



Te Kaunihera Rata
o Aotearoa

**Medical Council
of New Zealand**

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

Date of site visit: 20 and 21 May 2025
Date of report: 29 September 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](#).



**Te Kaunihera
Rata o
Aotearoa**

Medical
Council of
New Zealand

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

Name of training provider:	Health New Zealand – Te Whatu Ora Canterbury		
Name of sites:	Christchurch Hospital Burwood Hospital Hillmorton Hospital Princess Margaret Hospital Ashburton Hospital Te Nīkau Grey Hospital		
Date of accreditation visit:	20 and 21 May 2025		
Accreditation visit panel members:	Jules Schofield (Accreditation panel chair) Ming-chun Wu Stephen Child Jacob Ward Mark Lawrence Alice Stringer Alexis Holden		
Date of previous accreditation visit:	24 and 25 September 2019		
Key staff the accreditation visit team met:			
Group Director of Operations:	Hamish Brown		
Chief Medical Officer:	Alan Pithie		
Director of Prevocational Training:	John Thwaites		
Prevocational Educational Supervisors:	Carol Dean, David McGregor, Giovanni Losco, Haur Yew, Jawwad Azam, John Geddes, Jonathan Wells, Josephine McCabe, Justine Bradley, Lisa Chiou, Margaret Meeks, Mark Birch, Matthew Tennant, Michael Wells, Richard Tapper, Sarah Gardiner, Tristan Pettit		
RMO unit staff:	Manda Challenger, Karl Haase		
Clinical Education & Training unit staff:	Karen Dreaver, Karyn Dunn, Eirin Jones		
Māori health team:	Maira Patu, Amber Philpott, Clara-Ann Paul		
Key data about the training provider (as of 28 July 2025):			
Number of interns at training provider:			
Number of PGY1s:	64	Number of PGY2s:	62
Number of accredited clinical attachments:	121		
Number of accredited community based attachments:	18		

Section A – Executive summary

An accreditation panel of Te Kaunihera Rata o Aotearoa, Medical Council of New Zealand (Council) has assessed Health New Zealand – Te Whatu Ora Canterbury (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 Canterbury's leadership, Director of Clinical Training (DCT), Medical Education Training Unit (METU) and Resident Doctors Support Team (RDST) staff, Hauora Māori | Māori Health Unit, clinical supervisors, prevocational educational supervisors (PESs) and interns. Their warm welcome, hospitality and preparation for the visit was greatly appreciated.

Context

Canterbury is committed to providing a high-quality environment for prevocational medical education and training. The panel recognises the challenges presented by the health reforms including at the structural and governance levels at Canterbury; and the limits of the locus of control of Canterbury as a district within the wider Te Whatu Ora region. In addition, workforce shortages in the face of increasing service demand are having significant impact on prevocational training across the motu. Despite this, the enthusiasm and commitment to provide a supportive learning environment for interns was apparent across all staff that the accreditation panel met during the visit, and is reflected in a group of engaged and overall content interns.

Cultural safety and support

Canterbury aims to provide interns with the supervision and training required to deliver patient care in a culturally safe manner. They provide the University of Otago Hauora Māori in clinical practice courses and a variety of online diversity courses; however, this alone is not sufficient. Canterbury must develop a strategy for integrating Māori health and culture into the intern training programme.

Interns can access support from Hauora Māori, which is highly valued. Māori interns are supervised by a dedicated PES, and a Māori RMO working group is currently in development. There are established informal local and external networks for Māori interns who seek cultural support. However, feedback was provided from several sources that Canterbury does not have a culturally safe environment, which must be addressed. Canterbury has a lack of systemic integration of cultural safety and cultural role modelling. It must provide more opportunities for interns 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. In addition, Canterbury should integrate content on hauora Māori and tikanga Māori, and Māori health equity, including the relationship between culture and health, into its formal teaching sessions.

Strategic priorities, governance and structures

A permanent chief medical officer has recently been appointed and holds executive accountability for the intern training programme. The DCT is an experienced educationalist who is passionate and committed to improving all aspects of interns' learning experience. The DCT leads the METU, which is a highly skilled team who support interns in educational aspects of their training as well as systematically monitoring and evaluating the intern ePort interface and providing support to the PESs. The METU has a strategic plan for intern training. The PESs are a well-respected team who provide support to interns in pastoral and professional matters. The RDST take an intern-focussed approach to operational matters. There are strong collaborative relationships between the DCT, METU, PESs and the RDST that optimise the intern learning experience and they are all commended for their mahi.

Interns are represented in governance of the training programme through membership on the Resident Medical Officer Training Committee, which they view as an effective governance mechanism.

The intern training programme

Canterbury has a high-quality training programme which provides a broad-based experience to ensure that interns are well equipped for future practice. The intern training programme is underpinned by sound medical education principles. Interns are provided with a comprehensive orientation to the organisation. There has been significant mahi undertaken by Canterbury to accommodate almost all interns with a community-based attachment (CBA) experience.

