Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

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

Date of site visit: 29 and 30 April 2025
Date of report: 2 October 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 South Canterbury

Name of training provider:	Te Whatu Ora – Health New Zealand South Canterbury
Name of sites:	Timaru Hospital
Date of accreditation visit:	29 and 30 April 2025
Accreditation visit panel members:	Dr Suzanne Busch (Accreditation panel chair) Dr Hinamaha Lutui Dr David Ivory Dr Janine Stevens Dr Kate Dunstall Ms Kiri Rikihana Ms Marece Bentley (observer)
Date of previous accreditation visit:	24 and 25 July 2018
Key staff the accreditation visit team met:	
Lead – Group Director of Operations:	Rachel Mills
Chief Medical Officer:	Cecilia Smith-Hamel
Prevocational Educational Supervisors:	Sofia Huddart Sires Bharathan
RMO unit staff:	Aaron Braczek
Key data about the training provider (as of 21 July 2025):	
Number of interns at training provider:	
Number of PGY1s: 8	Number of PGY2s: 8
Number of accredited clinical attachments:	17
Number of accredited community based attachments:	2

Section A – Executive summary

An accreditation panel of Te Kaunihera Rata o Aotearoa, Medical Council of New Zealand (Council) has assessed Te Whatu Ora | Health New Zealand – South Canterbury 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 senior leadership team of South Canterbury, the Hauora Māori team, the RMO unit manager, the prevocational educational supervisors and interns for their preparation for the accreditation process. Their warm welcome, candor and active engagement with the panel throughout the visit was appreciated.

South Canterbury is a secondary care hospital providing services to a community of approximately 65,000 people. They have a diverse population including a significant refugee population. The hospital has few registrars and offers broad experience for interns working alongside consultants. The accreditation panel acknowledges the current workforce shortages across many healthcare roles and that the structural and governance changes within the health service are having a significant impact on prevocational training across the country. The accreditation panel recognises the hard work of all those who work with interns during these challenging times. It is also acknowledged that it has been more than 6 years since the last accreditation visit.

Staff at South Canterbury strive to provide excellent prevocational training and the local strategic plan for 2020/21 included prevocational training as a priority. However, currently there is no strategic plan for the South Canterbury region. The national Health New Zealand plan does not have prevocational training as a priority. South Canterbury has representation for PGY2 interns on governance committees and there is a flat hierarchy structure between interns and senior leadership which is commendable.

The prevocational training programme is overseen by the Chief Medical Officer (CMO). There are excellent relationships with the University of Otago and the Medical Education and Training unit (METU) at Waitaha Canterbury. There is no administrative support for the RMO unit manager, the prevocational educational supervisors or the CMO. Despite the best efforts of those involved with the intern training programme, tasks to monitor, implement and develop the intern training programme have been limited by the resources available.

There is a broad experience in South Canterbury. Doctors, on completion of the prevocational training programme, are well prepared and supported for a wide range of future training opportunities. There had previously been excellent initiatives with training for all staff across South Canterbury to enhance skills and knowledge in hauora Māori and cultural safety. Plans are underway for reinstituting these which is acknowledged and encouraged. South Canterbury has been proactive in providing excellent community-based attachments (CBAs) for all its interns. Interns on some CBAs do not have the ability to complete ten weeks in the attachment, due to requirements of nights rostering in the hospital.

Safety and supervision at night has been identified by South Canterbury as a problem. It has instituted over recent years a nurse-led patient at risk (PAR) team to support deteriorating patients on the wards and a yet to be filled ICU roster of registrars. Unfortunately, these have not addressed significant concerns for interns working overnight in the emergency department. Safety of interns and patients who present to the emergency department overnight has been compromised by a combination of factors. Some on call consultants have lacked professionalism when called for help, there is no emergency medicine consultant on call overnight, interns will often be on night shift in the emergency department despite having not worked days in the clinical attachment with senior oversight before, and there are only 2 interns on site overnight with duties that include being called to theatre to assist, as well as ward reviews. It was acknowledged by a range of staff that the effect of these issues was impacting the welfare of interns and patient safety.

There are some departments within the hospital who have excellent structured handover between shifts. However, the afternoon shifts and surgical team morning handovers require structure to support continuity of care for patients.

Interns at South Canterbury report that while they are not asked by others to consent for inappropriate procedures, they demonstrated a lack of understanding about the key principles of informed consent when undertaking this for their own procedures.

South Canterbury has excellent check lists to ensure that interns have good understanding of ePort and MCNZ requirements for registration. The check lists are also helpful when used by clinical supervisors, and PESs.

South Canterbury has excellent work-based teaching opportunities but has challenges with organising a formal teaching programme. There is a mixed response from senior clinicians to participate, therefore the goals of the programme for targeted teaching are not met. Fluctuating resources in the Hauora Māori team are reflected in a reduction in the previous excellent teaching sessions. A PES delivers well received teaching on self-care. It was acknowledged that there is no recording of attendance. While there is access to Christchurch teaching online this has not been utilised.

