



5 March 2019

Submission to the Medical Council of New Zealand:

Accreditation Standards for New Zealand Training Providers of Vocational Medical Training and Recertification Programmes

The New Zealand College of Public Health Medicine would like to thank the Medical Council of New Zealand (the Council) for the opportunity to make a submission on the revised accreditation standards for vocational training and recertification programmes.

The New Zealand College of Public Health Medicine (the NZCPHM) is the professional body representing the medical specialty of public health medicine in New Zealand. We have 222 members, all of whom are medical doctors, including 185 fully qualified Public Health Medicine Specialists with the majority of the remainder being registrars training in the specialty of public health medicine.

Public Health Medicine is the branch of medicine concerned with the assessment of population health and health care needs, the development of policy and strategy, health promotion, the control and prevention of disease, and the organisation of services. The NZCPHM strives to achieve health gain and equity for our population, reducing inequalities across socioeconomic and cultural groups, and promoting environments in which everyone can be healthy.

Background

The NZCPHM recognises the importance of systems to regulate and provide assurance of the quality of vocational training and recertification programmes.

We understand that the current consultation arises from a Memorandum of Understanding that the Council has with the Australian Medical Council relating to the accreditation of joint Australasian vocational medical training programmes, and the need to ensure that the standards applied to vocational training providers in New Zealand are equivalent.¹ We support this intent.

General points

- 1) The NZCPHM notes that the new accreditation standards include additional requirements regarding Māori health, health equity, cultural competence and cultural safety. For example, the new standards include:
 - *The training provider has effective partnerships with Māori health providers to support vocational training and education (standard 1.6.4);*
 - *The training provider's purpose addresses Māori health (2.1.2);*

- *The curriculum includes formal learning about and develops a substantive understanding of the determinants of Māori health inequities, and achieving Māori health equity, including the relationship between culture and health... (3.2.9)*
- *The curriculum develops an understanding of the relationship between culture and health... (3.2.10)*
- *The training provider has process (sic) that ensure that trainees receive the supervision and opportunities to develop their cultural competence in order to deliver patient care in a culturally-safe manner (4.2.5)*
- *The training provider recognises that Māori trainees may have additional cultural obligations and has flexible processes to enable those obligations to be met (7.4.4)*
- *The training provider's criteria or standards for accreditation of training sites link to the outcomes of the vocational medical training programme and ... support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations and settings which provide experience of the provisions of health care to Māori (8.2.2)*

The NZCPHM recognises that Māori, as the indigenous people of Aotearoa New Zealand, have unique rights under Te Tiriti o Waitangi (the Treaty of Waitangi) and the United Nations Declaration on the Rights of Indigenous Peoples. The NZCPHM also recognises that compelling health inequities exist in New Zealand between Māori and non-Māori New Zealanders and that these inequities are large, pervasive, and persist across the lifespan and over time.^{2,3}

We therefore support the inclusion of these additional standards. We note that further changes to the standards are likely¹ and look forward to further developments.

- 2) We note also that there is an increased emphasis on the input of external stakeholders in the revised standards. Examples of this include:
 - *The training provider collaborates with key groups on key issues relating to its purpose, training and education functions and educational governance (1.1.5, where relevant groups are defined as both internal and external stakeholders, including 'health consumers and other health care providers, including those who identify as Māori', p.5)*
 - *In defining its educational purpose, the training provider has consulted internal and external stakeholders (2.1.3)*
 - *Stakeholders contribute to evaluation of programme and graduate outcomes (6.2.3)*
 - *The training provider makes evaluation results available to stakeholders with an interest in programme and graduate outcomes and considers their views in continuous renewal of its programme(s) (6.3.2)*
 - *The training programme determines its (recertification programme) requirements in consultation with stakeholders... (9.1.2)*

We support this increased emphasis on the involvement of relevant stakeholders but note that it is not always easy to obtain the kind of input suggested in the standards.

- 3) We note that the document on page 2 provides an accreditation route not only for providers that offer both the vocational training programme and the associated recertification programme, but also for those that only offer a vocational training programme or a recertification programme. This is a large departure from the current situation in which

vocational recertification programmes are only provided by those organisations which also offer the training programme.

Although we note that stand-alone providers of vocational recertification programmes will be assessed for compliance with standards 1 and 2, as well as standard 9, it is not clear who the Council envisages might be accredited as a stand-alone provider. We are concerned that responsibility for vocational recertification programmes should not be disengaged from a collegial and professional base such as is currently provided by the Colleges. We would not support a model in which a provider independent of this professional base was enabled to offer a recertification programme.

We further note that standard 9.1.9 draws a distinction between training programme providers and delegated providers of the recertification programme and requires that evidence be provided that the delegated provider meets the accreditation standards. It is not clear in this case which standards the delegated provider must meet, and with what level of responsibility.

We suggest that, for both of these issues, better clarity could be obtained by distinguishing between providers offering an administrative and technical solution (i.e. service providers), and those responsible for setting professional standards (accredited training provider). This distinction would not preclude the use of a service provider to provide the technical system for administering the recertification programme. However, in this model, a service provider would not be independently accredited. Rather the training programme provider would retain responsibility for setting recertification requirements and ensuring, for example, that the Council is notified of non-compliers (whether they do this directly or request their service provider to forward lists directly to the Council is a matter of individual contract).