An excellent formal education programme based on learning needs, and utilising a suite of learning modalities, complements the clinical attachment learning. However, interns struggle to attend the sessions at times; Canterbury must ensure that barriers to attending education sessions are minimised.

Generally, interns feel well supported by their clinical teams. Effective handovers occur and extra support is in place for interns working out-of-hours during their first four weeks. Interns feel safe on nights and find the support of clinical team coordinators invaluable.

Although substantial work has already been done in the area of informed consent, there remain concerns that in some areas the Council's policy on obtaining informed consent is not being adhered to, which must be addressed.

Supervision, monitoring and training programme implementation

Canterbury has systematic and effective processes in place to monitor and evaluate the intern training programme, with robust input from interns and their supervisors. However, Canterbury must ensure that systems are in place to ensure that clinical supervisors meet with interns at the beginning, middle and end of each attachment, and record these meetings in ePort in a timely manner.

Canterbury has confidential pathways that are clear, functional and timely for interns to address problems relating to supervision, training and intern welfare and support. An excellent kete of resources are available to interns, including access to a clinical psychologist, peer support through the CheckMate programme and the Doctors in Difficulty pathway.

Canterbury provides comprehensive facilities for interns, including exceptional simulation facilities.

Summary of findings

Overall, Health New Zealand – Te Whatu Ora Canterbury has met 16 of the 21 sets of the Council’s 2022 *Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers*.

Seven required actions were identified, along with 11 recommendations and eight commendations.

Standard		2025 findings	Required actions
1 – Strategic priorities		Substantially met	1
2 – Organisational and operational structures	2.1 The context of intern training	Met	0
	2.2 Educational expertise	Met	
	2.3 Relationships to support medical education	Met	
3 – The intern training programme	3.1 Programme components	Substantially met	4
	3.2 ePort	Met	
	3.3 Formal education programme	Substantially met	
	3.4 Orientation	Met	
	3.5 Flexible training	Met	
4 – Assessment and supervision	4.1 Process and systems	Met	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		Met	0
6 – Implementing the education and training framework	6.1 Establishing and allocating accredited clinical attachments	Met	1
	6.2 Welfare and support	Substantially met	
	6.3 Communication with interns	Met	
	6.4 Resolution of training problems and disputes	Met	
7 - Facilities		Met	0

Required actions

Required action	Standard
1. 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.
2. Canterbury must ensure that interns receive the supervision and opportunities to: <ul style="list-style-type: none"> • enhance their skills, understanding and knowledge of hauora Māori • develop their cultural safety and cultural competence • deliver patient care in a culturally-safe manner. 	The intern training programme – programme components 3.1.5: The training provider has processes that ensure that interns receive the supervision and opportunities to: <ul style="list-style-type: none"> • 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. Canterbury must ensure adherence to the Council's policy on obtaining informed consent.	The intern training programme – Programme components 3.1.10: The training provider ensures adherence to the Council's policy on obtaining informed consent.
4. Canterbury must ensure that interns can attend at least two thirds of formal education sessions.	The intern training programme – Formal education programme 3.3.2: The intern training programme ensures that interns can attend at least two thirds of formal education sessions, by structuring the formal education sessions so that barriers to attendance are minimised.
5. Canterbury must ensure that the content provided on hauora Māori and tikanga Māori, and Māori health equity, including the relationship between culture and health is integrated into its formal education programme.	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. Canterbury must ensure that systems are in place to ensure that clinical supervisors meet with interns at the beginning, middle and end of each 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.
7. Canterbury must ensure a culturally safe environment for its interns.	Implementing the education and training framework – Welfare and support 6.2.3: The training provider ensures a culturally safe environment.

Section B – Overall outcome of the accreditation assessment

In September 2025, the Council considered this report and resolved that:

