Te Kaunihera Rata
o Aotearoa

Medical Council of New Zealand

Guide to preparing an accreditation self-assessment for vocational medical training and recertification providers

October 2024
Medical Council of New Zealand

Contents

Preparing the self-assessment submission

This guide is for accredited training providers who are preparing for a Medical Council of New Zealand (MCNZ) accreditation assessment. This guide should be read in conjunction with the *Process for assessment and accreditation of New Zealand based vocational training providers.*

This document provides guidance for training providers on information to include in the self-assessment. Please note that some of the recommended documents or evidence may not be relevant to all training providers.

Purpose of the self-assessment submission
The self-assessment provides the accreditation panel with a detailed understanding of the training provider's training and recertification programmes, and the structures in place to support its education and training activities.

The self-assessment is an opportunity for the training provider to reflect on its performance against the accreditation standards. The training provider should identify its strengths, as well as any challenges it may be facing, in each section. The provider should also detail its process or plan for addressing the challenges.

The self-assessment should be a complete document providing summary answers to all the standards covered in this booklet, each substandard must be commented on. There is no suggested word length for the self-assessment, however direct and succinct statements are appreciated.

Please append supporting documents, such as training handbooks and policy documents. Please refer to format instructions in the *Self-assessment: Application for accreditation as a provider for vocational medical training and recertification.*

Format of this guide
The format of the guide follows the order of the accreditation standards:

1. The context of training and education (Governance, Programme management, Reconsideration, review and appeals processes; Educational expertise and exchange, Educational resources, Interaction with the health sector, Continuous renewal)
2. The outcomes of vocational medical training (Educational purpose, Programme outcomes, Graduate outcomes)
3. The vocational medical training and education framework (Curriculum framework, The content of the curriculum, Continuum of training, education and practice, Structure of the curriculum)
4. Teaching and learning (Teaching and learning approach, Teaching and learning methods)
5. Assessment of learning (Assessment approach, Assessment methods, Performance feedback, Assessment quality)
6. Monitoring and evaluation (Monitoring, Evaluation, Feedback, reporting and action)
7. Trainees (Admission policy and selection, Trainee participation in training provider governance, Communication with trainees, Trainee wellbeing, Resolution of training problems and disputes)
8. Implementing the programme: delivery of education and accreditation of training sites (Supervisory and educational roles, Training sites and posts)
9. Recertification programmes, further training and remediation (Recertification programmes, Further training of individual vocationally registered doctors, Remediation)
10. Assessment of international medical graduates for the purpose of vocational registration (Assessment framework, Assessment methods)

Under each sub-standard, there are guidance notes to assist providers in evidencing progress against that particular substandard.

If you have any questions about your self-assessment, please contact MCNZ's Education Team at education@mcnz.org.nz.

Guide for the self-assessment

1 The context of training and education

1.1.1	The vocational medical training provider's (training provider's) corporate governance structures are appropriate for the delivery of vocational medical specialist programmes, recertification programmes and the assessment of specialist international medical graduates (SIMGs).
1.1.2	The training provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.
1.1.3	The training provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.
1.1.4	The training provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.
1.1.5	The training provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.
1.1.6	The training provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

Notes

a. Training providers have governance structures that relate to organisational or corporate governance, as well as operational governance structures for training and education functions.

b. The corporate governance structures should be such that the training provider has adequate resources and autonomy to manage and deliver training and education functions.

c. Governance structures typically include decision-making committees, advisory groups and staff.

d. The MCNZ recognises that the governance structures and the range of functions vary from training provider to training provider. The MCNZ does not consider any particular structure is preferable, and supports diversity where the structure can be demonstrated to function effectively over time. The internal units encompassed in the governance structures might include branches or regions, as well as chapters, faculties, associations and societies. External training providers might include higher education providers (including universities) and/or vocational medical societies.

e. The governance structures should be such that the training provider's governing body is informed of, and accepts ultimate responsibility for, new vocational medical training programmes or significant programme changes.

f. The training provider should represent itself, its educational activities and fees accurately.

g. Relevant groups include internal stakeholders, and external stakeholders who contribute to the design and delivery of training and education. Internal stakeholders include trainees and vocationally registered doctors who identify as Māori. Depending on the role of the decision-making group, relevant external stakeholders might include health consumers and other health care providers, including those who identify as Māori.

