Te Kaunihera Rata
o Aotearoa

Medical Council of New Zealand

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

Date of site visit: 5 and 6 November 2024
Date of report: 27 March 2025

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 Te Whatu Ora – Health New Zealand Southern

Name of training provider:	Te Whatu Ora – Health New Zealand Southern
Name of sites:	Dunedin Hospital Southland Hospital
Date of accreditation visit:	5 and 6 November 2024
Accreditation visit panel members:	Prof Phillippa Poole (Accreditation panel chair) Dr Curtis Walker Dr Alexandra Muthu Ms Kim Ngarimu Dr CC Zheng Dr Janet Ballantyne Mr Chris Jenkinson Ms Lizzie Masters (observer)
Date of previous accreditation visit:	26 August 2020
Key staff the accreditation visit panel met:	
General Director of Operations:	Hamish Brown
Chief Medical Officer:	David Gow
Director of Prevocational Training:	Kathryn Forwood
Prevocational Educational Supervisors:	Brendan Arnold Rebecca Ayers Anthony Buddle Sine Donnellan John Edmond Nick Fischer Frederiek Heenan-Vos Adam McLeay Mavis Orizu Tracey Putt
RMO unit staff:	Rhonda Skilling Caroline Collins Marlene Griffin Debbie Schaaf Anj Parry Anel Swarts Linda Mitchell
Key data about the training provider (as of 25/02/2025):	
Number of interns at training provider: 83	

Number of PGY1s:	43	Number of PGY2s:	40
Number of accredited clinical attachments:		63	
Number of accredited community based attachments:		13	

Section A – Executive summary

An accreditation panel of Te Kaunihera Rata o Aotearoa, Medical Council of New Zealand (Council) has assessed Te Whatu Ora – Southern's prevocational training programme 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 Southern, all clinical education and training and RMO unit staff, Māori staff and interns. Their warm welcome, hospitality and careful preparation for the visit was appreciated. The documentation provided was concise and relevant, showing a good degree of openness and self-reflection on the challenges of providing prevocational training in the Southern district.

The panel visited both Southland and Dunedin hospitals and heard from the majority of prevocational educational supervisors (PESs) and a number of clinical supervisors, including from the Gore community-based attachment (CBA). This gave a good insight into prevocational training strengths and challenges across the district.

Context
In common with other Te Whatu Ora districts, prevocational training in Southern has been affected by the Covid-19 pandemic, major changes in the health system, fiscal constraints and staffing shortages. In addition, the panel noted some unique challenges, particularly relating to the large size of the district with over 200km between the two main training sites in Dunedin and Invercargill. Until 2010 these were different district health boards (DHBs), with efforts to coordinate training between the two sites ongoing. The panel considered there needed to be greater equivalence across sites in content of intern teaching, access to leave, and facilities.

Interns
Across the district, the number of interns is relatively stable, with around 40 PGY1s, and 50 PGY2s. Many of the interns attended Ōtākou Whakaihu Waka | University of Otago which in itself speaks to the strength of intern training that so many return for intern years. While there were relatively few interns at the meetings, their reports, combined with survey data, suggest a group of engaged interns who felt safe and generally satisfied with their experiences, as well as the extent to which their voice is heard in the governance structure.

Leadership and trajectory
The panel recognised the enthusiasm and commitment of all those who work with interns. Further, there are strong relationships with Māori providers and local educational institutions.

Since the last Council accreditation visit in 2019, significant improvements have been made to the prevocational education programme at Southern, some of which include enhanced emphasis on patient safety and cultural safety in the clinical environment; greater intern support; more CBAs including in rural or Māori health; and the growing capability of those leading education, including increases in FTE and strengthened governance. The Prevocational Medical Training Management Committee (PMTMC) and the Māori RMO Support Group established in 2023 are good exemplars.

Sustaining this positive trajectory requires a strategic plan for the ongoing development and support of high quality prevocational medical training and education across the Southern district. For example, the RMO Unit supports both operational and education functions for interns, so ensuring an appropriate level of support of the two functions is important.

Intern training programme

For the most part, the elements of the Southern intern training programme work well. There are several areas for action as indicated in this report, many of which were self-identified. Examples include handovers in particular attachments, hauora Māori teaching in Southland, and self-care content in the formal programme. Other areas for improvement relate to how attachment descriptions are updated, transparency and timeliness of some attachment allocations; avenues for intern feedback, and facilities such as sleeping quarters and bathrooms for interns.