There is a comprehensive orientation programme at the beginning of the year as well as for interns who start throughout the year. South Canterbury acknowledges that orientation to clinical attachments is variable ranging from excellent documents for some departments to no documents for others.
The PESs have the appropriate number of interns and have an excellent relationship with their CMO. They do not, however, receive adequate administrative support to effectively support their role, nor do they receive feedback regarding their effectiveness.

Interns speak very highly about the supervision and experience they have at Timaru hospital by directly working with senior clinicians during the day. South Canterbury acknowledged that some clinical supervisors have lacked professionalism when involved with interns both overnight and during morning handover presentations. Overnight interns are not supervised at a level appropriate to their experience and responsibilities. Some interventions have been undertaken to mitigate this but ensuring clinical supervisors have the appropriate competencies for their roles has been identified as requiring further work. While there is information provided to clinical supervisors when they first start at South Canterbury there is no follow up system to ensure training has been undertaken.

There is a commendable relationship between the RMO unit manager and senior leadership team with the interns. Interns feel able to raise issues and there are examples of changes as a result of this. There is fair and appropriate access to leave and support for interns.
The PHEEM survey has recently been re-introduced but unfortunately uptake is very poor. It is currently managed by a PES rather than the CMO so there is not a connection to the senior leadership team. Insufficient anonymous feedback is acknowledged by South Canterbury.
The facilities at South Canterbury are appropriate and there are excellent online resources. The provision of laptops to each intern is commendable.

The panel was impressed with the connection and pride interns and staff had with Timaru hospital, each other and the region. Despite challenges faced in many areas, interns were extremely appreciative of the educational experience of working in South Canterbury.

Summary of findings

Overall, South Canterbury 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.*

20 required actions were identified, along with 6 recommendations and 7 commendations.

Standard		**2025 findings**	**Required actions**
1 – Strategic priorities		Not met	2
2 – Organisational and operational structures	2.1 The context of intern training	Met	1
	2.2 Educational expertise	Met	
	2.3 Relationships to support medical education	Substantially met	
3 – The intern training programme	3.1 Programme components	Not met	10
	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	5
	4.2 Supervision – prevocational educational supervisors	Substantially met	
	4.3 Supervision – clinical supervisors	Not met	
	4.4 Feedback and assessment	Met	
	4.5 Advisory panel to recommend registration in the General scope of practice	Met	
	4.6 End of PGY2 – removal of endorsement on practising certificate	Met	
5 – Monitoring and evaluation of the intern training programme		Not met	2
6 – Implementing the education and training framework	6.1 Establishing and allocating accredited clinical attachments	Met	2
	6.2 Welfare and support	Not 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. South Canterbury must develop a strategic plan for the ongoing development and support of high quality prevocational medical training and education, which sets out that high standards of medical practice, education and training are recognised as a local priority.	**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. South Canterbury must ensure its strategic plan for prevocational medical training addresses and integrates Māori health and health equity in the prevocational training programme.	**Strategic priorities** **1.3:** The training provider's strategic plan addresses Māori health and health equity.
3. South Canterbury must ensure that it has effective partnerships with Māori health providers that support intern training and education.	**Organisational and operational structures – Relationships to support medical education** **2.3.3:** The training provider has effective partnerships with Māori health providers to support intern training and education.
4. South Canterbury must ensure that any hospital duties required of interns on community-based attachments do not negatively impact the intern's participation and learning in the community-based attachment including the ability to complete at least ten weeks in that attachment.	**The intern training programme – Programme components** **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.
5. South Canterbury must have processes to 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.	**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.

Required action	Standard
6. South Canterbury must ensure that interns working on nights are adequately supported and supervised.	**The intern training programme – Programme components** **3.1.8:** The training provider has a process to ensure that interns working on nights are appropriately supported. Protocols are in place that clearly detail how the intern may access assistance and guidance on contacting senior medical staff. **Assessment and supervision – Supervision – Clinical supervisors** **4.3.1:** Mechanisms are in place to ensure clinical supervisors have the appropriate competencies, skills, knowledge, authority, time and resources to meet the requirements of their role. **4.3.2:** Interns are clinically supervised at a level appropriate to their experience and responsibilities. **6.2.1:** The duties, rostering, working hours and supervision of interns are consistent with the delivery of high-quality training and safe patient care.
7. South Canterbury must ensure that protocols for accessing assistance from senior medical staff during night duties are implemented safely and consistently, to support interns, and protect patient safety.	**The intern training programme – Programme components** **3.1.8:** The training provider has a process to ensure that interns working on nights are appropriately supported. Protocols are in place that clearly detail how the intern may access assistance and guidance on contacting senior medical staff. **Assessment and supervision – Supervision – Clinical supervisors** **4.3.2:** Interns are clinically supervised at a level appropriate to their experience and responsibilities.
8. South Canterbury must ensure that all clinical areas have a structured handover between all shifts to promote continuity of quality care.	**The intern training programme – Programme components** **3.1.9:** The training provider ensures there are procedures in place for structured handovers between clinical teams and between shifts (morning, evening, nights and weekends) to promote continuity of quality care. The training provider ensures that interns understand their role and responsibilities in handover.

