



20 November 2020

Submission to Medical Council of New Zealand Te Kaunihera Rata o Aotearoa

The New Zealand College of Public Health Medicine would like to thank the Medical Council of New Zealand Te Kaunihera Rata o Aotearoa (the Council) for the opportunity to make a submission on the revised Accreditation Standards for New Zealand Training Providers of Vocational Medical Training and Recertification Programmes (the Standards).

The New Zealand College of Public Health Medicine (the College) is the professional body representing the medical specialty of public health medicine in New Zealand. We have 205 current 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 College partners to achieve health gain and equity for our population, eliminating inequities across socioeconomic and ethnic groups, and promoting environments in which everyone can be healthy.

The College notes that the proposed revisions to the Standards serve the purpose of updating the Standards to reflect the Council's new Cultural Safety Standards¹, and the Council's new requirements for recertification². The changes that the Council is proposing to the Standards are consistent with these documents.

The College has previously provided feedback to the Council on both issues. In summary,

- we have strongly supported the adoption of the concept of cultural safety, including a focus on critical consciousness, self-reflection and self-awareness, and have argued in favour of linking the need to attain health equity as a primary rationale for cultural competence and safety requirements.³ We have also supported the inclusion of additional accreditation standards on issues related to Māori health, health equity, cultural competence and cultural safety.⁴
- We have supported the Council's strengthened requirements for recertification programmes for recertification programmes for vocationally registered doctors.⁵

Our comments in each of these two areas in the revised Standards are provided below.

a) Cultural safety and health equity

The College strongly supports revisions to the Standards to strengthen requirements in line with the MCNZ's new Statement on Cultural Safety and He Ara Hauora Māori: A Pathway to Māori Health Equity.^{1,6}

We consider that the revised standards effectively embed the Council's expectations regarding cultural safety at an organisational level. For example, Curtis et al (2019)⁷ identify that a comprehensive approach to cultural safety for health professional training bodies would include:

- Evidence of cultural safety requirements as a part of organisational accreditation processes and practitioner recertification requirements. The Standards provide these requirements at organisational level, as well as setting expectations for the inclusion of cultural safety in recertification requirements.
- Cultural safety activities to be included in vocational training and professional development requirements. We note that the Standards sets an expectation that the 'professional responsibility' outcomes for training programmes should include self-reflection and the delivery of culturally safe care (Standard 2 note (b)). The Standards also require the provision of opportunities in training to develop cultural competence and to reflect on unconscious bias (Standard 4.2.5). Standard 9.1.8 specifically requires recertification programmes to include cultural safety and health equity requirements.
- Acknowledgement that cultural safety requirements are additional to competencies in indigenous health (such as Māori and Pacific Peoples health). The Standards include a focus on health equity, for example in Standard 3.2.9, 3.2 note (f), 9.1.3, and 9.1.8.

Curtis et al (2019) have identified that "more work is needed on how best to train and monitor for cultural safety within health workforce contexts". We agree and note that internationally robust data is lacking on the effectiveness of many interventions designed to reduce implicit bias. For example, a 2019 systematic review of interventions designed to reduce implicit prejudices and implicit stereotypes in real world contexts shows that some techniques, such as engaging with other's perspective, appear unfruitful, at least in short-term implicit bias reduction, and may even increase implicit biases.⁸ Kiri Dargaville's (2020) thesis on building a culturally safe and critically conscious health workforce in New Zealand found that

There is limited evidence [for the approaches taken to cultural safety training], and no current approaches to cultural safety assessments focused on behavioural change, with most approaches focusing on skill and knowledge acquisition. There is an absence of evidence and current approaches to monitoring cultural safety at a practitioner and health organisation level.⁹

The College therefore considers that **the shift from cultural competence to cultural safety will require some time to implement**, as training organisations work to develop the resources and training opportunities that will be required.