In closing, the consistency in the self-assessment and findings at the visit gave the panel confidence that prevocational education and training is strong and well led in the Southern district, with an ongoing commitment to providing a high-quality environment for prevocational medical education and training.

Summary of findings

Overall, Southern has met 11 of the 21 sets of Council's 2022 *Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers*.

13 required actions were identified, along with 12 recommendations and 10 commendations.

Standard	2024 findings		Required actions
1 – Strategic priorities		Substantially met	1
2 – Organisational and operational structures	2.1 The context of intern training	Substantially met	1
	2.2 Educational expertise	Met	
	2.3 Relationships to support medical education	Met	
3 – The intern training programme	3.1 Programme components	Substantially met	5
	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	1
	4.2 Supervision – prevocational educational supervisors	Met	
	4.3 Supervision – clinical supervisors	Met	
	4.4 Feedback and assessment	Substantially met	
	4.5 Advisory panel to recommend registration in the General scope of practice	Met	
	4.6 End of PGY2 – removal of endorsement on practising certificate	Met	
5 – Monitoring and evaluation of the intern training programme		Substantially met	2
6 – Implementing the education and training framework	6.1 Establishing and allocating accredited clinical attachments	Substantially met	3
	6.2 Welfare and support	Substantially met	
	6.3 Communication with interns	Met	
	6.4 Resolution of training problems and disputes	Met	
7 - Facilities		Met	0

Required actions

Required action	Standard
1. Southern must develop a strategic plan for the ongoing development and support of high quality prevocational medical training and education across the Southern district.	**Strategic priorities** **1.2:** The training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education.
2. Southern must adequately resource the educational aspects of the intern training programme.	**Organisational and operational structures – 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.
3. Southern must ensure structured handovers are occurring appropriately for all services in the morning, afternoon and at night.	**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.
4. Southern must ensure that interns can attend at least two thirds of formal education sessions across both training sites.	**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.
5. Southern must ensure that the Southland formal education programme provides content on hauora Māori and tikanga Māori and Māori health equity, including the relationship between culture and health.	**The intern training programme – Formal education programme** **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.

6. Southern must review and map the provision of formal teaching sessions in the non-clinical domains of professionalism and self-care, and ensure that these are offered throughout the year so that interns have sufficient opportunities to attend.	**The intern training programme – 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. **3.3.5:** 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.
7. Southern must ensure formal written attachment-specific orientation materials and in person orientation is provided at the start of each clinical attachment, including to those who are absent on the first day of the 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.
8. Southern must ensure that systems are in place to ensure that clinical supervisors meet with interns at the beginning, middle and end of each clinical attachment, and record these meetings 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.
9. Southern must establish a mechanism for interns to provide feedback on RMO unit staff and others involved in intern training.	**Monitoring and evaluation of 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.
10. Southern must establish a mechanism to routinely evaluate clinical 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.
11. Southern must ensure processes and mechanisms are in place to ensure the currency of accredited clinical attachments.	**Implementing the education and training framework – Establishing and allocating accredited clinical attachments** **6.1.1:** Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.

12. Southern must ensure the process of allocation of interns to clinical attachments is transparent and fair.	**Implementing the education and training framework – Establishing and allocating accredited clinical attachments** **6.1.3:** The process of allocation of interns to clinical attachments is transparent and fair.
13. Southern must ensure applications for annual leave are dealt with fairly and transparently.	**Implementing the education and training framework – Welfare and support** **6.2.7:** Applications for annual leave are dealt with fairly and transparently.

Section B – Overall outcome of the accreditation assessment

In March 2025, Te Rōpū Mātauranga | The Education Committee of Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) considered this report and resolved that:

- the overall outcome of the assessment for accreditation of Te Whatu Ora – Southern is **'substantially met'**, and
- Te Whatu Ora – Southern is accredited for a period of 4 years, until **31 March 2029**, subject to the following conditions:
  - Southern must provide progress reports that satisfy the Council that its required actions on its accreditation have been addressed, by the dates specified by the Council
  - Southern must provide annual reports to Council for the period of its accreditation.

Section C – Accreditation standards

1 Strategic priorities

1	Strategic priorities
1.1	High standards of medical practice, education, and training are key strategic priorities for the training provider.
1.2	The training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education.
1.3	The training provider's strategic plan addresses Māori health and health equity.
1.4	The training provider has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice.
1.5	The training provider ensures intern representation in the governance of the intern training programme.
1.6	The training provider will engage in the regular accreditation cycle of the Council, which will occur at least every four years.