Required action	Standard
9. South Canterbury must ensure that interns understand the requirements for informed consent, and ensure interns are able to appropriately apply the Council's policy on obtaining informed consent in all areas of their practice.	**The intern training programme – Programme components** **3.1.10:** The training provider ensures adherence to the Council's policy on obtaining informed consent.
10. South Canterbury must ensure that the formal education programme supports interns to achieve the learning outcomes outlined in the 14 learning activities that are not generally available through the completion of clinical attachments.	**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.
11. South Canterbury must ensure mechanisms to adequately record intern attendance at formal education sessions are in place.	**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.
12. South Canterbury must minimise barriers to attendance at formal education sessions, so that interns can attend at least two thirds of the formal teaching programme.	**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.
13. South Canterbury must ensure that the 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.

Required action	Standard
14. South Canterbury must ensure that there is written documentation to support effective orientation for every clinical attachment.	**The intern training programme – Orientation** **3.4.2:** Orientation is provided at the start of each clinical attachment, ensuring familiarity with key staff, systems, policies, and processes relevant to that clinical attachment.
15. South Canterbury must ensure that adequate administrative support is available to effectively support the prevocational educational supervisors in their roles.	**Assessment and supervision – Supervision – Prevocational educational supervisors** **4.2.4:** Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.
16. South Canterbury must ensure that all clinical supervisors are providing safe supervision and guidance to interns when on-call off-site.	**Assessment and supervision – Supervision – Clinical supervisors** **4.3.2:** Interns are clinically supervised at a level appropriate to their experience and responsibilities.
17. South Canterbury must establish a system to ensure clinical supervisors undertake relevant training in supervision and assessment as soon as practicable (within 12 months) after their appointment as a clinical supervisor.	**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.
18. South Canterbury must put mechanisms in place that enable interns to provide anonymous feedback: - about their educational experience on each clinical attachment that encourages intern participation - on their prevocational educational supervisors, RMO unit staff and others involved in intern training.	**Monitoring and evaluation of the training programme** **5.2 –** There are mechanisms in place that enable interns to provide anonymous feedback about their educational experience on each clinical attachment. **5.4 -** There are mechanisms in place that enable interns to provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training.
19. South Canterbury must implement a regular process to evaluate effectiveness of supervisors with a particular focus on mechanisms to support anonymity.	**Monitoring and evaluation of the intern training programme** **5.5:** The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns.

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

Section B – Overall outcome of the accreditation assessment

In October 2025, Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) considered this report and resolved that:

- the overall outcome of the assessment for accreditation of Health New Zealand | Te Whatu Ora South Canterbury is **'not met'**, and
- South Canterbury's accreditation as a prevocational training provider is extended on an interim basis to **31 August 2026**
- South Canterbury is to provide a progress report by **13 March 2026** on the specified required actions listed
- a further accreditation assessment should take place between mid-April and June 2026 to assess whether South Canterbury has addressed the Council's concerns and these required actions.

Council also resolved that South Canterbury's accreditation **will not** be extended past 31 August 2026 unless these specified required actions are addressed.

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:

South Canterbury is committed to providing access to high standards of medical practice, education, and training. This was evidenced by the articulate representations from senior leadership and staff of all levels on their support of a quality training programme.

Strategic plans provide the foundation for organisational commitment to healthcare priorities as well as indicating where resources will be allocated. The current strategic document that South Canterbury operates under is Te Pae Tata Interim Health Plan (Te Pae Tata) 2022, with the last strategic document produced by South Canterbury finalised in 2020/2021.

Te Pae Tata does not prioritise medical education and training. The South Canterbury Annual Plan 2020/21, however, was an excellent example of a relevant and tailored annual plan that focuses on organisational culture, leadership and workforce. This plan prioritised wellbeing, health equity and Māori health, and collaboration within the PGY1 & 2 training programme. Both sets of documentation are now in need of revision within the current context of health in the South Canterbury area.

South Canterbury has clear lines of accountability for the clinical governance and quality assurance processes for intern training in the overall context of quality medical practice. South Canterbury models a flat hierarchy, which allows for interns and their representatives to have easy access to the chief medical officer (CMO) and the Group Director of Operations. While there is a small pool of interns to draw upon for representation, South Canterbury does have two PGY2 representatives, but no PGY1 representative on governance committees. However, these representatives reported that they do not receive induction which impacts the ability for them to thrive in their roles.

South Canterbury engages in the regular accreditation cycle, and the reporting requirements between accreditation visits.