Specific issues

- 4) The paragraph on page 2 under 'Overview of Accreditation Standards' is a little unclear. The paragraph refers to standards developed around 'the principles of programme accreditation', without making it clear what those principles are, or where they can be found. The paragraph then goes on to provide a list of programme design and structure components incorrectly described as 'broad learning experiences'. This could be remedied by replacing the phrase "*These broad learning experiences include the following...*" with "The accreditation standards take into account...".
- 5) We note that the first two standards in the previous version of the New Zealand reaccreditation requirements (relating to 'responsible resource utilisation' and 'sustainable base') have been incorporated into the new programme management standard (standard 1.2.1) under a requirement to report on "*the six-factor framework on the viability of the vocational training programme as part of its accreditation process*". Within this six-factor framework, we are unclear about the purpose of the 'critical mass' requirement, since, as the document states, there is "*arguably no absolute number that can be applied*". We suggest that this factor is redundant, since the second factor ('sustainable base') is in any event defined in terms of the number and availability of suitable qualified practitioners.
- 6) We note that in the document, item 2.3 has been incorrectly inserted between items 3.2 and 3.3.

- 7) Standard 7.1.1 states that: *“The training provider has clear, documented selection policies and principles that can be implemented and sustained in practice. These policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.”* We suggest that the promotion of equity in selection processes is of high importance and should be included in this standard.
- 8) We note that there have been considerable changes to the section on recertification programmes (previously ‘continuing professional development’). In particular, we note the following:
- That the new standards do not specify that there should be a minimum of 50 hours each year, covering the Council domains of competence and meeting the requirements outlined in the Council documentation on continuing professional development.
 - That the new standards require participants to select recertification activities relevant to their learning needs and to complete a cycle of planning and self-evaluation of learning goals and achievements.
 - That there is no longer a requirement for vocational recertification providers to allow doctors who are not its fellows to access relevant continuing professional development and other educational opportunities.

We request that the Council clarify if the changes implied in these standards are intended, and if so, when they are likely to come into effect? We note that time will be needed to implement any changes required to current recertification programmes.

- 9) We request clarification or possibly rephrasing of standard 9.1.6: *“The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities”*? If ‘practice-reflective element’ is intended to include activities such as individual research, it is not clear how this activity should be assessed based on its *“governance, implementation and evaluation”*?
- 10) We note that standard 9.1.10 states that: *“The training provider should demonstrate that its recertification programme maintains doctor’s cultural competence and safety...”* This statement appears to be in contradiction to the note at h: *“The MCNZ acknowledges that participation in recertification programmes cannot guarantee competence”*. We suggest that this standard be reworded. For example, this could state: *“The training provider should demonstrate that its recertification programme includes formal components intended to ensure the cultural competence and cultural safety of fellows.”*
- 11) We note that standard 10 (10.1 - 10.4) considerably expands on previous requirements regarding international medical graduates (IMG).

We find this section confusing in terms of where the responsibility for the process lies: currently, decisions on IMG applications are taken by the Council, based on advice received from the training providers. Some of the standards in the new version of the document seem to imply that responsibility for the process will shift to the training provider. For example:

- *The training provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview,*

supervision, examination and appeals (10.1.3). Currently, this is Council's responsibility.

- *The training provider grants exemption or credit to IMGs for the purpose of registration within a vocational scope towards completion of requirements based on the vocational medical training outcomes (10.3.2)* Currently, in New Zealand, the training provider's role is to provide advice. It is Council's role to take decisions on the applicant's status.
- *The training programme provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner (10.3.4).* Currently in New Zealand, the communication of assessment outcomes is the responsibility of the Council not the training provider.
- *The training provider provides clear and easily accessible information about the assessment requirements and fees and any proposed changes to them (10.4.1).* Fees in New Zealand are currently set and administered by the Council not the Colleges.
- *The training provider provides timely and correct information to IMGs for the purpose of registration with a vocational scope about their progress through the assessment process (10.4.;2).*

We request that the Council clarify whether the changes implied in the standards are intended, and whether full responsibility for the IMG assessment process in the future will reside with the Colleges.

12) We note that standards 10.1.4 and 10.1.5 largely duplicate 10.1.2. We suggest that these be combined into a single standard.

13) Standard 10.1.7 is unclear ("*Each training provider has a process for advising the MCNZ on the content of vocational practice assessments*"). Is the process being referred to the Council process for practice assessment for the purpose of determining the award of the vocational scope? If so, should the phrasing perhaps be: 'The training programme provider is able to provide advice to the MCNZ on appropriate content for vocational practice assessments'; or alternately, should this be 'The training programme provider has a process for recommending Fellows to act as advisors to the MCNZ for the purpose of determining the content for vocational practice assessments'?

We note that the Council has stated that the new standards are intended to be in place by 1 July 2019 and that they will apply to all accreditation assessments for 1 July 2020. We request clarity on whether this applies only to organisations undergoing a full accreditation process, or whether it also applies to those currently accredited and submitting annual reports?

The NZCPHM would be happy to provide clarification on any of the issues raised above.

Sincerely



Dr Felicity Dumble
President

References:

¹ Medical Council of New Zealand. Vocational Medical Training for New Zealand Medical Colleges: Accreditation standards for New Zealand training providers of vocational medical training and recertification programmes. MCNZ, Wellington: MCNZ, January 2019. (<https://www.mcnz.org.nz/assets/News-and-Publications/Consultations/Proposed-Standards-for-assessment-and-accreditation-of-vocational-medical-training-and-recertification-programmes.pdf>)

² New Zealand College of Public Health Medicine. Māori Health Policy Statement. Wellington: NZCPHM, 2015. (https://www.nzcpm.org.nz/media/89786/2015_11_30_m_ori_health_policy_statement.pdf)

³ New Zealand College of Public Health Medicine / New Zealand Medical Association. NZCPHM Policy Statement on Health Equity (adopting the New Zealand Medical Association Position Statement on Health Equity 2011). Wellington: NZCPHM, 2016. (https://www.nzcpm.org.nz/media/58923/2016_11_17_nzcpm_health_equity_policy_statement.pdf)