1. Strategic priorities

	Met	Substantially met	Not met
Rating		**X**	

Commentary:

Comments:

The panel found ample evidence from meetings with senior management, prevocational educational supervisors and interns, and in written reports, that Southern is committed to high quality medical practice and has a commitment to prevocational training at the highest levels of the organisation.

The Chief Medical Officer (CMO) sits on the Executive Leadership Team, and led prevocational training prior to the appointment of a 0.3FTE director of clinical training (DCT) role. In Southern, this role is named Medical Director Prevocational Education. Recently, a 0.3FTE RMO unit Medical Director was added to help with operational aspects, and with RMOs in PGY3 and above. The CMO retains overarching training governance, delegating responsibility for provision of prevocational training to the DCT.

Strategic and operational oversight of Southern prevocational education and training sits with the Prevocational Medical Training Management Committee (PMTMC). This is chaired by the DCT and meets monthly. Membership includes prevocational educational supervisors (PESs), PGY1 and PGY2 intern members from both Dunedin and Southland, and RMO unit staff, with others coopted as necessary. The CMO is an invited attendee. The Māori House Officers Working Group is a subcommittee of the PMTMC.

In addition to the establishment of the PMTMC, the panel noted other examples of significant developments in the wider training context since the last major accreditation visit in 2019.
These include:

- increased FTE for education and training, including a Medical Director Prevocational Education and Training (0.3 FTE); an RMO Clinical Director (0.3 FTE); and increased RMO unit staff across both sites
- an increase in the number of community-based attachments (CBAs)
- a Māori House Officers Working Group to support and develop the Māori workforce
- an increased emphasis on clinical quality and safety, e.g. the roll-out of an early warning system and emphasis on escalation protocols
- more support for interns on nights, such as an extra medical registrar on nights in Dunedin and the Patient at Risk (PAR) team.

Interns report their voice is heard in the governance structure. Examples of responsiveness include changes in the teaching programme delivery and in rostering, as well as the night support.

Recent annual reports reflect the provider's activities including a commitment to Māori health and enhanced health equity. However, there were not any future-looking strategic documents. This was attributed to ongoing national health reforms and a yet-to-be-released national health workforce strategy.

To maintain the current efforts and realise further improvement within the current environment of resource constraint, Southern will need to strategically prioritise its resources and efforts.

Southern is well-engaged with the accreditation cycles and annual reporting requirements of the Council and had no outstanding required actions at the time of this visit.

Commendations:

- Southern is commended for the strong and experienced governance and leadership of prevocational education and training, and commitment of all those involved.
- Southern is commended for increasing staff FTE in education and training.
- Southern is commended for the achievements of the DCT and the PMTMC and the Māori House Officer Working Group.

Required actions:

1. Southern must develop a strategic plan for the ongoing development and support of high quality prevocational medical training and education across the Southern district (standard 1.2).

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:

It is evident that Southern has organisational and operational structures appropriate to the intern training programme; however, there are some aspects of their functions that require strengthening.

The PMTMC plays a significant role in the governance and on-going development of the programme, the RMO unit co-ordinates and administers the programme and, alongside the HR unit, manages interns. There is no dedicated METU. The DCT has responsibility for the programme.

While there are mechanisms in place to plan for and review the intern training programme, principally through the DCT and the PMTMC, the planning and review functions tend to respond to issues as they arise, rather than being undertaken in a systematic and intentional manner. It is acknowledged that ten of the clinical attachments have recently been reviewed and reaccredited. Staff capacity was reported as a limiting factor in review of attachment currency. Southern recognises the planning challenges it faces, including requiring greater clarity around national, regional and district level responsibilities, and that the lack of planning documentation poses a risk to the programme.

Southern has also acknowledged that resource constraints impact the level of resourcing of the educational aspects of the training programme. The DCT and PESs reported a lack of administrative support for the formal teaching programme delivery, and for activities that may require extra funding such as wellbeing initiatives.

Recommendations:

- Southern should ensure a more deliberate approach to planning for, and review of the intern training programme (standard 2.1.1).

Required actions:

2. Southern must adequately resource the educational aspects of the intern training programme (standard 2.1.1).

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:

Southern articulated the medical educational principles underpinning the education and training programme, but these were not documented in any planning artefacts.

Southern has the appropriate medical education expertise available for the delivery of the programme. The DCT has a masters in clinical education, and there is significant medical education experience amongst the PES and clinical supervisor cohorts. There are linkages with external organisations, including local tertiary education providers and Māori providers also support the programme.