Commendation:

- South Canterbury is commended for the quality of its PGY2 intern representation and the encouragement to take their concerns directly to senior leadership; an outcome of the flat hierarchy in place.

Recommendations:

- South Canterbury should strongly encourage PGY1 intern representation within their intern training programme (standard 1.5).
- South Canterbury should provide an induction and ongoing support for interns taking on the PGY1 & PGY2 representative roles (standard 1.5).

Required actions:

1. South Canterbury must develop a strategic plan for the ongoing development and support of high quality prevocational medical training and education, which sets out that high standards of medical practice, education and training are recognised as a local priority (standard 1.2).
2. South Canterbury must ensure its strategic plan for prevocational medical training addresses and integrates Māori health and health equity in the prevocational training programme (standard 1.3).

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:

South Canterbury is effectively implementing and maintaining the currency of its intern training programme. In place are regular engagements between the RMO manager and PESs to support the training programme. A larger group including the CMO and RMO representatives meets regularly to discuss material issues, with a wider group meeting (that includes the entire RMO cohort) occurring quarterly.

The CMO has executive accountability for the intern training programme and is supported by the PESs and RMO manager. The CMO is also accountable for managing clinical education, professional standards and training related disputes and steps in where necessary to support the PESs and RMO manager.

The RMO manager oversees operational and organisational management for interns and other resident medical staff with regular consultation with the PESs and CMO. RMO representative meetings and the CMO-RMO mid-attachment lunch, held every three months, provide an opportunity for issues to be raised with senior hospital leadership by interns.

South Canterbury engages with the Council to notify of any change affecting the intern programme, via annual reporting and other correspondence as needed.

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:

Since the Council's previous accreditation visit in 2018, South Canterbury has continued to offer a highly effective apprenticeship model of training where the intern has a direct relationship with their clinical supervisor. This continues to foster good relationships between junior and senior staff and enhances the quality of their learning experience. Recent increases in the number of registrars in some services has been valued by interns.

The leadership and quality of the intern training programme is overseen by the PESs and the CMO, who all have significant medical education experience. Most of the teaching in the formal teaching programme is delivered by clinical supervisors, with the remainder of the programme supplemented by senior nursing, registrars and allied health staff. Of note is the weekly teaching provided by the emergency department, which all interns are encouraged to attend, and is rated highly, both in terms of content and the motivation of the ED SMOs to deliver it.

Commendation:

- South Canterbury is commended for the positive professional relationships in place between senior leadership and interns. The accessibility and visibility of the senior leadership team is highly valued by interns, and integral in the delivery of the intern training programme (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:

South Canterbury has an established link with Waitaha Canterbury's Medical Education & Training Unit (METU) to share resources and teaching.

The RMO manager regularly engages with the national Medical Education Officer (MEO) forum held online and attends fortnightly meetings with other RMO unit managers. External training opportunities are prioritised by the RMO manager, in part due to geographical workplace isolation.

South Canterbury has worked hard to strengthen its hauora Māori Team. It had established an Equity Project Group which had worked regionally with Te Whatu Ora - Southern to develop training in cultural safety and cultural competency that was embedded in intern orientation, and the orientation of other new staff at South Canterbury.

The sole local Māori health provider is Arowhenua Whānau Service. Clear efforts have been made by South Canterbury to refresh this relationship and some benefit realised with new resources now accessible via the hauora Māori team. However, the relationship has suffered through circumstances beyond the control of South Canterbury including Covid-19, and funding challenges faced by the Arowhenua Whānau Service.

This engagement to date has resulted in the development of orientation and a cultural competence training package (soon to be rolled out to all staff). However, the partnership with Arowhenua Whānau Service cannot be described yet as a sustainable one.

Required action:

3. South Canterbury must ensure that it has effective partnerships with Māori health providers and that they have the resources to support intern training and education (standard 2.3.3).

3 The intern training programme

3.1 Programme components

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

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

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

- 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:

South Canterbury provides a broad range of surgical and medical attachments to support interns to complete the requirements of the prevocational training programme. South Canterbury ensures the completion of eight accredited clinical attachments, including at least one community-based attachment (CBA), and allocations to attachments in PGY2 are made by the RMO manager with specific consideration of intern preferences and career intentions.

South Canterbury has an excellent record of ensuring that all interns complete at least one CBA during the course of the two intern years. However, rostering demands, which require interns to contribute to the weekend and night duty rosters in the hospital setting during their CBA, have had a significant impact on the time interns spend learning within the CBA environment. Employment agreement requirement for rostered days off to ensure adequate recovery time following weekend and night duties, reduces the number of days spent in the community health setting during the CBA, negatively impacting on the interns' exposure to community-based learning opportunities. During the first six months of the year, even without taking any leave, interns will spend less than ten weeks on their CBA.