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

Section C – Accreditation standards

1 Strategic priorities

1 Strategic priorities			
1.1	High standards of medical practice, education, and training are key strategic priorities for the training provider.		
1.2	The training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education.		
1.3	The training provider’s strategic plan addresses Māori health and health equity.		
1.4	The training provider has clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice.		
1.5	The training provider ensures intern representation in the governance of the intern training programme.		
1.6	The training provider will engage in the regular accreditation cycle of the Council, which will occur at least every four years.		
1. Strategic priorities			
	Met	Substantially met	Not met
Rating		X	
Commentary:			
Comments: Canterbury demonstrates commitment to high standards of medical practice, education and training. The Chief Medical Officer (CMO) has overall responsibility and accountability for the prevocational medical education and training programme. Canterbury’s commitment to high standards is evidenced through the strategic funding of a comprehensive and highly skilled Medical Education Training Unit (METU) led by a supportive and well qualified Director of Clinical Training (DCT). It is also demonstrated by the prioritisation of adequate numbers of prevocational educational supervisors (PES) and an appropriately sized Resident Doctors Support Team (RDST). Initiatives that reflect this strategic commitment include the planning, funding and implementation of an extended PGY1 orientation that has increased from four to five days; and providing dedicated clinical support to PGY1 interns for after-hours work during the first four weeks of the new training year. Canterbury has clear lines of reporting. The PES and METU staff report to the DCT, while the DCT reports to the CMO. The METU has a well-documented strategic plan to facilitate high standards of medical practice, education and training; this plan is due to expire at the end of 2025. The METU’s strategic plan outlines the intent to support interns to further develop their knowledge and understanding of Māori health and culture through the integration of the University of Otago’s Hauora Māori in clinical practice courses into the prevocational teaching programme. Although this is an excellent combination of courses, they are insufficient on their own as a comprehensive strategic approach to the integration of Māori health and culture into the intern training programme. The Resident Medical Officer Training Committee (RMO Training Committee) meets every six weeks and comprises interns, other resident medical officers, the DCT, Medical Education Officer (MEO), PESs, SMO clinicians and RDST representatives. The RMO Training Committee provides an opportunity for the intern voice to be heard and the intern representatives felt that the Committee was able to effect change. However, several interns were not aware of the RMO Training Committee’s existence.			

Canterbury engages in Council's regular accreditation cycle, and the reporting requirements between accreditation visits.

Recommendations:

- Canterbury should develop a new, ongoing METU strategic plan to succeed the current plan, which is due to expire at the end of 2025 (standard 1.2).
- Canterbury should communicate to all interns that the RMO Training Committee is a mechanism for providing feedback on the intern training programme (standard 1.5).

Required action:

1. Canterbury must establish a strategy for integrating Māori health and culture into the intern 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: <p>Canterbury plans, coordinates, and implements its own intern training programme, through the DCT, two MEOs and the METU administrator. The METU team is well qualified experientially and possess a range of educational and other academic qualifications.</p> <p>Canterbury regularly surveys interns regarding their clinical attachment experiences. Interns also provide feedback formally through the RMO Training Committee and informally through meetings with their PES. The DCT and the PES team work with clinical services in the event of any concerns being raised through this feedback.</p> <p>The DCT, as delegate of the CMO, has executive accountability for meeting prevocational education and training standards, and for the quality of training and education. The DCT demonstrates a passion and commitment to providing interns with a valuable and comprehensive training experience.</p> <p>There are 17 PESs with a total of 1.4 FTE dedicated to intern support and the remainder dedicated to supporting PGY3+ doctors who have not yet entered vocational training. The PESs provide general educational supervision, pastoral care, and career and professional development guidance to interns; they also ensure that interns meet the Council’s regulatory requirements. The PES team is experienced and has expertise across a broad range of medical specialties. Several PESs have academic qualifications that support them to fulfil their role. The PES team meets with the DCT monthly. The DCT and METU also run an annual training afternoon for PESs and orientate new PESs to the role.</p> <p>Since the last accreditation visit, Canterbury has appropriately increased its number of PESs to accommodate the growing number of interns. To support the unique needs of interns working on the West Coast (a separate district, though responsibility for prevocational medical training on the West Coast belongs to Canterbury), local support is provided by a designated PES.</p> <p>Interns have a designated clinical supervisor for each attachment, who has oversight of their day-to-day clinical performance.</p> <p>The RDST manages operational matters and is appropriately resourced for the number of RMOs it serves. The RDST is committed to ensuring good levels of recruitment and retention, and that intern rosters remain compliant to better support their learning experience. A collaborative relationship exists between the METU and the RDST, facilitated by their geographic co-location. In addition, there are fortnightly strategic meetings held between the METU and the RDST.</p>			

The METU, PES and RDST teams' close relationships facilitate early identification and management of interns who are experiencing difficulties. There are clear guidance documents that help support the process of managing interns in difficulty.

Procedures are also in place to notify the Council of any changes in a health service or the intern training programme that may significantly affect intern training.

Commendations:

- Canterbury's DCT is commended for their passion and commitment to ensuring interns have a valuable and comprehensive training experience (standard 2.1.2).

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:

Canterbury's intern training programme is underpinned by sound principles of medical education. Canterbury has employed a hybrid education model to achieve broad-based education and progress toward achievement of the 14 learning activities; a combination of the clinical apprenticeship model, bedside teaching and the formal education programme form the basis of programme delivery. These activities are supplemented by workshops, clinical skills, clinical simulation and scenario training.

Multidisciplinary team integration begins during intern orientation, which includes a session attended by allied health staff. This multidisciplinary focus continues throughout the intern training period.

Canterbury has appropriate medical educational expertise to deliver the intern training programme. Members of the METU and PES teams demonstrate significant experience in designing and delivering medical education and several have academic qualifications in the field.

Canterbury enjoys good relationships with the University of Otago, and several PESs and clinical supervisors are senior clinical lecturers with the university.