In your response, please consider addressing the following, where relevant:

- To assist the team to understand your evolution as a training provider, provide a short summary of your development and current functions. [1.1.1]
- Outline the categories of fellowship and membership available and provide information on the current numbers in each category (and in each specialty). [1.1.1]
- Describe the governance structures and functions, including the roles and responsibilities of senior officers, date of last review and whether any changes are planned in the next two to three years [1.1.2 & 1.1.3]
- Provide an outline of the structure and accountabilities for managing training and education activities, including:
  - any units that make a significant contribution to training and education processes, such as faculties, chapters or special societies
  - the management structure for any training programmes offered jointly with another training organisation [1.1.4]
  - when were these last reviewed, what resulted, and are any changes planned in the next two to three years?

- Demonstrate that as a training provider you give priority to your educational role with reference to the roles undertaken, and your strategic priorities. [1.1.4]
- If significant changes are occurring or planned in the training programmes, demonstrate that your governance structure results in the governing body being informed of, and accepting ultimate responsibility for, new programmes or significant programme changes. [1.1.4]
- Describe how as a training provider you collaborate with relevant groups regarding the design and delivery of training and education functions. [1.1.5]
- Describe the procedures for identifying, managing and recording conflicts of interest in training and education functions, governance and decision making. [1.1.6]
- Identify other relevant strengths and challenges in relation to the governance of the training provider, plans for development and the processes for addressing the challenges, with examples.

Suggested appendices for this section:

- Diagram(s) showing the training provider's governance structure.
- Annual report on activities from preceding year (if applicable).
- Terms of reference and membership of education and training committees.
- Any other documents or policies providing evidence relating to the governance of the training provider and its programmes.
- Any other documentation which will indicate that the training provider is complying with these standards.

1.2 Programme management

1.2.1 The training provider has structures with the responsibility, authority and capacity to direct the following key functions:

- planning, implementing and evaluating the vocational medical programme(s) and curriculum, and setting relevant policy and procedures
- setting and implementing policy on its recertification programme(s) and evaluating the effectiveness of recertification activities
- setting, implementing and evaluating policy and procedures relating to the assessment of SIMGs
- certifying successful completion of the training and education programmes
- reporting on the six-factor framework on the viability of the vocational training provider as part of its accreditation process.

Notes

a. The structures responsible for designing the vocational medical programme and curriculum, and overseeing delivery should include those with knowledge and expertise in medical education.

b. The structures responsible for programme and curriculum design should be informed by knowledge of local and national needs in health care and service delivery, national health priorities, and regulatory requirements.

c. The six-factor framework refers to:

1. Critical mass

Critical mass is the absolute number of vocationally registered doctors and trainees required for a training provider to deliver its training, education and recertification functions. This will vary between training providers, as it largely depends on the nature and key functions of the training provider.

2. Sustainable base

Sustainable base refers to the number and availability of vocationally registered doctors and trainees required for the vocational scope of medicine to be maintained in the longer term. These doctors are those who have the knowledge and expertise to design, develop and maintain the quality of training, education and recertification.

3. Infrastructure

Infrastructure refers to the human resource and governance capability required to administer, review and develop the training, education and recertification functions.

4. Funding

Appropriate financial resources should be available to sustain the functions of the training provider, including its ability to administer, review and develop the training, education and recertification functions.

5. Collegiality

Collegiality refers to the existence and accessibility of networks that support both vocationally registered doctors and trainees in training and/or education and/or recertification. Collegiality is evident where there is a

cohort of other trainees and doctors to work and learn with throughout the course of training. For example, a training organisation that fosters collegiality would **not** have trainees training in isolation.

6. The viability of the vocational scope of medicine for which training, education and recertification programmes are provided

This looks at the long-term viability of the vocational scope of medicine. This includes the likelihood of the vocational scope over time no longer significantly enhancing the quality of healthcare in New Zealand. This applies to vocational scopes of medicine that have, or in future are likely to have, too great an overlap with other vocational scopes of medicine. The viability of the scope of medicine in the longer term shapes the ability of the training provider to recruit trainees, maintain a sustainable base, secure funding and maintain adequate infrastructure.

In your response, please consider addressing the following, where relevant:

- With reference to the governance information provided under standard 1.1, describe the structure and powers of the group(s) responsible for oversight of the key functions. Include a flow chart to illustrate reporting relationships. [1.2.1]
- Indicate how, as the training provider ensures knowledge and expertise in medical education, health care and service delivery needs, national health priorities, and regulatory requirements are included in these structures. [1.2.1]
- Critically examine the extent to which these structures provide for effective decision making in the areas listed. [1.2.1]
- Identify other relevant strengths and challenges in relation to programme management, plans for development and the processes for addressing the challenges, with examples.