Hauora Māori is acknowledged as important by both senior management and the Māori health team, however, South Canterbury has had challenges to invest in and sustain this important mahi. In 2024, South Canterbury appeared to have a well-structured programme for orientation and formal teaching of hauora Māori – however, this was missing in the 2025 orientation and teaching programme due to lack of resources.
South Canterbury is working towards re-establishing the Hauora Māori teaching in the second half of 2025. The reliance on a small team to carry out this work needs to be supported throughout the organisation.

Interns are not rostered on night duties for the first six months of PGY1.

Concerns were consistently raised regarding inadequate support and supervision for interns during night shifts at South Canterbury. There are two interns rostered to cover nights across the hospital including the emergency department (ED), the wards, and assisting with any overnight theatre cases. Safety concerns were predominantly related to the ED work. There is no emergency medicine SMO or registrar on site after midnight and no emergency medicine senior available to call for advice or assistance. While there are ICU registrars on nights, the ICU registrar roster is not complete, and when they are present, they are not available for anything outside of their scope. Therefore, intern supervision at night is provided by the on-call SMO of the relevant speciality. South Canterbury has a policy which states that interns can call upon the SMO when required overnight. However, feedback from multiple staff levels reveals that this policy is not being adhered to by all SMOs. Interns report that some of the on-call SMOs respond inappropriately to their calls. There is a reluctance to call due to this behaviour. This leaves interns vulnerable to lack of supervision and potential for patient harm. This vulnerability is heightened due to there being interns rostered on nights who have not worked in an emergency medicine clinical attachment beforehand.

South Canterbury has made some improvements in overnight support and supervision since 2022 with the introduction of ICU registrar positions, and the establishment of the nurse-led Patient At Risk (PAR) service, to support interns with the care of seriously ill and deteriorating patients. However, this additional tier of support is not always available due to ongoing gaps in the registrar rosters. There is a business case currently under consideration which seeks to further increase the level of medical staffing overnight, including increasing the availability of more senior staff either on-call or present in the ED overnight. Even if resourcing for change is achieved it will take time to recruit to positions, resulting in ongoing safety concerns with the current level of supervision.

South Canterbury has improved handovers from nightshift to the medical team after feedback from interns that the structure of the night to morning handover was not conducive to learning due toa culture of bullying. Handover from night shift to other services remains ad hoc with the interns reporting not being able to contact some SMOs about admissions. The handover from the day shift to the evening shift continues to lack structure and is left to the interns to meet when they can, to hand over to each other.

There was evidence that teaching on informed consent is part of the intern training programme, however it became apparent interns did not fully understand how to apply the informed consent process when it came to procedures that they had never undertaken or had no supervision to carry out. There was an apparent lack of understanding that omission of information, including transparency about the level of (in)experience of the doctor undertaking the specific procedure, fails to uphold the integrity of patient informed consent, and can potentially lead to safety issues for the patient, and complaints.

Required actions:

4. South Canterbury must ensure that any hospital duties required of interns on community-based attachments do not negatively impact the intern's participation and learning in the community-based attachment including the ability to complete at least ten weeks in that attachment. (standard 3.1.2).

5. South Canterbury must have processes to 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 (standard 3.1.5).
6. South Canterbury must ensure that interns working on nights are adequately supported and supervised (standards 3.1.8, 4.3.1, 4.3.2 and 6.2.1).
7. South Canterbury must ensure that protocols for accessing assistance from senior medical staff during night duties are implemented safely and consistently, to support interns, and protect patient safety (standards 3.1.8 and 4.3.2).
8. South Canterbury must ensure that all clinical areas have a structured handover between all shifts to promote continuity of quality care (standard 3.1.9).
9. South Canterbury must ensure that interns understand the requirements for informed consent, and ensure interns are able to appropriately apply the Council's policy on obtaining informed consent in all areas of their practice (standard 3.1.10).

3.2 ePort

3.2.1 There is a system to ensure that each intern maintains their ePort as an adequate record of their learning and training experiences from their clinical attachments and other learning activities.

3.2.2 There is a system to ensure that each intern maintains a PDP in ePort that identifies their goals and learning objectives which are informed by the learning activities, mid and end of clinical attachment assessments, personal interests and vocational aspirations.

3.2.3 There are mechanisms to ensure that the clinical supervisor and the prevocational educational supervisor regularly review the goals in the intern's PDP with the intern.

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

3.2 ePort

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

South Canterbury has systems in place for interns to maintain their ePort as a record of their learning and training experiences, including PDP goals and learning activity progress. Interns receive information about the role and function of ePort during orientation and this is reinforced during PES meetings. Interns are expected to take responsibility for ensuring their ePort is kept up to date but are encouraged to seek support from their PES if they are having difficulties, including any issues they face when arranging meetings with clinical supervisors.

The PESs have adopted a meeting checklist to remind interns and supervisors to regularly update PDP goals, and PESs review this at the end-of-attachment meetings.

PGY1s are provided with training on goal setting for the PDP during orientation as part of a PES session, and this is also discussed individually with each intern at the first meeting with their PES.

