU immediately next door and pastoral care and administrative support readily accessible. A nearby computer lab connected to the hospital network enables interns to complete administrative tasks. The adjacent sleep room provides three beds and also stores intern scrubs, allowing interns to change before and after shifts. However, privacy is limited and noise from other users may disturb interns using the room.

The lecture theatre, located directly upstairs from the RMO lounge, supports handovers, formal teaching sessions and grand rounds. The hospital library provides 24-hour access for study and administrative work, and interns can access academic and clinical resources through the library, including online references, databases and journals. Interns also have access to reliable Wi-Fi.

MidCentral has a simulation suite within a short walk of the main hospital block. The suite includes an advanced high-fidelity manikin, which MidCentral utilises in the intern teaching programme for simulation-based medical education.

The café provides a range of food options and comfortable indoor seating with substantial natural light and views of the surrounding landscape. It remains open into the evening, and MidCentral has systems in place to ensure interns working after-hours shifts have reliable access to meals.

Required actions:
Nil