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:

The DCT and METU maintain strong relationships with several national and Australasian organisations involved in training and education. These include peer groups such as the national DCT group and the

National MEO forum, as well as relationships with representatives of medical colleges. Canterbury has fostered good relationships with its community-based attachment (CBA) providers, and the University of Otago.

While Canterbury coordinates its own delivery of the intern training programme, it also collaborates with and supports other Te Waipounamu | South Island centres, including by making METU teaching sessions available via an online platform.

Hauora Māori | the Māori Health Unit supports patients and interns. Interns view Hauora Māori as a valuable resource to support them in providing a Kaupapa Māori approach to patient care.

The availability of the University of Otago's Hauora Māori in clinical practice courses strengthens interns' knowledge of Māori health. Canterbury is also building relationships with an external Māori health provider for a CBA.

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: <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• 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: <p>The intern training programme is structured to support the achievement of all required learning outcomes during the intern years. Interns are closely monitored by their PESs and have good engagement with ePort to ensure robust PDPs are in place and learning goals are met. The opportunity to develop skills and knowledge in the 14 learning activities is derived from the interns’ clinical attachments (both hospital and community based); the formal education programme; service-specific education sessions; scenario-based simulation; clinical skills sessions; and online educational resources.</p> <p>Clinical attachment blocks are appropriately created for interns. These provide a broad-based clinical experience whereby all interns complete a minimum of two surgical; two medical; one psychiatry and a community-based attachment during a two-year period. There is an excellent annual recruitment cycle for PGY2s, during which the RDST reviews all applications and attachment preferences individually, which permits allocation of interns to clinical attachment blocks which align with their preferences and career aspirations.</p> <p>Canterbury aims to provide interns with the supervision and training required to deliver patient care in a culturally safe manner. They offer all interns courses through the University of Otago such as the</p>			

application of the Hui process and Meihana Model to clinical practice. In addition, further learning opportunities available for cultural competency, include courses such as foundations in cultural competency and Ngā Paerewa Te Tiriti o Waitangi. Canterbury acknowledges and supports the diversity of the local population, and the importance of providing equitable care to all, including the Rainbow community; disabled people; and culturally and linguistically diverse people.

It is acknowledged that the healthcare workforce, inclusive of clinical supervisors throughout Health New Zealand Te Whatu Ora is culturally diverse. Canterbury could strengthen a hauora Māori approach to clinical care through further education and support to clinical supervisors and the wider organisation to promote culture change.

A Māori RMO working group is currently in development. Canterbury plans that this group will be self-managed, but will work closely with the METU. There is a PES with a dedicated portfolio of providing supervision and support to Māori interns.

Additional Māori health support is provided to interns on request, however there was no evidence of generalised accessibility. Canterbury should establish a structured, transparent resource that is available to interns for cultural support and safe spaces for addressing concerns as they arise.

Canterbury has introduced efforts to create a culturally safe environment as mentioned but, there still appears to be a lack of systemic integration and cultural role modelling occurring. Multi-source feedback was provided during the accreditation visit that Canterbury did not have a culturally safe environment.

Canterbury has productive and collaborative relationships with a range of community-based providers and this affords sufficient CBAs to ensure that all interns complete one over the course of their two intern years, with rare exceptions. The CBAs include experiences in general practice, sexual health, older persons health, crisis resolution, psychiatry and rural medicine attachments. The most recent addition to the CBA range is a GP practice with close connections with a Kaupapa Māori community health hub. Of the 53 interns at Canterbury who had their endorsement removed between 1 July 2024 to 30 May 2025, 52 had completed a CBA. Canterbury plans to establish further CBAs, including partnerships with other Māori health providers.

In order to ensure that PGY1 interns have appropriate experience to work safely on night shift, they can only be rostered on nights after completion of at least three months clinical practice, inclusive of a general medical attachment.

A new and valuable initiative to provide additional support to PGY1 interns has been introduced since the last accreditation. A PGY2 intern is on duty from 3.00pm to 9.00pm during the first four weeks of the intern year, to provide additional support to those PGY1s working in the evening.

The clinical team coordinators (CTCs) are senior nurses who work with all levels of medical and nursing staff; they triage the after-hours workload and provide support and guidance to the interns, which they highly value. CTCs have a process to notify the METU when any concerns arise regarding an intern.

Each service has its own protocols relating to the provision of patient care after-hours and guidance on contacting senior staff; however, interns and clinical supervisors were not confident that this was widespread in its implementation. Canterbury has identified a mismatch between clinical staffing and after-hours service demands and a business case has been prepared to address this problem. Interns and clinical supervisors were of the shared opinion that the interns felt safe at nights but that there is little headroom for increasing service demands.

Each service conducts formal handovers, according to their own requirements. Both interns and clinical supervisors confirmed that handover was working well, noting that generally handovers focus on Registrars. There is a night-time intern handover in place.