Commendation:

- South Canterbury is commended for adopting a checklist to guide PES meetings and tailoring it for local use (standard 3.2.3).

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:

South Canterbury has a formal teaching programme for the calendar year organised by a PES. The aim is to cover key clinical topics such as assessment and management of common conditions. Unfortunately, this is not achieved because of variable levels of non-engagement from different departments to participate in the delivery of formal teaching. There is regular weekly teaching run by the emergency department which has positive feedback, and all are invited to attend.

It can be challenging for interns to attend formal teaching and hence attain the required two-thirds attendance rate. In some specialities the SMO will hold the phone or pager for the intern to enable attendance, but for most specialities this is not the case and patient workload prevents attendance. South Canterbury does not collect attendance data for intern teaching, due to limited administrative capacity. Anecdotally, attendance has improved due to a change to alternating teaching days each week, however no formal data is available to support this.

Both PGY1 and PGY2 interns at South Canterbury have access to Waitaha Canterbury's teaching sessions, via video conferencing, and Waitaha Canterbury provides attendance records. However, the uptake of this option by interns has been very limited, due to the timing of these sessions, and work responsibilities.

Despite having an extensive orientation to tikanga Māori and hauora Māori in 2024, including 10 specific teaching sessions on a range of relevant topics, South Canterbury has not been able to fulfil this commitment in 2025 to date due to lack of resource.

The South Canterbury intern teaching programme covers key self-care topics, which are delivered by one of the PESs who has a special interest in this area.

South Canterbury provides relevant additional work-based teaching and training opportunities. The culture amongst interns themselves is supportive, and teaching that is delivered by other interns or registrars with special interests in particular topics, accompanied by ad hoc teaching and survival tips, is of great value.

Commendation:

- South Canterbury is commended for the additional work-based teaching and training opportunities provided, which are valued and sought after by interns (standard 3.3.6).

Recommendation:

- South Canterbury should continue to explore ways to support intern accessibility to Waitaha Canterbury's formal teaching sessions (standards 3.3.2 and 3.3.3).

Required actions:

10. South Canterbury must ensure that the formal education programme supports interns to achieve the learning outcomes outlined in the 14 learning activities that are not generally available through the completion of clinical attachments (standard 3.3.1).
11. South Canterbury must ensure mechanisms to adequately record intern attendance at formal education sessions are in place (standards 3.3.2 and 3.3.3).
12. South Canterbury must minimise barriers to attendance at formal education sessions, so that interns can attend at least two thirds of the formal teaching programme (standards 3.3.2 and 3.3.3).
13. South Canterbury must ensure that the 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).

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:

South Canterbury provides a structured orientation for new interns at the beginning of the year, which has been improved over the last couple of years in response to previous intern feedback. South Canterbury also has an appropriate orientation programme for interns who start part-way through the year.

The processes for orientation to each clinical attachment are variable, with some departments having well-established processes and written documentation, whilst others are based on more informal systems between interns and other RMOs. Interns commented that often they did not know what the key day-to-day tasks for an attachment was until a few weeks into that attachment, and that they gained this information through informal channels only.

Required action:

14. South Canterbury must ensure that there is written documentation to support effective orientation for every clinical 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:
South Canterbury has put procedures in place to support flexible training or working arrangements however, this has not yet been taken up to-date.

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:

South Canterbury has systems in place to ensure all interns understand the requirements of the intern training programme. The PESs outline the requirements during orientation, and this information is reinforced at the first PES meeting with each individual intern. Interns are also advised about the Council prevocational training programme guides, and these are made available to them on the hospital's intranet page.

South Canterbury has adopted a clinical supervisor check list explaining ePort and supervision requirements. Clinical supervisors however had limited or no knowledge about this resource.

Recommendation:

- South Canterbury should improve awareness for clinical supervisors about the check list resource (standard 4.1.1).

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:

There is an appropriate ratio of prevocational educational supervisors (PES) to interns at South Canterbury to oversee training and education requirements.

The current PESs have been able to attend all of the Council's annual meetings, either virtually or in person, since their appointment in 2022.

The CMO has responsibility for the oversight of the PESs. The CMO and the PESs have well-established working relationships, and there are regular intern guidance meetings attended by the PESs and the CMO to discuss educational or individual intern issues.

There is a notable lack of dedicated administrative support for the PESs. A wide range of administrative tasks related to formal intern teaching, orientation, monitoring of the training programme, responding to and reporting on requirements, and all other aspects of the intern training programme, are shared by the PESs, the CMO, and the RMO manager. This lack of administrative support impacts the ability of the PESs to support the intern training programme effectively.

Commendation:

- South Canterbury is commended on the quality of its prevocational educational supervisors, who are highly regarded by interns, and by management involved in intern training (standard 4.2.1).