Recommendations:

- Southern should ensure that the medical educational principles underpinning the education and training programme are documented (standard 2.2.1).

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:

Southern has working relationships with a range of external organisations involved in training and education. These include with CBA providers; the simulation centres which are a joint venture between Health New Zealand (HNZ), University of Otago and Otago Polytechnic; and with Māori providers.

Southern co-ordinates training across its two main sites in Southland and Dunedin, which also includes co-ordination with CBA providers. WellSouth PHO provides additional weekly education opportunities for CBA placements. However, Southern acknowledged that it is a challenge to maintain the educational aspects of the programme in Southland, due to its small size, resource constraints and service demands. Interns from Southland can join Dunedin teaching via videoconference, but they prefer in-person teaching.

Southern has demonstrated that it has relationships with Māori providers, and that these relationships and its own internal efforts are focused on supporting the quality of the intern training programme. Importantly, its relationships with Māori providers, and providers focused on Māori issues, have resulted in CBAs being available in these settings. Southern is encouraged to continue with efforts to secure these on a more ongoing basis. The PMTMC has a Māori sub-committee focused on improving the experiences of Māori interns, and Māori workforce development. Other initiatives include recently providing a marae visit as part of orientation and ensuring tikanga advice forms part of guidance to staff when a patient dies.

Commendations:

- Southern is commended for having successfully established CBAs in Māori provider settings, and for focus on kaupapa Māori issues in a clinical setting.

Recommendations:

- Southern should continue to focus on ensuring that interns in Southland receive a training and education experience comparable to the one received by those who are based in Dunedin (standard 2.3.2).

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:

Interns at both Southland and Dunedin hospitals have access to a formal training programme which is supported by additional learning opportunities. In totality, this provides opportunities for interns to attain the learning outcomes for the 14 learning activities.

A range of suitable clinical attachments is available and offers a broad mix of training and experience for interns.

The introduction of a Māori house officer Working Group has allowed the development and implementation of a tikanga approach that allows a culturally safe clinical assessment of deceased patients. This is an outstanding example of interns initiating and partnering with allies to provide care in a culturally supportive manner.

The introduction of the one-day marae visit during the Dunedin orientation demonstrates excellent partnership with the local marae, providing important access to cultural learning for all interns. The panel recommend that these opportunities be extended to interns in Southland.

With additional clinical attachments being made available over the past few years, interns now have the opportunity to complete a community-based attachment. However, some CBAs are no longer available due to various reasons such as supervisor availability. Furthermore, several of the CBAs are outside of Dunedin which has meant further travel for interns and has reduced the available options for CBAs.

Interns are not rostered on night during the first six weeks of PGY1. Interns reported supportive SMOs at both sites. They advised that the increased registrar allocation at both sites improved their support and supervision overnight. The introduction of the PAR team in Dunedin also resulted in increased support overnight.

Some handovers at Southland and Dunedin hospitals are formalised and supported by registrars or consultants. A project has been launched in Dunedin to consider shifting the night shift start time to allow more time for handover in the morning, to facilitate multi-team handover by interns who have worked the night shift. However, there were several service handovers that were informal, intern led, or inconsistent. These require further attention to ensure structured handover is occurring appropriately for all services in the morning, afternoon and night. For example, at the Dunedin site, two services where improvements could be made were general medicine (afternoon handover) and surgical services (morning handover).

Interns reported that they were comfortable with the informed consent processes at Southern. PESs also reported that informed consent was part of the formal teaching programme and was asked about at end of attachment meetings.

Commendations:

- Southern is commended for the implementation of its Māori house officer Working Group. This is an outstanding example of interns initiating and partnering with allies to provide care in a culturally supportive manner.

Recommendations:

- Southern should continue to establish additional CBAs to ensure all interns have the opportunity to complete at least one CBA as one of their eight clinical attachments (standard 3.1.6).

Required actions:

3. Southern must ensure structured handovers are occurring appropriately for all services in the morning, afternoon and at night (standard 3.1.9).

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:

Although there is a system to ensure interns maintain their ePort as a record of their learning, ePort data showed that interns are not meeting with their supervisors within the expected timeframes. Changes in administrative staff in the Dunedin RMO unit have impacted on the processes which ensure timeliness of supervisor meetings and provision of supervisor feedback for interns. This is discussed further in standard four.

Interns are supported to maintain their PDP in ePort; however as meetings with clinical supervisors may be delayed, the ability of the PDP to be informed by progress on the current clinical attachment can be affected.