Multiple interns at Canterbury provided feedback that an issue exists regarding informed consent. While support for gaining informed consent for formal surgical procedures appears to be handled well, interns report that they are expected to obtain informed consent for other procedures they are not familiar with. Although Canterbury has developed its informed consent policy and implemented a two-signature consent process since the last accreditation visit and provides education for interns, the new process is not well understood, and the education was not recalled. As a result, interns reported that they felt uncomfortable obtaining consent for certain procedures such as ERCP, PEG insertion and coronary angiography (and other related cardiac procedures).

Required actions:

2. Canterbury must ensure that interns receive the supervision and opportunities to:
 - enhance their skills, understanding and knowledge of hauora Māori
 - develop their cultural safety and cultural competence
 - and deliver patient care in a culturally-safe manner (standard 3.1.5).
3. Canterbury must ensure adherence to the Council's policy on obtaining informed consent (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:

During the PGY1 orientation, there is a session about ePort and the Council's requirements, and the first teaching session of the year also covers ePort use. Interns' ePort completion is regularly monitored and information is fed back to PESs as appropriate. The METU manages and monitors ePort and sends reminders to interns as, and when, required to ensure interns meet their requirements.

Clinical supervisors and interns are engaged with initial and end of clinical attachment meetings with variable responsiveness to the mid run reports. PGY1 interns meet with their PES within the first few weeks of their first attachment at Canterbury and as part of this initial meeting, both the PDP and goal setting are covered. PESs meet with their interns at the end of every clinical attachment to review not only that clinical attachment, but also the interns' goals, plans, and progress with their PDP. PESs ensure the interns are keeping ePort up to date. PESs are well engaged with, and knowledgeable of, ePort and its requirements.

The METU monitors and organises the meetings between each intern and their clinical supervisor and PES to ensure they occur as required. When an intern falls behind in any aspect of ePort, email reminders through ePort are utilised. PESs are well-versed in ensuring they monitor the interns' PDP.

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:

Interns are provided with broad clinical experience through the clinical attachments and the comprehensive formal education programme ensures interns have the opportunity to develop their knowledge in clinical areas not covered in their clinical attachments. The METU's formal teaching has a broad curriculum designed to meet all required aspects of intern educational development, and receives multidisciplinary and intern input, and the opportunity for externally facilitated sessions e.g. by the NZ Blood Service and ACC.

The formal education sessions are streamed into PGY1 and PGY2 aligned learning, although interns can attend all sessions. The timing of the sessions are set toward the end of the day, for PGY1, and at lunch time, for PGY2, in order to optimize the ability to attend. Teaching sessions are accessible online for those interns working away from the main Christchurch Hospital campus. Canterbury makes some effort to promote protection of the education sessions, through highlighting the importance to clinical directors and service directors of training. However, interns report that the education sessions are not protected: they are frequently paged or called; and the nature of the Cortex Care Coordination online platform for contacting interns means that learning is frequently interrupted. In addition, due to the high levels of service demands, and that no one is available to complete tasks for them whilst in the education sessions, interns struggle to meet the Council's attendance requirements: they feel that if they attend the sessions, they will then need to stay late to complete their tasks. As a result, for PGY1s, attendance does not reach the required two thirds.

Canterbury requires that the PGY2 interns attend 50% of their education sessions and in conjunction with service specific teaching appear to achieve this for the most part, though this requirement does not meet the Council's expectation, which is for interns attending two-thirds of sessions. Interns appreciated the appropriate focus on their education, the utility of the topics and the support offered.

While formal courses on hauora Māori, tikanga Māori, and Māori health equity are offered through the University of Otago as well as other available courses, further consideration should occur to interweave

cultural themes throughout the entire education programme, both in the didactic sessions and work-based learning.

Canterbury has done excellent work integrating opportunities for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out with the input of a clinical psychologist, into the education programme. In addition, the input from interns into curriculum development allows for an ongoing dynamic process to serve any gaps in learning expressed by interns.

Canterbury provides multiple opportunities for additional work-based teaching and training.

Commendations:

- Canterbury's METU is commended for the multidisciplinary and intern input into curriculum delivery (standard 3.3.1).

Required actions:

4. Canterbury must ensure 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 (standard 3.3.2).
5. Canterbury must ensure that the content provided on hauora Māori and tikanga Māori, and Māori health equity, including the relationship between culture and health is integrated into its formal education programme (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:

Since the Council's last accreditation visit, Canterbury has further developed and extended its PGY1 orientation to a robust and comprehensive five-day programme. It covers key policies, protocols, individuals and services relevant to interns. There is also an expo which provides a valuable opportunity to talk to multiple members of the allied health team in order to better understand how patients can be provided with holistic care through the multi-disciplinary team. Hands-on clinical skills training is provided along with sick and deteriorating patient scenario teaching. A full day is spent in the service in which the intern will work.

Interns who start work later in the year are provided with bespoke orientations by the staff from the RDST and METU. This is relatively informal and not as comprehensive as the standard formal orientation. Canterbury should formalise these orientation processes to ensure that interns starting part way through the year receive sufficient orientation.

