



Health New Zealand Tairāwhiti

ACE WEBINAR

13TH APRIL 2026



Kia ora and welcome to a quick introduction of Tairāwhiti and Gisborne Hospital

Overview of Tairāwhiti and Gisborne Hospital

Photo: Gisborne city, Brook Sabin



Tairāwhiti/East Coast Region



- Tairāwhiti: ‘the coast upon which the sun shines across the water’
- Boundary: Matawai (north), Nūhaka (south), Hicks Bay (east)
- Gisborne urban population (*Statistics NZ 2023 - 2025 Census*): 51,315 – 57,200

(52.4% NZ European, 54.8% Māori, 4.5 Pacific peoples, 3.8% Asian, 1.6% Other)

Gisborne is famous for being the first city in the world to greet the sunrise each day — and it definitely lives up to that bright reputation! With golden beaches, epic surf breaks, and a warm, laid-back vibe, it’s a paradise for ocean lovers and sunshine seekers.

Rich in Māori culture and history — and known as one of the first landing sites of Captain James Cook in 1769 — Gisborne blends deep heritage with creative energy. Add in award-winning Chardonnay, vibrant festivals, and a strong arts and music scene, and you’ve got a region that feels both inspiring and refreshingly down-to-earth.

Health New Zealand
Te Whatu Ora

Gisborne Hospital

- Gisborne Hospital is the main public hospital serving the Tairāwhiti / Gisborne District on the east coast of New Zealand's North Island. The hospital and the wider health services under Te Whatu Ora Tairāwhiti provide care for people living across the region — from beyond Hicks Bay in the north down to the Wharerata ranges in the south, covering the entire Gisborne District area.
- Rural/smaller hospital with 110 beds
- Te Puia Springs rural hospital
(100 km north of Gisborne on the East Coast)
- Community-orientated care
- Strong local workforce
- Focus on rural healthcare
- Maternity and family care
- University of Otago Trainee Intern/Medical Student programme
- Known for hands-on experience



ACE Tairāwhiti Process and Selection Criteria

- Ranking Panel: Chief Medical Officer (CMO), 2 Prevocational Education Supervisors (PES), a local GP and RMO Coordinator(s)
- Interview: none in the process
- Essential: cover letter (a one pager detailing who you are, why Tairāwhiti, your personal interests and your career interests – you need to sell yourself to us)
- Good to have: local connections, having been a Trainee Intern/ Medical Student with Gisborne Hospital, Te Reo, References (2 hospital based)

PGY1 and PGY2 Attachments

*Photo: Stingray feeding at Dive Tatapouri,
Brook Sabin*



PGY1 Attachments

General Medical (5)

- 4 ward based House Officers (HO)
- 1 Rehab Day Unit, Medical Day Unit, Mental Health Unit HO (swaps with Ward HO half way through the quarter)

General Surgical (4)

- Lithotripsy
- Urology
- Gynaecology
- Adult dental/eyes

Orthopaedics/ENT (2)

And a repeat of either General Surgical or General Medical in 1 quarter

PGY2 Attachments

Anaesthetics/ ED (1)

Community Based Attachment (CBA) (2)

- Combined Public Health and rural general practice
- General practice (3 different practices)

Emergency Department (ED) (2)

Paediatrics (2)

Relief (3)

- ED, Medical, Orthopaedics, Paediatrics, Surgical

PGY3+ (Registrar or Senior House Officers)

- ED (7) – rural hospital medical accredited or non-training
- Medical (9) – 1 advanced trainee/basic trainee or non-training
- Obstetrics and Gynaecology (2) – non-training
- Ophthalmology (1) – non-training – 0.8 FTE (part time) non-SET
- Orthopaedics (2)
- Psychiatric (2) – non-training
- Surgical (2) – non-training – 1 SET and 1 non-SET

A person in silhouette is walking on a beach at sunrise, carrying a surfboard. The sun is low on the horizon, creating a bright orange glow and reflecting on the water. Mountains are visible in the background. A large blue and purple gradient shape is overlaid on the right side of the image, containing the title text.

Leave/Roster and House Officer Teaching Programme

*Photo: Gisborne sunrise,
Brook Sabin*

PGY1 Roster

- No nights in the first year!
- 10 days on and 4 days off when working both days of a weekend
- 11 evening shifts per quarter

Annual Leave


Annual leave requests are accommodated as best we can when we write the roster

Weekends on or off
(attach annual leave to rostered days off)

We try to be flexible where we can with short notice or advanced leave requests

Medical Education Leave (MEL) & HO Teaching

- Courses include; Diploma of Child Health, Generic Surgical Science Examination (GSSE), Advanced Paediatric Life Support (APLS), Basic Assessment and Support in Intensive Care (BASIC), Point of Care Ultrasound (POCUS)
- Prevocational Director of Training and Education (PDO TE) and Chief Medical Officer (CMO) approval (pending roster approval)
- Prevocational Educational Training Committee with PGY1 and PGY2 representatives
- Weekly PGY1 formal teaching programme
- PGY2 HO training – can access Registrar and department training

A woman with her hair in a bun, wearing a white sweater, is kneeling on a purple mat on a wooden deck. She is looking out over a vast landscape of rolling hills and a dense forest. The sun is low on the horizon, creating a warm, golden glow and long shadows across the scene. The sky is filled with soft, wispy clouds.

A day in the life of a Tairāwhiti House Officer

Introducing...

*Photo: Sunrise yoga at Manutuke Eco
Retreat, Brook Sabin*

Dr Haylea Rodgers (PGY1)

- Why did you pick Tairāwhiti/Gisborne Hospital?
- Year 1 attachments – your experience so far
- What surprised you the most (give us the good and bad)
- A typical day for you
- Anything to add ...

Dr Robert Wong-Toi (PGY2)

- Why did you pick Tairāwhiti/Gisborne Hospital?
- Year 2 attachments – your experience so far
- What surprised you the most (give us the good and bad)
- A typical day for you
- Anything to add ...

Mr Steven Hudson – General Surgeon

- Originally from Gisborne, what made you come back to Gisborne Hospital?
- In your opinion, what is Gisborne Hospital's point of difference?
- You are the Prevocational Director of Education and Training (PDO TE) who also takes teaching sessions. What makes you passionate about educating up and coming doctors?
- Anything to add ...

So why come to the first city to see the sun ...

- Opportunity for hands-on clinical experience across a broad range of presentations
- Small city feel with a strong sense of community and tight-knit social connections, ideal for building personal and professional networks
- Great place to work – not just clinically, the RMO Coordinators are pretty special as well
- Compact city – minimal commute means more time for downtime, friends and self-care
- Free parking – one of very few hospitals to have this
- Great weather – check out our summer temperatures
- Thriving local culture: cafes, vineyards, festivals (like Rhythm & Vines), arts, and a strong sense of regional identity
- Relaxed, costal lifestyle with access to beautiful beaches right on your doorstep
- ‘Live in the sunshine, swim in the sea, drink the wild air’ – *Ralph Waldo Emerson*

Any questions?

*Photo: Puhī Kai Iti/Cook Landing National
Historic Reserve, Tairāwhiti Gisborne
Tourism*





Ngā mihi

*Photo: Tolaga Bay Wharf,
Taylor Kirk Productions*