Southern facilitates training for PGY1s on goal setting in the PDP within the first month of the intern training programme.

Recommendations:

- Southern should mitigate for the changes in administrative staff in the Dunedin RMO Unit to ensure it does not impact on the ability to maintain timely communication and support to interns and supervisors (standard 3.2.2).

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:

There is a formal education programme which is coordinated between both sites, with local variations. The DCT takes the lead on the non-clinical teaching at Dunedin and provides the lead PES at Southland with the list of teaching topics. Interns from Southland attend some Dunedin sessions via video conference and there are some sessions which are delivered in person at both sites. Interns and PESs expressed a strong preference for face-to-face teaching.

The interns generally valued the quality of the education programme and have opportunities to provide feedback on topics. Some interns were unclear about how to achieve learning activity 14 (contribute to a culture of safety and improvement), specifically relating to learning about their own sustainable health and wellbeing, and professional responsibilities (e.g. maintaining professional boundaries). The formal education programme does offer some sessions in these areas, however not all interns are able to attend. Some supervisors do provide informal teaching and mentoring on these topics.

Intern attendance at formal education sessions is less than two thirds of the available sessions. Interns report that barriers to attendance are primarily clinical workload, timetable clashes and service vacancies preventing their release from their clinical service. PGY2 interns face similar barriers to regular attendance at teaching sessions.

The teaching programme particularly in Southland did not have sufficient content regarding hauora Māori and the panel heard that there was a lack of expertise to deliver this which was attributed to recent Te Whatu Ora restructuring and vacancies.

Southern provides a broad range of opportunities for additional work-based teaching and training through informal teaching within clinical attachments from clinical supervisors, other SMOs and registrars.

Required actions:

4. Southern must ensure that interns can attend at least two thirds of formal education sessions across both training sites (standard 3.3.2).
5. Southern must ensure that the Southland formal education programme provides content on hauora Māori and tikanga Māori and Māori health equity, including the relationship between culture and health (standard 3.3.4).
6. Southern must review and map the provision of formal teaching sessions in the non-clinical domains of professionalism and self-care, and ensure that these are offered throughout the year so that interns have sufficient opportunities to attend (standards 3.3.1 and 3.3.5).

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:

A thorough, week-long orientation is provided at both Southland and Dunedin, at the start of the year and for interns commencing employment mid-year. This included a Marae visit for Dunedin based interns which was highly valued by interns.

Interns reported that some services are not providing a formal orientation at the start of their attachments. Interns reported that they often orientate each other verbally before starting a new attachment.

Required actions:

7. Southern must ensure formal written attachment-specific orientation materials and in person orientation is provided at the start of each clinical attachment, including to those who are absent on the first day of the attachment (standard 3.4.2).

3.5 Flexible training

3.5.1 Procedures are in place and followed, to guide and support supervisors and interns in the implementation and review of flexible training arrangements.

3.5 Flexible training			
	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

There is no formal flexible training policy for interns at Southern. Informal approaches are considered on an ad hoc basis. The National Flexible Options programme is being considered for adoption in 2025. Where interns have health issues, Occupational Health is available to support the RMO unit to develop suitable flexible training plans.

Recommendations:

- Southern should adopt the national Flexible Options Policy once agreed or develop a similar local policy if there are delays (standard 3.5.1).

4 Assessment and supervision

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

Comments:
Southern has systems in place to ensure that all interns and those involved in prevocational training understand the requirements of the intern training programme, however, meetings with interns showed that there appears to be a knowledge gap with interns regarding their understanding of the requirements.

The requirements are outlined in the start of year orientation and when the interns have their initial meeting with their PES. In addition, checklists are provided to the interns, clinical supervisors and PESs outlining the requirements and each group's role. The RMO unit has introduced a portal that has a Prevocational Medical Training page.

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:
Southern has an appropriate ratio of prevocational educational supervisors to interns. One of the three Southland PESs has resigned, but has agreed to stay on until a replacement is found.

The PESs attend an annual prevocational educational supervisor meeting run by the Council. The DCT has direct oversight of the PES group, holds annual appraisals and has instituted a 360-degree assessment as part of this in 2024. PESs are members of the PMTMC and, in addition, have a fortnightly peer group meeting.

PESs feel they can manage the administration tasks associated with their positions without the need for additional support.

Commendations:

- Southern is commended for the DCT's ongoing efforts to improve the training experience of the interns at Southern (standard 4.2.3).

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:

Clinical supervisors are selected by their department. They meet the Council's requirements of being vocationally registered and they reported that they have the appropriate time and resources to meet the requirements of their roles.