The College notes that the documents provided in the consultation make no reference to cultural safety, Māori health and health equity requirements for Australasian Colleges who operate in New Zealand.¹⁰ **We strongly suggest that the Council considers its position on this.** The College's view is that, in the same way that bi-national providers will be required to meet New Zealand requirements for recertification programmes¹¹ (and not just those of the Australian Medical Council), these Colleges should also be required to meet New Zealand standards for cultural safety, Māori health and health equity training.

b) Recertification standards

The College supports the revisions to the Standards to strengthen requirements in line with the Council's new requirements for recertification programmes for vocationally registered doctors.

Our specific comments regarding the recertification standards follow:

- Standard 9.1.4: The Standard states that the training provider "... assigns greater credit for activities that evidence shows are most effective in improving a doctor's performance." We suggest that a better wording for this standard would be "... assigns greater weight to activities that evidence shows are most effective in improving a doctor's performance", since it is in the overall weighting given to activity types, rather than credits assigned to individual activities (which are often linked to the number of activity hours), that an appropriate activity mix will be assured.
- Standard 9.1.7: The Standard refers to the need for recertification programmes to require participants to develop and maintain a professional development plan. We have no concern with this requirement. However, the final sentence of the standard states that "Providers must provide a platform and template to enable these elements to be satisfied and that ensures (and records) that the participant satisfies this requirement". The meaning of this sentence is not clear. We agree that the provider must provide a system for participants to document their recertification programme activities (covered in Standard 9.1.1) and should provide a template for a professional development plan, which includes the elements outlined in Standard 9.1.7, and a process for ensuring that the plan is completed and updated. It is not clear why a 'platform' would be necessary for this purpose.
- Standard 9.1.8: This Standard includes the statement that "The recertification programme must assist participants to meet cultural safety standards". We note our comment above that the shift from cultural competence to cultural safety will require some time to implement, as training organisations work to develop the resources and training opportunities that will be required.
- Standard 9.1.15: The Standard states: "The training / recertification provider must inform Medical Council of New Zealand (at least annually) of those who are participating in the recertification programme and whether they are meeting requirements. This is in addition to immediately reporting known non-compliance."

This appears to be a new requirement that differs from previous arrangements with the Council, and which has not been discussed with the Colleges. In terms of the current Memorandum of Understanding with the Council, the College must:

- Have a process for regular monitoring of whether doctors are participating in the recertification programme and whether they are meeting requirements
- Advise the Council of any doctors who have, in two consecutive years, failed to meet the requirements of the recertification programme, or
- Where the Vocational Education Advisory Body's CPD requirements are triennial, advise the Council if those requirements are not met

- Have a process for reporting to the Council, for the purposes of the Council's audit of recertification, those who are participating in the recertification programme and whether they are complying or not.

These current arrangements take account of the fact that the College runs a triennium recertification programme, with minimal annual requirements. It is not clear what information the Medical Council wishes us to provide annually regarding compliance, or what 'non-compliance' would need to be immediately reported.

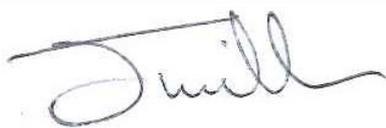
This Standard requires further discussion and clarification.

- Standard 9 note (c): This note is poorly worded. The Council does not 'implement' recertification programmes, and the training (and recertification) providers role is not 'to provide options'.
- Standard 9 note (e): typo last line – 'long term', rather than 'terms'.
- Standard 9 note (k): We cannot find a definition for the term 'recertification' in this document, or in the Council's 'Recertification Requirements for vocationally registered doctors in New Zealand' publication. Nonetheless, we believe the term has been inappropriately applied in line 1 of this note. The providers listed in the note provide educational opportunities, but not recertification programmes.