Suggested appendices for this section:

- A report addressing each of the factors that make up the six-factor framework.
- Any other documentation relevant to assessing how the training provider is complying with this standard.

1.3 Reconsideration, review and appeals processes

1.3.1 The training provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.

1.3.2 The training provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

Notes

a. An appeals process that provides a fair and reasonable opportunity to challenge the decision is likely to result in decisions that are ultimately correct. Elements of a strong process include an appeals committee with some members who are external to the training provider, as well as impartial internal members. The process should also provide grounds for appeal against decisions that are similar to the grounds for appealing administrative decisions in New Zealand.

b. In relation to decision-making conduct, the grounds for appeal would include matters such as:

- an error in law or in due process in the formulation of the original decision
- relevant and significant information, whether available at the time of the original decision or which became available subsequently, was not considered or not properly considered in the making of the original decision
- irrelevant information was considered in the making of the original decision
- procedures that were required by the training provider's policies to be observed in connection with the making of the decision were not observed
- the original decision was made for a purpose other than a purpose for which the power was conferred
- the original decision was made in accordance with a rule or policy without regard to the merits of the particular case; and
- the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision.

c. Procedural fairness, timeliness, transparency and credibility, including requiring written reasons for decisions to be issued, are also elements of a strong and effective appeals process.

In your response, please consider addressing the following, where relevant:

- Describe the reconsideration, review and appeals processes available. [1.3.1]
- Indicate the number of appeals that have been heard within the last three years, the subject of the appeal (e.g. selection, assessment, training time, international medical graduate assessment) and the outcome (number upheld, number dismissed). [1.3.2]
- Describe any mechanisms to evaluate whether trainees and other potential complainants see these processes as fair, and trustworthy. [1.3.1 and 1.3.2]
- Describe the training provider's process for evaluating de-identified appeals and complaints to identify systems issues, if any. [1.3.2]

Suggested appendices for this section:

- Provide any relevant reconsideration, review and appeals policies.
- Provide a copy of any relevant evaluations.
- Any other documentation which will indicate your compliance with these standards.

1.4 Educational expertise and exchange

1.4.1 The training provider uses educational expertise in the development, management and continuous improvement of its training and education functions.

1.4.2 The training provider collaborates with other educational institutions and compares its curriculum, vocational medical training programme and assessment with that of other relevant programmes.

Notes

a. Educational expertise includes clinicians with experience in medical education, educationalists and subject matter specialists such as Māori health providers and practitioners.

In your response, please consider addressing the following, where relevant:

- As a training provider how do you ensure you have the necessary educational expertise to support the development, management and continuous improvement of its training and education functions? [1.4.1]
- Provide a summary of the existing and/or proposed collaborative links with other educational institutions (including national and international links, links to any specialty societies or other organisations that contribute to the education and training). Describe the nature of those links. [1.4.2]
- Describe any new activities with other educational institutions. [1.4.2]
- Describe the provider's major activities since the last MCNZ accreditation to compare the curriculum with that of other programmes. Summarise any significant changes made or planned as a result in the curriculum section (section 3). [1.4.2]
- Identify other relevant strengths and challenges in relation to educational expertise, plans for development and the processes for addressing the challenges, with examples.

Suggested appendices for this section:

- Any formal agreements between the training provider and other entities concerning the delivery of training or recertification programmes.
- Conflict of interest policies relevant to training and education functions.
- Any other documentation which will indicate your compliance with these standards.

1.5 Educational resources

1.5.1 The training provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.

1.5.2 The training provider's training and education functions are supported by sufficient administrative and technical staff.

Notes

a. The resources required in the delivery of training and education functions comprise financial resources, human resources, learning resources, information and records systems, and physical facilities. Information systems should be maintained securely and confidentially.

b.	Since training sites provide many of the resources required to deliver vocational medical training programmes and, in some cases, that training is delivered by external providers, training providers may not have direct control over these resources. This reinforces the importance of the development and maintenance of effective external relationships in the delivery of vocational medical training and education.

In your response, please consider addressing the following, where relevant:

- Briefly describe the resources available and how the training provider has determined that its resources and management capacity for training are adequate. If relevant, give examples of changes made or planned as a result. [1.5.1]
- Describe the challenges facing the training provider in resourcing its education and training activities for the next five years and its responses to those challenges. [1.5.1]
- Describe the practices the training provider employs to ensure that training and education functions are supported by sufficient administrative and technical staff. [1.5.2]
- Identify other relevant strengths and challenges in relation to educational resources, plans for development and the processes for addressing the challenges, with examples.