Required actions:

15. South Canterbury must ensure that adequate administrative support is available to effectively support the intern training programme and the prevocational educational supervisors in their roles (standard 4.2.4).

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:

Interns report feeling well supported by their clinical supervisors, at a level appropriate to their experience and responsibilities, during the day. However, there was significant concern from interns and clinical leadership, that clinical supervision during night shifts is inadequate and often unsafe. In some situations, requests for advice and supervision support from interns to on-call SMOs overnight have been dismissed or rebuffed by SMOs. This has led interns to feeling unable to request help in situations where they need more senior support. Despite this being raised previously with, and acknowledged by senior leaders, who then undertook discussions with department leads and SMOs, this behaviour was clearly ongoing.

It was reported that clinical supervisors have access to relevant supervision training either through their College CPD or via the modules provided by the Council on ePort. Information is provided about the available training to new clinical supervisors, but there is no systematic process to identify whether clinical supervisors have undertaken relevant training within the first 12 months of their appointment as a clinical supervisor.

South Canterbury maintains a small group of clinical supervisors for relief clinical attachments.

South Canterbury SMO staff involved in intern training have access to professional development activities and funding to support their teaching and educational practice, via their individual entitlements under the SECA.

Required actions:

- *See required actions 6 and 7.*

16. South Canterbury must ensure that all clinical supervisors are providing safe supervision and guidance to interns when on-call off-site (standard 4.3.2).
17. South Canterbury must establish a system to ensure clinical supervisors undertake relevant training in supervision and assessment as soon as practicable (within 12 months) after their appointment as a clinical supervisor (standard 4.3.3).

4.4 Feedback and assessment

4.4.1 Systems are in place to ensure that regular, formal feedback is provided to interns and documented in ePort on their performance within each clinical attachment, including end of clinical attachment assessments. This should also cover the intern's progress in completing the goals in their PDP and the intern's self-reflections against the 14 learning activities.

4.4.2 There are processes to identify interns who are not performing at the required standard of competence. These ensure that the clinical supervisor discusses concerns with the intern, the prevocational educational supervisor, and that the CMO (or delegate) is advised when appropriate. A remediation plan must be developed, documented, and implemented with a focus on supporting the intern and patient safety.

4.4.3 There are processes in place to ensure prevocational educational supervisors inform Council in a timely manner of interns not performing at the required standard of competence.

4.4 Feedback and assessment

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

The PESs monitor ePort to ensure that feedback is given by clinical supervisors at the mid and end of attachment meetings and documented in the intern ePort record. Interns are encouraged to request feedback, particularly in relation to PDP goals, and the PESs review progress towards achieving goals and undertaking learning activity reflections at regular meetings with individual interns.

South Canterbury has an intern guidance policy which outlines processes to manage intern training, to manage concerns about interns who are not performing at the required standard, and to address concerns about intern performance that may impact on patient safety. Concerns about intern performance may be raised through a range of channels (most commonly with the RMO manager or a PES) and are escalated appropriately in accordance with the processes outlined in the intern guidance policy.

PESs and the CMO are aware of the need to inform the Council of interns who are not performing to the required standard.

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:
South Canterbury establishes advisory panels to consider intern progress at the end of PGY1. The composition and conduct of the panels are as prescribed by the Council's Advisory Panel guide and ePort guide for Advisory Panel members.

Interns who are eligible for consideration by an advisory panel are provided with relevant information to ensure they are aware of the requirements, and they are reminded to ensure their ePort documentation is up to date.

The RMO manager ensures that all interns who are eligible for consideration by an advisory panel are uploaded into an advisory panel in ePort in a timely way.

The PESs review intern applications for registration in the General scope of practice in ePort at the start of the first clinical attachment meeting in PGY2 and send email reminders if it is noted that applications have not been made.

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:
The PESs provide interns with information about the requirements for endorsement removal, including ensuring they have completed the MSF, as they progress through PGY2. This is supported in the check list.

PESs remind interns individually about applying for endorsement removal at the end of the PGY2 year.

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:

South Canterbury monitors the intern training programme with input from interns and supervisors; however, these processes are conducted at an informal level. This appears to be partly because of a lack of RMO unit resources, but also, is characteristic of a small tight knit team. There is a challenge to find the positive balance between the two, as the trust and openness between the tight knit team is one of the commendable aspects of the relationship between the RMO Unit, prevocational educational supervisors and the CMO.

While there are feedback mechanisms in place, including the end of clinical attachment PHEEM survey, there has been very limited use of this. The PHEEM was coordinated by one of the PESs, not the CMO. At the time of the accreditation visit (Quarter 1 2025) the only results available from any PHEEM was for quarter 2 in 2024. An attempt at end of quarter 3 in 2024 had no responses and there was no plan for how to improve survey participation. Results from limited survey response had not been able to be utilised due to small numbers of responders.

There have been significant successes in using direct intern feedback to improve the quality and outcomes of the intern training programme, particularly with respect to clinical supervision and morning handover. The panel observed that when quality improvement initiatives did not require resources they were quickly implemented.