Orientation to individual clinical attachments was reported to be of variable quality and service dependent. METU keeps an up-to-date and easily accessible central repository of service-specific orientation documents on the intranet and invites updates from interns who have completed the clinical attachment. The METU confirmed that it has an open door policy and welcomes feedback from interns,

including suggestions on what could be added to the orientation programme and the training programme more generally.

Recommendations:

- Canterbury should formalise orientation processes for interns beginning part way through the year (standard 3.4.1).
- Canterbury should strengthen processes around orientation to individual clinical attachments (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:

Interns have access to job share and flexible working arrangements including some flexible clinical attachments without after hours requirements. There are appropriate procedures in place to allow interns to apply for these if required. In addition, interns have opportunities to take a block of leave without pay, where their prevocational medical training can be put on hold.

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: <p>PGY1 interns’ formal orientation clearly outlines the expectations and requirements of the intern training programme and are subsequently reinforced during initial and ongoing meetings with their PESs. Additionally, members of the METU are accessible for consultations and actively monitor progress to ensure interns’ alignment with programme objectives.</p> <p>The METU organises periodic sessions for newly appointed clinical supervisors, complemented by the distribution of the Council’s guide for clinical supervisors. Additionally, newly appointed PESs participate in an orientation session conducted by the DCT and the METU. Regular meetings are held to ensure supervisors are well-informed about their responsibilities and are supported in ensuring interns meet the programme objectives effectively.</p> <p>The METU has procedures in place for handover and orientation of new METU staff to the processes that support the intern training programme.</p>			

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: Canterbury has an appropriate number of PESs to oversee the training and education of interns. A hybrid model is in place whereby some PESs also support PGY3+ doctors who have not yet entered vocational training. The maximum number of doctors (interns or PGY3+) that any single PES supervises is 10 per allocated 0.1 FTE, which conforms with Council’s requirements. PESs attend and actively participate in the annual PES meetings conducted by the Council. The DCT has comprehensive oversight of the PESs, attending monthly educational meetings with the PES, collaborating with the RDST and the METU, and conducting four-monthly one-on-one meetings with individual PESs to ensure they are fully supported in fulfilling the obligations of their role. METU also provides two study afternoons a year which allow PESs to learn new tools for example from a clinical psychologist. New PESs are orientated by the DCT and METU and then further follow up meetings occur			

to ensure they are adapting well to their new role. The PES are a cohesive team that also provide each other with peer support and will confidentially discuss intern challenges they experience.

The PESs are well-liked and respected by interns, the METU and the RDST. Their work in supporting interns in pastoral care and professional matters is highly valued by all. PESs receive exemplary administrative support from the METU.

Commendations:

- Canterbury's METU is commended for its exemplary support for the PESs (standards 4.2.3 and 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:

Clinical supervisors are vocationally registered clinicians who are identified by METU for each clinical attachment. Many clinical supervisors have undergone training in clinical supervision as part of their vocational pathway; those who have not, are expected to undertake relevant training within 12 months of appointment as a clinical supervisor.

Interns and supervisors expressed confidence that interns are receiving supervision commensurate with their level of experience and responsibilities. New clinical supervisors are provided resources developed by the METU and the Council, which outline the role and its reporting processes, and these are complemented by refresher and informational courses conducted by the METU twice annually. All clinical supervisors have access to clinical and ongoing professional development funding for education and training activities as per their Single Employer Collective Agreement.

Canterbury maintains a pool of clinical supervisors for relief clinical attachments, and interns are sent a list of potential supervisors at the start of their relief attachment; however, the onus lies with the intern to approach and engage them in a supervisory relationship. Canterbury has implemented weekly drop-in supervision sessions for relief interns to engage with senior medical officers to help mitigate some of the challenges that occur in clinical supervision during relief attachments.

Recommendations:

- Canterbury should identify and communicate to interns who will be their clinical supervisor during their relief clinical attachment (standard 4.3.4).

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:

Canterbury has systems designed to facilitate regular, formal feedback for interns that are documented in ePort during scheduled meetings at the beginning, mid, and end of each clinical attachment. The implementation is not consistently robust with a number of mid-attachment meetings falling outside the Council's recommended period. Clinical supervisors recognise the significance of providing feedback but often encounter challenges in maintaining thorough documentation in ePort due to time constraints and service demands. To address this, METU staff actively monitor ePort submissions, issuing reminders to clinical supervisors to complete their reports and following up with individuals if these notifications are not acted upon. However, the timeliness of the mid attachment meetings is still not consistent.

The RDST, METU, clinical supervisors, PES, and DCT collaborate to identify struggling interns and monitor their progress. There is an established escalation path for doctors in difficulty, which includes continual review and additional support, including access to a clinical psychologist. This process involves escalation to Council when necessary.

The PES felt that in addition to the excellent resources and pathways available to manage doctors in difficulty, the availability of an Occupational Health physician would be highly beneficial to further support the process and for planning return to work programmes for interns.