Suggested appendices for this section:

- A diagram showing the training provider's staffing structure.
- Any other documentation which will indicate your compliance with these standards.

1.6	**Interaction with the health sector**
1.6.1	The training provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of vocationally registered doctors through recertification.
1.6.2	The training provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
1.6.3	The training provider works with training sites and jurisdictions on matters of mutual interest.
1.6.4	The training provider has effective partnerships with Māori health providers to support vocational medical training and education.

Notes

a.	While the training provider sets the educational requirements for completion of the vocational medical training programme, trainees are also part of the training and service delivery system of the health service that employs them. Effective management of vocational medical programmes requires training providers to understand the intersection of their policies and the requirements of the employer and the implications for vocational medical training and education, for example in supervision and trainee welfare including discrimination, bullying and sexual harassment.
b.	The duties, working hours and supervision of trainees should be consistent with the delivery of high-quality, safe, culturally safe, patient care. Ensuring trainees can meet their educational goals and service delivery requirements within safe hours of work is the responsibility of all parties.
c.	The training provider's relationships with local communities, organisations and individuals involved in delivery of healthcare to Māori should recognise and address Māori health needs and health equity.
d.	Matters of mutual interest to vocational medical training providers, training sites and jurisdictions include: teaching, research, patient safety, clinical service and trainee welfare. In relation to vocational medical programmes, capacity to train, and the implications of substantial proposed changes to vocational medical training programmes and trainee requirements need to be covered in discussions between training providers, training sites and jurisdictions, as well as changes in community need, and medical and health practice.
e.	Vocational medical training and education depends on strong and supportive publicly funded and private health care institutions and services.
f.	Many benefits accrue to health care services through involvement in medical training and education.
g.	Teaching and training, appraising and assessing medical practitioners and students are important functions for the care of patients now and the development of a highly skilled workforce to care for patients in the future.
h.	The MCNZ considers it essential that the institutions and health services involved in medical training and education are appropriately resourced to support training, educational experience and supervision. It recognises this is not a matter over which individual training providers have control.
i.	Equally, many training providers do not have control over trainee intake, but in working with jurisdictions and training sites should contribute to explaining relationships and drawing attention to problems such as imbalances between intake and education capacity.

j.	Effective consultation should include a formal mechanism for establishing high-level agreements concerning the expectations of the respective parties, and should extend to regular communication with the jurisdictions.

In your response, please consider addressing the following, where relevant:

- Describe any relationships with community and government agencies and opportunities to discuss expectations of and requirements for training and education. The response should include information on any formal agreements. [1.6.1]
- Outline any activities undertaken in collaboration with the training sites to support clinicians to contribute to high-quality teaching and supervision. [1.6.2]
- Explain, with examples, how the training provider works with training sites on areas of mutual interest, including: teaching, research, patient safety, clinical service and trainee welfare. In relation to training programmes, capacity to train, and the implications of substantial proposed changes to the programmes and trainee requirements need to be covered in discussions between training providers and training sites, as well as changes in community need, and medical and health practice. [1.6.3]
- What partnerships exist between the training provider and Māori Health providers? How are these partnerships fostered and what other relationships are being considered? [1.6.4]
- Identify other relevant strengths and challenges in relation to interactions with the health sector, plans for development and the processes for addressing the challenges, with examples.

Suggested appendices for this section:

- Provide any documentation that sets out the composition, terms of reference, delegations and reporting relationships of entities that contribute to governance.
- Any other documentation which will indicate your compliance with these standards.

1.7 Continuous renewal

1.7.1	The training provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

Notes

a. The MCNZ expects each training provider to engage in a process of educational strategic planning, with appropriate input, so that its training and education programmes, curriculum, assessment of SIMGs and recertification programmes reflect changing models of care, developments in health care delivery, medical education, medical and scientific progress, cultural safety and changing community needs.

b. It is appropriate that review of the overall programme, potentially leading to major restructuring occurs from time to time, but there also needs to be mechanisms to evaluate, review and make more gradual changes to the curriculum and its components.

c. When a training provider plans new training requirements or a new programme, trainees in transition should be included in the strategic planning.