Interns report that they are well supported by SMOs and registrars. Dunedin has introduced a Patient at Risk (PAR) team and a second medical registrar on nights. Southland is in the process of setting up a PAR team.

The clinical supervisors receive training from several sources. A number of vocationally registered specialists undergo mandatory supervisor training as part of their college supervisor requirements. New supervisors complete the Council's ePort training package. In addition, the DCT has attended several departmental meetings to provide updates on the prevocational programme and has chaired education evenings that are open to both hospital and CBA clinical supervisors.

The intern's PES provides supervision whilst on relief rotations. The interns are provided with a relief logbook to assist with feedback and supervision.

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:

There are processes in place to ensure regular formal feedback is given to interns and documented on ePort. Completion of documentation of clinical supervisor meetings in ePort is monitored by the RMO unit, however ePort data shows that meetings between interns and clinical supervisors are not occurring in a timely manner.

There are systems in place to identify interns not performing at the required standard of competence and escalation plans for both the clinical supervisors and PESs (known as the "Doctors for monitoring" pathway). However, there appears to be some knowledge gaps amongst the clinical supervisors regarding these processes.

Part of the "Doctors for monitoring" pathway includes notification to the Council in a timely fashion should this be required.

Recommendations:

- Southern should regularly remind clinical supervisors of the pathways for escalating concerns regarding an intern in difficulty (standard 4.4.2).

Required actions:

8. Southern must ensure that systems are in place to ensure that clinical supervisors meet with interns at the beginning, middle and end of each clinical attachment, and record these meetings in ePort in a timely manner (standard 4.4.1).

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

4.5.1 The training provider has established advisory panels to consider progress of each intern at the end of the PGY1 year that comprise:

- a CMO or delegate (who will chair the panel)
- the intern's prevocational educational supervisor
- a second prevocational educational supervisor
- a layperson.

4.5.2 The panel follows Council's *Advisory Panel Guide & ePort guide for Advisory Panel members*.

4.5.3 There is a process in place to monitor that each eligible PGY1 is considered by an advisory panel.

4.5.4 There is a process in place to monitor that all interns who are eligible to apply for registration in the General scope of practice have applied in ePort.

4.5.5 The advisory panel bases its recommendation for registration in the General scope of practice on whether the intern has:

- satisfactorily completed four accredited clinical attachments
- substantively attained the learning outcomes outlined in the 14 learning activities of the curriculum
- developed an acceptable PDP for PGY2, to be completed during PGY2
- achieved advanced cardiac life support (ACLS) certification at the standard of the New Zealand Resuscitation Council CORE Advanced less than 12 months old.

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

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

Southern conducts advisory panels at the end of the PGY1 year to review their progress and recommend progression to general registration should the intern meet the criteria set out by the Council. The composition of the panel is as recommended by the Council.

Southern has processes in place to monitor that eligible PGY1s are considered by an advisory panel and have applied for General scope in ePort. Southern has established checklists for both interns and the

PESs to ensure their ePort is up to date for these processes. The checklists are well used and appreciated by PESs. In addition, reminders are sent via email, and it is discussed at intern teaching.

Commendations:

- Southern is commended on its advisory panel checklists for the PESs and interns.

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:

There is a monitoring mechanism in place to ensure that eligible PGY2s apply to have their endorsement removed, and that PESs review the intern's application in a timely manner.

PESs and interns have a checklist of requirements for endorsement removal. PESs remind interns to apply for endorsement removal and ensure the Council's requirements are met.

Commendations:

- Southern is commended for its endorsement removal checklists for the PESs and interns.

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:

Southern has a range of processes and systems to monitor the intern training programme. Input from interns is received through the intern representatives on the governance group, from 'meet the boss' meetings held by the Group Director of Operations (GDO), CMO and DCT, the structured questions the PESs ask of interns at the end of clinical attachment meetings, and a range of evaluation surveys. Service demands can impact consistent attendance from the intern representatives at the governance group meetings.

PESs provide significant input into the intern training programme. They are members of the governance group, have monthly peer group meetings to discuss the training programme, and have formal reviews with the DCT. Recently, PESs have been allocated a 'portfolio' to lead.

The DCT has set up evening meetings with clinical supervisors in CBAs which provides an excellent opportunity for organisations hosting CBAs to provide input. However, in general, clinical supervisors' views are not routinely sought in a structured manner. Nonetheless, there is a clear 'open door' policy for providing suggestions and improvements regarding the programme.