Commendations:

- Canterbury is commended for demonstrating a proactive approach and having very effective processes to address the challenges faced by interns who encounter difficulties (standard 4.4.2).

Recommendations:

- Canterbury should consider the involvement of occupational health physician to further facilitate and support doctors in difficulty processes (standard 4.4.2).

Required actions:

6. Canterbury must ensure that systems are in place to ensure that clinical supervisors meet with interns at the beginning, middle and end of each 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

	<ul style="list-style-type: none"> a layperson.
4.5.2	The panel follows Council's <i>Advisory Panel Guide & ePort guide for Advisory Panel members</i> .
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	<p>The advisory panel bases its recommendation for registration in the General scope of practice on whether the intern has:</p> <ul style="list-style-type: none"> 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:

Canterbury fulfils the Council's requirements for general registration of interns through an advisory panel. The advisory panel includes the requisite members, alongside representation from the METU, which maintains meticulous documentation and ensures all necessary prerequisites are satisfied.

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:

Canterbury's PESs are confident that by supervising the same intern for their prevocational years they can adequately monitor and identify when interns are eligible to have their endorsement removed. The METU monitors progress on ePort to ensure timely application for endorsement removal and provides reminders to the intern or PES as needed.

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: Canterbury has systematic and effective processes in place to monitor and evaluate the intern training programme with robust input from interns and their supervisors. Canterbury surveys interns after every clinical attachment, this survey includes questions on the clinical attachment experience, clinical supervisors, PESs and RMO unit staff; the interns’ responses are anonymised and the METU and DCT provide feedback to relevant staff based on the responses. Canterbury has developed enduring functional systems with structured and anonymous feedback mechanisms to allow interns to communicate honestly about their educational experiences. Intern feedback is collated by the METU, which allows for quality improvement in the intern training programme and positive reciprocal dialogue systems between the interns and supervisors. Interns’ feedback is raised at the monthly PES meetings and concerns raised in the feedback are communicated to relevant services. The RMO Training Committee and <i>ad hoc</i> feedback from intern to the METU or RDST are other avenues open for feedback. Overall, these mechanisms lead to quality improvement in the intern training programme. Canterbury has robust processes to address matters raised by the Council as part of the accreditation, in relation to training. The training provider reports annually to Council on any significant changes to the intern training programme standards.			

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:			
Canterbury has clear proactive processes and mechanisms in place to ensure the currency of its accredited clinical attachments, with the MEOs and DCT reviewing these on an annual basis.			
Canterbury has clear processes to establish new clinical attachments, with consideration of educational and workforce benefits from both the METU and RDST, with multiple business plans currently under review.			
PGY1 interns rank their preference for clinical attachment blocks, as part of the process of allocation of interns to clinical attachments. The vast majority of interns receive one of the top three attachments they selected and did not report any issues with the process. The selection of PGY2 interns for highly requested clinical attachments such as obstetrics & gynaecology, emergency medicine and paediatrics is made by the individual department, and the remaining allocations are made via run block selection and prioritisation. Interns are largely in agreement that this process is fair and transparent, and it is published for interns to access.			
The PESs are no longer routinely involved in allocating interns to clinical attachments, due to the volume of clinical attachments. However, the PESs and DCT are readily able to adjust clinical attachment allocations if required, particularly as it pertains to an intern's PDP and learning activities or if there is concern that the intern is in difficulty. The interns, PESs, DCT and RDST were all comfortable with the current system, and multiple examples were given that satisfied the panel as to the efficacy of this system.			
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: <p>All groups the panel met with made it clear that there is ongoing delivery of highly valued and quality education at Canterbury. The panel heard that the interns and Canterbury as a training provider are under considerable strain, and it should not be understated that the pressure placed on the interns and the RDST to meet the needs of services is considerable. Whilst this has inevitable effects on intern wellbeing and the delivery of training, Canterbury effectively monitors this increased workload through multiple avenues, and any individual or service that are at risk are promptly referred to the PES or DCT for intervention. In addition, the way in which the RDST functions, as a ‘one stop shop’ for operational issues, whilst remaining separate from, but collaborating closely with, the METU, enhances the effectiveness of the support it provides to interns. The panel was satisfied, on balance, that excellent training and safe patient care is being delivered.</p> <p>Canterbury has a zero tolerance policy for bullying, discrimination and sexual harassment. Interns can access relevant policies, platforms, and programmes such as CheckMate. Occasional episodes of racism have been experienced by Māori interns, and individuals were supported by the Māori Health Team. By seeking regular feedback and monitoring this issue, Canterbury can ensure that its zero tolerance policy for discrimination increases in effectiveness. However, overall interns report a safe and supportive environment to learn and work in.</p> <p>Multiple parties at Canterbury were concerned about its cultural safety. While many staff members demonstrated cultural competency and reflection, it was noted that this was not consistently observed among senior staff. Addressing this issue is crucial to ensure a culturally safe environment for interns to continue their work and training.</p> <p>There are good formal and informal support structures for Māori interns who seek cultural support with their local and external networks such as Te Ora, Te Oranga and Māori health networks.</p> <p>Canterbury recognises additional cultural obligations may be placed on Māori interns, and these interns are well supported by their PESs to meet these obligations when they arise. The interns valued the relationship with the PES who has the portfolio for Māori interns. However, there is a risk of cultural loading on a day-to-day basis. This could be further strengthened by formalising in policy, a leave process for cultural obligations, as well as consideration as to how these cultural obligations positively contribute to an intern’s training and education.</p> <p>The PESs are an incredibly committed and hard working group, who provide a substantial amount of quality pastoral care to interns and this was readily reflected by multiple groups. Canterbury has personal counselling services available to interns, and this is reasonably well advertised. Of note, a clinical psychologist is readily available for interns via referral from their PES or through self-referral from centralised systems and this is funded by METU.</p> <p>Canterbury holds an annual career fair, with further career advice opportunities available from the PESs and clinical supervisors, at end-of-attachment meetings.</p> <p>Interns apply for professional development leave through the RDST. This leave is appropriately considered from a list of pre-approved courses or escalated to the relevant staff for consideration. The interns report this process is fair, transparent and practicable. There has been a recent update in professional development leave guidelines which enshrines this in policy well.</p>			