South Canterbury has processes to address any matters raised by the Council in relation to training, including those arising from accreditation visits and have reported to Council annually against these standards, including advising on significant changes to its intern training programme.

Commendation:

- South Canterbury is commended on the use of intern feedback to effect change, prioritising the learning environment and intern wellbeing (standard 5.3).

Required actions:

18. South Canterbury must put mechanisms in place that enable interns to provide anonymous feedback:

- about their educational experience on each clinical attachment that encourages intern participation
- on their prevocational educational supervisors, RMO unit staff and others involved in intern training (standards 5.2 and 5.4).

19. South Canterbury must implement a regular process to evaluate effectiveness of supervisors with a particular focus on mechanisms to support anonymity (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:

The RMO manager is responsible for reviewing each clinical attachment annually, using the ePort system to ensure up-to-date content and supervisor information.

New attachments are developed through consultation with services, drafted into ePort, and signed off by a PES before submission to the Council. Educational guidelines are followed to ensure appropriateness for interns.

The process for allocating interns to clinical attachments is transparent and fair.

The RMO manager collaborates with PESs to align clinical attachments with interns' vocational interests and learning goals, while considering individual PDPs and the intern's career intentions survey.

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:

Noted elsewhere in this report are significant concerns from multiple groups regarding the safety of patient care delivered overnight; specifically, the limited number of interns covering night duties and the support they receive from senior staff

Examples of bullying were reported regarding the treatment of interns calling SMOs overnight, and RMOs being berated and reduced to tears during morning handover.

South Canterbury has taken action to change the structure of morning handovers to reduce the number of SMOs present, however, this had not directly addressed the SMO behaviour.

A focus is placed on cultural competency and safety, particularly during recruitment and orientation. Collaboration with the hauora Māori team ensures cultural guidance for interns. South Canterbury acknowledges that some of the existing workforce have not had exposure to cultural competency and safety in the Aotearoa New Zealand context. However, there is a plan to ultimately roll out the cultural safety and cultural competency training developed by the Equity Project Group (and already embedded in new staff orientations) to all staff.

Personal counselling services are available through local employee assistance programmes and a national initiative for RMOs. Career advice is offered by PESs during meetings, and interns are encouraged to use union-provided resources for career progression.

The process for applying for medical education leave is transparent, with application forms available on the intranet. While there is a limit of three people on leave at a time, requiring early submission of applications, the interns were aware of this and were not concerned.

Interns are encouraged to register with a local GP. A form is circulated to ensure interns are enrolled with a Timaru GP who has an open book for new patients.

The process for annual leave is clear and straightforward, with the RMO manager ensuring that no more than three interns are on leave at the same time. Efforts are made to accommodate everyone's needs to support a healthy work-life balance.

Cultural obligations, including attending tangihanga and marae responsibilities, are recognised and accommodated. South Canterbury follows terms and conditions that support Māori interns in fulfilling these obligations while meeting training requirements. South Canterbury has a diverse community with multiple cultures which is recognised and celebrated.

Recommendation:

- South Canterbury should explore further the culturally diverse needs of its intern group and how best this can be supported (standard 6.2.8).

Required actions:

20. South Canterbury must ensure a safe working and training environment, which is free from bullying (standard 6.2.2).

6.3 Communication with interns

6.3.1 Clear and easily accessible information about the intern training programme is provided to interns.

6.3 Communication with interns

	Met	Substantially met	Not met
Rating	**X**		

Commentary:

Comments:

The RMO manager provides regular email updates, and essential information for interns is posted on the hospital intranet. PGY1 interns receive orientation on ePort and the training programme during their first week. The formal teaching calendar is also shared with all interns.

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:

South Canterbury reported that it has had no requirements for independent mechanisms to resolve any disputes to date. Any disputes have been resolved internally without the need for an independent mediator.

The RMO manager does have the option to call on the expertise of the Hospital and Specialist Services (HSS) business partner for mediation if necessary.

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:

South Canterbury offers a range of resources for interns at Timaru hospital, which include a library, a learning hub, and the Canterbury Health Pathways website.

Facilities available for intern teaching are centred on the Aoraki Room; the largest conference room equipped with two large screens to assist with external training sessions. South Canterbury provides all interns a loaned laptop for the duration of their training which connects throughout the facility.

Interns have access to their own room, tea and coffee making facilities, a bed and computer terminals.

South Canterbury still operates on a paging system to contact interns. There has been some exploration around upgrading to a more modern paging system (SmartPage or similar), however, this would need to proceed through Health New Zealand's Data and Digit unit.

Commendation:

- South Canterbury is commended for providing robust on-line resources for interns and individual loaned laptops for usage during their training (standard 7.1).

Recommendation:

- South Canterbury should continue to progress procurement of an up-to-date paging system (standard 7.1).