We note that whilst we recognise activities undertaken by our members that have been provided by other organisations, we do not offer any form of endorsement for these programmes. We consider the benefits of an 'endorsement' approach to be limited (since most endorsement programmes are administrative processes with little substance), and the administrative costs of running such a programme are high. Future structuring of our recertification programme to ensure that higher value activities are appropriately weighted, combined with an audit process that ensure that the doctor has included an appropriate mix of activities in their recertification portfolio, is, in our view, sufficient protection from the danger of excessive low-value activities. We suggest that this note goes too far in setting 'expectations' for training programme requirements in this regard.

Thank you for the opportunity for the NZCPHM to submit on the [Accreditation standards for New Zealand training providers of vocational medical training and recertification programmes](#). We hope our feedback is helpful and are happy to provide further clarification on matters covered in this submission.

Sincerely,



Dr Jim Miller
President

References:

- ¹ Medical Council of New Zealand. Statement on Cultural Safety. Wellington: MCNZ, 2019 <https://www.mcnz.org.nz/assets/standards/b71d139dca/Statement-on-cultural-safety.pdf>
- ² Medical Council of New Zealand. Recertification requirements for vocationally registered doctors in New Zealand, Wellington: MCNZ, 2019. <https://www.mcnz.org.nz/assets/Publications/Booklets/f7d4bc7fff/Strengthened-recertification-requirements-for-vocationally-registered-doctors-November-2019.pdf>
- ³ New Zealand College of Public Health Medicine. Submission to Medical Council of New Zealand: Cultural Competence, Partnership and Health Equity – Consultation on Revised Documents. Wellington: NZCPHM, 2019. https://www.nzcpmh.org.nz/media/129126/final_nzcpmh_cultural_competence_submission.pdf
- ⁴ New Zealand College of Public Health Medicine. Submission to Medical Council of New Zealand: Accreditation Standards for New Zealand Training Providers of Vocational Medical Training and Recertification Programmes. Wellington: NZCPHM, 2019. https://www.nzcpmh.org.nz/media/126412/nzcpmh_submission_to_mcnz_on_accreditation_standards.pdf
- ⁵ New Zealand College of Public Health Medicine. Submission to Medical Council of New Zealand: Strengthened recertification for vocationally registered doctors in New Zealand. Wellington: NZCPHM, 2018. https://www.nzcpmh.org.nz/media/120157/nzcpmh_submission_mcnz_recertification.pdf
- ⁶ Medical Council of New Zealand. He Ara Hauora Māori: A Pathway to Māori Health Equity. Wellington: MCNZ, 2019 <https://www.mcnz.org.nz/assets/standards/6c2ece58e8/He-Ara-Hauora-Maori-A-Pathway-to-Maori-Health-Equity.pdf>
- ⁷ Curtis E, Jones R, Tipene-Leach D, Walker C, Loring B, Paine S-J, Reid P. Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *International Journal for Equity in Health*. 2019; 18 (176). <https://equityhealth.biomedcentral.com/articles/10.1186/s12939-019-1082-3>
- ⁸ Fitzgerald C, Martin A, Berner D, Hurst S. Interventions designed to reduce implicit prejudices and implicit stereotypes in real world contexts: a systematic review. *BMC Psychology*. 2019; 29. <https://bmcp psychology.biomedcentral.com/articles/10.1186/s40359-019-0299-7>
- ⁹ Dargaville, K. Waiwhakaata: Building a culturally safe and critically conscious health workforce. Thesis in partial fulfilment of the requirements for the degree of Master of Public Health, University of Auckland, 2020.
- ¹⁰ Medical Council of New Zealand. Website: Consultation on Proposed Accreditation Standards. Accessed 14/11/2020. <https://www.mcnz.org.nz/about-us/consultations/consultation-on-proposed-accreditation-standards/>
- ¹¹ Medical Council of New Zealand. Proposed recertification accreditation standards for bi-national (Australasian) providers. Wellington: MCNZ, 2020. <https://www.mcnz.org.nz/assets/News-and-Publications/Consultations/acfd483d8/Proposed-recertification-accreditation-standards-for-providers-of-recertification-programmes-for-vocationally-registered-doctors-in-New-Zealand-October-2020.pdf>