Interns are surveyed about their educational experience at the end of each clinical attachment, via an anonymous survey.

Southern provided several examples of how feedback is used to improve the quality of intern training. Examples are the Māori house officer working group, which is leading to improvements in the provision of culturally safe care; the evening sessions hosted by the DCT with clinical supervisors at CBAs, which strengthens the relationship and provides assurance that the CBAs are providing suitable training; and the introduction of noho marae in PGY1 orientation. A limiting factor for quality improvement strategies was reported to be the amount of resource dedicated to the educational component of the training programme.

Southern has established an anonymous annual feedback survey. This survey asks a range of questions that provide valuable information on the quality of the training programme. It also includes questions on

the quality of supervision from PESs. However, it does not seek feedback on RMO unit staff or others involved in intern training either in this survey or through any other mechanism.

Southern has an effective system of evaluating the effectiveness of its prevocational educational supervisors. Interns provide feedback on PESs in the annual feedback survey. The DCT also conducts a formal review of PESs. Notably, this included a 360-degree review process in 2024.

Southern seeks input on interns' clinical attachment experience, and has recently commenced providing aggregated feedback to clinical services where anonymity can be maintained. This did not appear to be cascaded to individual clinical supervisors nor used to commend or improve clinical supervisor effectiveness.

Southern has been responsive and proactive in addressing matters raised by the Council in relation to training, demonstrated by the commitment particularly of the CMO and DCT. Its governance committee provides a mechanism for considering matters raised.

Southern reports to the Council annually against the prevocational medical training accreditation standards.

Recommendations:

- Southern should strengthen the processes and systems for clinical supervisors to provide formal input into the intern training programme (standard 5.1).
- Southern should consider how to more effectively inform supervisors and interns about the outcome of their feedback (standard 5.1).

Required actions:

9. Southern must establish a mechanism for interns to provide feedback on RMO unit staff and others involved in intern training (standard 5.4).
10. Southern must establish a mechanism to routinely evaluate clinical 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:

Southern has increased its RMO unit staffing since the last accreditation which, among other activities, has allowed the review of ten clinical attachments. However, Southern reports the RMO Unit Coordinator role will soon be vacant and it is unclear how the ongoing review of clinical attachments will continue.

Southern has processes for establishing new clinical attachments including meetings between the RMO unit, DCT and the service in question. This is evidenced by the initiation of multiple CBAs since the last accreditation. Clinical supervisors are contacted by the DCT and sent the Council guide.

The RMO unit sends Southern interns a survey regarding their clinical attachment preferences and career aspirations for PGY1 and PGY2. PESs report they are not involved with intern allocations and encourage interns to resolve concerns with the RMO unit if possible. The RMO unit staff perform the allocations taking into account intern preferences, PDP goals and the 14 learning activities.

However, interns raised concerns regarding the transparency and fairness of clinical attachment allocation. The process of how allocations are made was not sufficiently transparent to interns and there were reported concerns around preferential treatment. Interns reported that attachment allocations were sometimes given with only 4 weeks' notice, and some would have to move large distances away for CBAs. If an intern's circumstances preclude them from an allocated clinical attachment, the RMO unit or the DCT will attempt to resolve this issue with the intern. Clinical attachment swaps are facilitated by the RMO unit when possible if both interns agree.

Commendations:

- Southern is commended for its establishment of multiple new community based clinical attachments since the last accreditation.

Required actions:

11. Southern must ensure processes and mechanisms are in place to ensure the currency of accredited clinical attachments (standard 6.1.1).
12. Southern must ensure the process of allocation of interns to clinical attachments is transparent and fair (standard 6.1.3).

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:

Acknowledging the nationwide short staffing in health, interns felt their duties and supervision were consistent with high quality training and safe patient care. There is continuous work being done to improve this, including a current review of after-hours duty allocation to more evenly spread workload and ensure patient safety and intern wellbeing.

Interns report positively on their current working and training environment feeling culturally safe and free from bullying, discrimination or harassment. In particular, the Southland interns felt their relationship with more senior staff allowed safe and high-quality training. A recent "SMOs in Pyjamas" campaign was made to reduce concern around calling SMOs after hours by RMOs and enhance the safety of the working environment. The panel heard that previous factors contributing to a less safe environment were being resolved by Dunedin and Southland, and interns reported that the steps put in place have resulted in a safe training and working environment.