In your response, please consider addressing the following, where relevant:

- Describe the processes for regular renewal of structures and functions, and resource allocation relating to training and education functions. Give examples. [1.7.1]

Suggested appendices for this section:

- Reports of any relevant reviews.
- Any other documentation which will indicate your compliance with these standards.

2 The outcomes of vocational medical training

2.1	Educational purpose
2.1.1	The training provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development through the recertification programme, within the context of its community responsibilities.
2.1.2	The training provider's purpose addresses Māori health.
2.1.3	The training provider's purpose addresses health equity.
2.1.4	In defining its educational purpose, the training provider has consulted internal and external stakeholders.

Notes

a. Training providers will have both an organisational purpose and an educational or programme purpose. While these may be similar, this standard addresses the educational purpose of the training provider.

b. The community responsibilities embedded in the purpose of the training provider should address the health care needs of all the communities it serves, including achieving equitable health outcomes for Māori.

c. Training providers are encouraged to engage health consumers when developing vocational medical programmes to ensure the programmes meet societal needs.

d. Similarly, training providers should engage the diverse range of employers of vocational trainees in developing programmes that have due regard to workplace requirements.

e. The MCNZ has an expectation that all doctors will be committed to developing and embedding cultural safety in their practice and will have a focus on health equity, as described in the following statements and resources:
   - *Statement on cultural safety*
   - *He Ara Hauora Māori: A Pathway to Māori Health Equity*
   - *Cole's Medical Practice in New Zealand*
   - *Good Medical Practice*

In your response, please consider addressing the following, where relevant:

- Describe the educational purpose of the training provider and outline the roles it undertakes. Indicate if the purpose has been recently reviewed (last five years) and the impact of any changes made. [2.1.1]
- Indicate how the purpose of the training provider addresses Māori health outcomes. [2.1.2]
- Indicate how the purpose of the training provider addresses health equity. [2.1.3]
- Indicate how the purpose of the training provider addresses cultural safety. [2.1.2]
- Describe how you communicate with and seek the views of stakeholders about its educational purpose and roles. [2.1.4]

Suggested appendices for this section:

- Provide any relevant documentation that includes the provider's educational purpose, for example:
  - strategic plan
  - policy on cultural safety
  - policy on health equity
  - curriculum.
- Any other documentation which will indicate the training provider's compliance with these standards.

2.2	Programme outcomes
2.2.1	The training provider develops and maintains a set of programme outcomes for each of its vocational medical programmes, including any subspecialty programmes that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves and the achievement of health equity.
2.2.2	The programme outcomes are based on the role of the vocational scopes of practice and the role of the vocationally registered doctor in the delivery of health care.

Notes

a. There are a number of documents that describe the general and common attributes and roles of vocationally registered doctors.[1]

b. Programme outcomes describe what gives a discipline its coherence and identity, and define threshold and typical expectations of a graduate in terms of the abilities and skills needed to develop understanding or competence in the discipline. Training providers are expected to define the broad roles of doctors in their vocational scope as the outcomes of the vocational medical training programme.

c. Programme outcomes are specific to the discipline but should reflect the overall goal of vocational medical training and education which is to produce vocationally registered doctors capable of independent practice, able to fill the general roles and multifaceted competencies that are inherent in medical practice, as well as the role of clinical or medical expert in the vocational scope.

d. The vocational medical programme should provide trainees with the training and education to achieve these outcomes, and the recertification programmes should facilitate the maintenance and enhancement of these outcomes throughout the practice lifetime of the vocationally registered doctor. In this way, consideration should be given to ensuring the relationship/connection between the vocational medical training programmes and the recertification programmes, i.e. the continuum of training for skill development and retention.

e. In considering programme outcomes, training providers should consider whether graduates are 'fit for purpose', both in order to attain the qualification and from the perspective of the patient, stakeholders and the community. This should include reflecting on whether the programme is equipping graduates with the necessary and changing knowledge, skills and professional qualities that are not only expected as a practitioner within the specialty but also by consumers and the community.

f. Consumers and the community expect that changing models of care do not lead to unnecessary fragmentation and/or costs of care. In this respect, training providers' reflection on whether their graduates are fit for purpose should include consideration of the balance between generalism and the recognised vocational scope in the programme outcomes.