Interns are encouraged to register with a general practitioner at multiple key milestones. Interns are well supported by the PESSs, DCT, CMO, METU and RDST to maintain their own health and welfare.

The RDST has established clear annual leave processes for interns. Interns report no systematic or ongoing barriers to access annual leave, and report that the RDST works collaboratively with the interns to attempt to meet leave requests. The interns were readily aware of service pressures, and noted the RDST still aimed to approve leave where possible.

Commendations:

- Canterbury is commended for contracting a clinical psychologist to meet the needs of their interns (standard 6.2.4).
- Canterbury's RDST is commended for taking a high quality, intern-focussed approach to providing comprehensive and fair operational support (standards 6.2.1., 6.2.5. and 6.2.7.)
- Canterbury's PESSs are commended on the quality of support they provide to interns in pastoral care and professional matters (standard 6.2.1, 6.2.4 and 6.2.6).

Recommendations:

- Canterbury should continue to support interns to meet their cultural obligations and consider how to improve this process, including how it could monitor the impact of cultural loading, racism and discrimination on Māori interns (standard 6.2.8).

Required actions:

7. Canterbury must ensure a culturally safe environment for its interns (standard 6.2.3).

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:

Interns can access resources on the intern training programme and these are published on the intranet. Interns are aware of how to access the intranet and the availability of relevant online resources. Interns are sent regular newsletter emails. However, some interns report not receiving these newsletters, although Canterbury reports that it sends them to all interns, unless they opt out.

Interns report they can easily contact PESSs, the METU or the RDST should the need arise.

Recommendations:

- Canterbury should promote the newsletter to ensure all interns have increased awareness of this communication tool (standard 6.3.1).

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:

Canterbury has confidential pathways that are clear, functional and timely for interns to address problems relating to supervision and training requirements. Interns report no concerns about these pathways, and that they maintain appropriate confidentiality. The DCT, CMO and PESs impartially manage training-related disputes and maintain confidentiality. However, not all interns were aware of the availability of these pathways.

Recommendations:

- Canterbury should make the pathways for resolving training-related disputes more prominent in its communications with interns (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: Canterbury has a vast range of facilities that contribute to high quality intern training and education. The University of Otago’s library is well-resourced and easily accessible to interns. Interns can access resources both on the local intranet, and online resources such as UpToDate and Hospital Health Pathways. Interns noted they have good access to Wi-Fi. Canterbury has sufficient space for the formal training programme to be undertaken. Multiple venues are utilised that best suit the type of teaching session, with appropriate video-conferencing resources that facilitate attendance from those not able to attend in person. Canterbury has an exceptional, well-resourced simulation suite that is utilised for highly valued simulations. The simulation team were dedicated, experienced and their work much appreciated. There are computer facilities throughout most educational and clinical spaces that support intern learning. There are multiple RMO spaces across the hospital, offering places separated from the clinical areas and a secure location to store belongings. There are shower and changing facilities available in multiple areas. There is a private space to sleep, and meals are available overnight, if needed. This area is clean, spacious and comfortable, with study tables available, and centrally located in the main hospital. PESs have adequate spaces to have confidential meetings should they be required. The staff café has adequate access and seating, with both indoor and outdoor seating. Interns are readily able to take brief breaks to explore the green spaces and Te Awa Ōtākaro Avon River. There is dedicated car parking for afterhours staff to improve safety, and multiple bike storage facilities. Commendations: <ul style="list-style-type: none">Canterbury is commended for its exceptional simulation facilities, and its ongoing use of these for high valued simulation sessions and educational supports and resources (standard 7.1).			