The Māori House Officer Working Group does commendable mahi for enhancing the cultural safety of interns' working and training environment. For example, they are currently introducing Ipu Mārie/Dedication to Death boxes across Dunedin and Southland hospitals to protect interns and patients from unsafe cultural practices when certifying deaths. Southern has strong relationships with senior Māori liaison staff, university staff and community equity leaders. These connections facilitated the introduction of a Marae visit during Dunedin orientation which was well received. The Māori House Officer Working Group and RMO unit report no concerns with facilitating Māori interns to meet any additional cultural obligations.

Interns are actively encouraged to maintain their own health and welfare by the PES team, RMO unit and DCT. Interns report they are given open GP practices at orientation and personal development lectures during their formal teaching program. These teaching sessions were more prominent in Dunedin compared to Southland. Employee Assistance Programme (EAP) counselling is frequently used by interns and career advice is freely available through informal discussions with consultants and "meet the bosses" sessions at Dunedin teaching. Interns and supervisors did not appear to be aware of available occupational health and wellbeing services.

Interns can access professional development leave, if aligned with their future career plan. The process for this is published and fair. However, there was lack of transparency around how annual leave is prioritised and approved. The RMO unit considers multiple factors including cover availability, the interns' need and leave history, but this information is not published nor available to interns. When annual leave is declined as a result of no cover, this is escalated to the respective service manager, but clinical and prevocational educational supervisors are not involved with this.

Commendations:

- Southern's Māori House Officer Working Group is commended for enhancing the cultural safety of its working and training environment.

Recommendations:

- Southern should continue to establish initiatives which ensure a culturally safe working and training environment, which is free from bullying, discrimination, and sexual harassment (standards 6.2.2 and 6.2.3).

Required actions:

13. Southern must ensure applications for annual leave are dealt with fairly and transparently (standard 6.2.7).

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:

Southern provides information to interns on the training program in multiple ways including during orientation, through regular emails, meeting with PESs, and the RMO unit portal. Information is also integrated within the formal teaching program by the DCT. Checklists regarding the general registration and endorsement removal processes are readily available and communicated to interns and supervisors at appropriate times. If any uncertainties arise, interns feel there is an open-door policy and welcoming culture to ask for clarity.

6.4 Resolution of training problems and disputes

6.4.1 There are processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality.

6.4.2 There are clear and impartial pathways for timely resolution of training-related disputes.

6.4 Resolution of training problems and disputes

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

Interns feel well supported to address problems with training supervision or requirements if they should arise and trust they would be dealt with appropriately. Southern interns, supervisors and the DCT can articulate pathways for escalation if there are concerns regarding training-related disputes. Each level of staff understands their responsibility when involved with a dispute. There are formalised policies for interns in difficulty but not for training-related disputes.

Recommendations:

- Southern should consider formalising its pathways for timely resolution of training-related disputes (standard 6.4.2).

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:

Southern has access to a wide range of teaching facilities including simulation laboratories, lecture theatres/rooms and libraries. They provide access to a wide range of online resources like journals, UpToDate and eBooks too. Interns reported no concerns with Wi-Fi access.

Intern teaching rotates across different settings in Dunedin pending availability especially since increasing sessions to three times a week. Many spaces are shared with the University of Otago which can be challenging to coordinate at times. Video-conferencing sessions can be inconsistent for off-site interns due to a lack of administrative support that requires on-site interns to log in and stream.

Both Southland and Dunedin hospitals have an RMO room with night shift food supplies, computers and couches. Neither of the RMO lounges have beds to sleep on for interns on night shift. There were also concerns raised that Dunedin hospital lacks a private space for interns to breast-feed or change into scrubs. Interns at both sites reported extra computers in the RMO room could improve access to online resources.

Southland has a unique set up where the RMO unit staff, PESs, other consultants, RMO lounge and teaching room all occupy the same non-clinical space. This promotes a collegial environment and open-door policy but there is minimal capacity to accommodate more people. During DCT visits, there are only clinical spaces available resulting in a lack of visibility to interns and difficulty in conducting confidential meetings. The Dunedin RMO unit has its own private space but its manager and the DCT are in another part of the hospital.

The staff cafeterias in both Dunedin and Southland provide cold and hot meals with adequate seating available.

Southland has access to a large carpark onsite. Dunedin hospital offers carparking onsite for after-hours staff to improve safety and ease. There is no dedicated parking for day staff but there are private parking facilities and off-street parking available to interns if they need.

Recommendation:

- Southern should ensure there are appropriate facilities for interns, including a bed with sheets and a private area to breast-feed or change into scrubs (standard 7.1).