In your response, please consider addressing the following, where relevant:

- Provide the definition(s) of the discipline(s) in which you offer training and education. Describe how you compare this definition to those used by other local and international authoritative sources. Describe any reviews since the last MCNZ accreditation and any changes made. Describe how the role of the vocationally registered doctor in this discipline is developing. [2.2.1]
- State the programme outcomes for each of the vocational medical programmes, including any subspecialty programmes. Indicate how the training provider has reviewed the appropriateness of the programme outcomes since the last MCNZ accreditation. [2.2.1]
- If the statement of programme outcomes has changed since the last MCNZ accreditation, indicate when and describe any impact of those changes on the more specific outcomes or objectives which relate to the years or phases of the programme. [2.2.1]
- Demonstrate how programme outcomes relate to the healthcare needs of the community, including health equity and are based on the role of the specialty and the specialist in healthcare delivery. [2.2.1 & 2.2.2]

Suggested appendices for this section:

- Provide the training provider's definition(s) of the discipline(s) in which it offers training and education.
- Any other documentation which will indicate the training provider's compliance with these standards.

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[1] a. Frank, JR., Snell, LS., Sherbino, J., editors. Draft CanMEDS 2015, Physician Competency Framework – Series III, Ottawa: The Royal College of Physicians and Surgeons of Canada, 2014 September.

b. Accreditation Council for Graduate Medical Education (ACGME), Outcome Project, ACGME 2003. Note: ACGME revised this information in 2007 when it revised its Common Program Requirements. Refer to the Outcome Project or "The Next Accreditation System (NAS)" http://www.acgme.org/

c. Medical Council of New Zealand, Good Medical Practice A Guide for Doctors, December 2016, https://www.mcnz.org.nz/assets/News-and-Publications/good-medical-practice.pdf

2.3	Graduate outcomes
2.3.1	The training provider has defined graduate outcomes for each of its vocational medical training programmes including any sub-specialty disciplines or the recognition of advanced skills programmes. These outcomes are based on the vocational scope of practice and the vocationally registered doctor's role in the delivery of health care and describe the attributes and competencies required by the vocationally registered doctor in this role. The training provider makes information on graduate outcomes publicly available.
Notes	
a.	Graduate outcomes broadly implies the overall exit level outcomes expected to be met by a trained and qualified doctor. Graduate outcomes are therefore the minimum learning outcomes in terms of discipline-specific knowledge, discipline-specific skills including generic skills as applied in the specialty discipline, and discipline-specific capabilities that the graduate of any given vocational medical training programme must achieve.
b.	The outcomes should include commitment to professional responsibilities, commitment to ongoing self-reflection and the delivery of culturally-safe care, caring for personal health and wellbeing and the health and wellbeing of colleagues, and adherence to the principles of medical ethics.
In your response, please consider addressing the following, where relevant:	
•	State the graduate outcomes for each of the vocational medical programmes including any subspecialty programmes. Indicate how the training provider has reviewed the appropriateness of the graduate outcomes since the last MCNZ accreditation. [2.3.1]
•	If the statement of graduate outcomes has changed since the last MCNZ accreditation, indicate when and: – highlight the changes made and describe the rationale for them – describe any impact of those changes on the more specific outcomes or objectives which relate to the years or phases of the programme. [2.3.1]
Suggested appendices for this section:	
•	Provide a copy or web link to the programme and graduate outcomes for each of the specialist medical training programmes.
•	Any other documentation which will indicate the training provider's compliance with these standards.

3 The vocational medical training and education framework

3.1	Curriculum framework
3.1.1	For each of its vocational medical training programmes, the training provider has a framework for the curriculum organised according to the defined programme and graduate outcomes. The framework is publicly available.
Notes	
a.	Given the population distribution, health care needs and health service configuration in New Zealand, vocationally registered doctors need to be trained initially in the broad scope of their practice. It is recognised that their scope of practice will change depending on the context and location in which they practise, as well as their interests and career stage.
b.	The term 'subspecialisation' is frequently used to describe narrow specialisation within a broad specialty. Many specialist medical programmes allow trainees to focus their training in a subspecialist area or field of specialty practice. The MCNZ believes that such training should take account of the broader educational outcomes for the discipline/specialty as a whole. The New Zealand community and health system is better served by avoiding unnecessary fragmentation of medical knowledge, skills and medical care.
In your response, please consider addressing the following, where relevant:	
•	Describe the educational framework of the vocational medical training programme(s). Outline the programme structure including how the vocational medical training programme(s) is organised by year, terms, or phases. If the framework has changed over the last five years, please indicate when the change occurred and when the training provider advised the MCNZ of the change. Indicate if any changes are planned over the next two years. [3.1.1]
•	If you as the training provider offers training and education in fields of vocational practice and/or subspecialties or similar categories, please provide an outline of such programmes in the accreditation submission. For any programmes developed since the last MCNZ accreditation, indicate how the need for these and the structure of the programme was determined. [3.1.1]
•	Indicate how training in the subspecialty programme builds on the broader educational outcomes for the discipline/specialty as a whole. [3.1.1]
•	Explain how you review the ongoing community need for any subspecialty programmes. [3.1.1]
•	For any programmes offered jointly with another organisation, provide an outline of the structure of training. [3.1.1]
•	Identify relevant strengths and challenges in relation to subspecialty and joint training, plans for development and the processes for addressing the challenges, with examples.
Suggested appendices for this section:	
•	Provide a copy of the educational framework for each vocational medical training programme
•	Training programme handbook(s). If the curriculum documents are available on a members-only section of the website, please provide access.
•	Any other documentation which will indicate the training provider's compliance with these standards.

3.2	The content of the curriculum
3.2.1	The curriculum content aligns with all of the vocational medical training programme and graduate outcomes.
3.2.2	The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of vocational trainees' knowledge.
3.2.3	The curriculum builds on communication, cultural, clinical, diagnostic, management and procedural skills to enable safe patient care.
3.2.4	The curriculum prepares vocational trainees to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.
3.2.5	The curriculum prepares vocational trainees for their ongoing roles as professionals and leaders.

3.2.6	The curriculum prepares vocational trainees to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality, equitable and cost-effective health care across a range of health settings within the New Zealand health systems.
3.2.7	The curriculum prepares vocational trainees for the role of being a teacher and supervisor of students, junior medical staff, trainees, and other health professionals.
3.2.8	The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The programme encourages trainees to participate in research, enables appropriate candidates to enter research training during vocational medical training and receive appropriate credit for this towards completion of vocational medical training.
3.2.9	The curriculum includes formal learning about and develops a substantive understanding of the determinants of Māori health inequities and achieving Māori health equity. The training programme should demonstrate that the training is producing doctors who engage in ongoing self-reflection and self-awareness and hold themselves accountable for their patients' cultural safety. The training programme should include formal components that contribute to the trainees' education and development in cultural safety.
3.2.10	The curriculum develops an understanding of the relationship between culture and health. Vocational trainees and doctors are expected to be aware of their own cultural values, beliefs, and assumptions and to be able to interact with each individual in a manner appropriate to that person's culture.

Notes

a. The curriculum must advance vocational trainees' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.

b. Vocational trainees should participate in an induction to research that includes codes of conduct, ethics, occupational health and safety, intellectual property and any additional matters that are necessary for the type of research to be undertaken.

c. The academic development and leadership of individual disciplines depends on some trainees following an academic pathway. Academic advancement in New Zealand requires demonstration of merit in research as well as clinical activity and teaching. The vocational medical training programme can facilitate an early start to research, through intercalated research degrees, with appropriate credit towards completion of the programme. Trainee presentation of research projects at discipline scientific meetings is highly desirable.

d. Acquiring knowledge and understanding of the issues associated with the delivery of safe care includes participating in quality and safety systems within health care organisations.

e. Related Statements and resources available on the MCNZ's website include:

- *Statement on cultural safety*
- *He Ara Hauora Māori: A Pathway to Māori Health Equity*
- *Coles Medical Practice in New Zealand*
- *Good Medical Practice*

f. Examples of components which would contribute to meeting this requirement include but are not limited to:

- development of cultural safety education resources for trainees and fellows
- proactively developing policies to ensure equitable Māori participation and success in the health workforce
- including Māori in governance and decision-making bodies
- encouraging processes of self-reflection that contribute to cultural safety as part of recertification activities embedding assessment of cultural safety across aspects of the training and recertification programme.

In your response, please consider addressing the following, where relevant:

- Indicate how align the curriculum content with the vocational medical training programme and graduate outcomes, including the tools and processes to evaluate this alignment. Comment on the most recent review/evaluation, any outcomes that were not met and discuss plans to address. [3.2.1]
- Indicate how the curriculum content addressed in standards 3.2.1 to 3.2.10 is addressed in the vocational medical training programmes. [3.2.1-3.2.10]
- Describe whether the curriculum content addresses a need for doctors to engage in ongoing self-reflection.
- Describe whether the curriculum content ensures doctors have a substantive understanding of the determinants of Māori health inequities [3.2.9]
- Identify whether the curriculum content ensures doctors are responsive to people who are from a culture that is not their own [3.2.10]

•	Identify relevant strengths and challenges in relation to the structure or design of the programme, plans for development and the processes for addressing the challenges, with examples.
Suggested appendices for this section:	
•	Policy and procedures for any research project or research requirement.
•	Any other documentation which will indicate the training provider's compliance with these standards.

3.3	**Continuum of training, education and practice**
3.3.1	There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, including undergraduate and prevocational education and continuing professional development through the recertification programme.
3.3.2	The vocational medical training programme allows for recognition of prior learning and appropriate credit towards completion of the programme.
Notes	
a.	Vocational medical training is one step in the education of doctors. Other phases include primary medical education, prevocational medical training, research training, and continuing professional development through the recertification programme.
b.	Vocational medical training and education builds on the knowledge, skills and professional qualities developed in other phases and cannot be considered in isolation from those earlier phases, particularly the education, experience and training obtained during the intern years and other prevocational training. A complementary relationship is essential.
c.	The MCNZ supports activities to develop the linkage between primary medical education, prevocational medical training and vocational medical training. It also considers that collaboration between the various bodies concerned with medical education is essential to achieve appropriate quality assurance and efficiency across the continuum of medical education.
d.	Recognition of prior learning policies should support trainees to transition between vocational medical programmes with appropriate credit.
In your response, please consider addressing the following, where relevant:	
•	Describe the processes to articulate the training programme with previous and subsequent stages of training. [3.3.1]
•	Describe how you are informed about the requirements of previous stages of medical training. Summarise any changes to the vocational medical training programme made as a result of this information. Comment on the capacity to influence earlier stages of medical training. [3.3.1]
•	For each training programme, provide a table which shows for the last three years the number of trainees who have sought recognition of prior learning, the number granted it and the number rejected. [3.3.2]
Suggested appendices for this section:	
•	Recognition of prior learning policy. Including, if relevant, the eligibility of trainees for retrospective approval of periods of relevant experience completed prior to selection to the training programme.
•	Any other documentation which will indicate your compliance with these standards.

3.4	**Structure of the curriculum**
3.4.1	The curriculum articulates what is expected of trainees at each stage of the vocational medical training programme.
3.4.2	The duration of the vocational medical training programme relates to the optimal time required to achieve the programme and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.
3.4.3	The vocational medical training programme allows for part-time, interrupted and other flexible forms of training.

3.4.4 The vocational medical training programme provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

Notes

a. In determining the duration of the programme, training providers should consider:
- the outcomes of the primary and prevocational medical education and training stages related to the vocational scope of practice
- the programme and graduate outcomes for the vocational medical training programme, and the role of the vocationally registered doctor in the health sector
- possible alternatives to time-based educational requirements such as outcomes-defined programme elements, measurements of competencies, logbooks of clinical skills and workplace experiences. Such alternatives depend highly on agreed valid and reliable methods for measuring individual achievements.

b. Policies about flexible training options should be readily available to supervisors and trainees.

c. Vocational trainees who identify as Māori may have:
- a wide set of whānau and cultural obligations, for example, marae-based responsibilities and attending tangihanga of extended whānau members, and
- additional expectations placed on them by Māori communities and organisations, about care that the vocational trainee may provide for them.

The engagement of trainees who identify as Māori with Māori communities and organisations brings value to training providers, through enhancing local relationships and the provider's own cultural safety. While training providers need to ensure training and service requirements are fulfilled, recognising cultural loading and enabling vocational trainees who identify as Māori to respond to cultural obligations is likely to require a flexible approach.

d. Training providers should provide guidance and support to supervisors and trainees on the implementation and review of flexible training arrangements.

e. Training providers should monitor how flexible training options are being used by supervisors and trainees, and to measure their success by incorporating appropriate questions in surveys and by analysing the pattern of applications by trainees. They are also encouraged to work with the training sites and employers to create appropriate opportunities for flexible training.

In your response, please consider addressing the following, where relevant:

Include the following for each vocational medical training programme offered:

- Provide a concise description of the programme structure and duration. Including, if relevant, individual programme components and core and elective components. The response should address:
  - the date of the last major review of the programme and how the programme has evolved since then
  - any requirement for training in specific institutions/environments/disciplines
  - changes or plans for change in the programme in response to external developments (for example, new service delivery or care models)
  - the duration of the training programme. [3.4.1 & 3.4.2]
- Address the following issues concerning education and training in the knowledge and skills specific to the specialty discipline:
  - describe any procedural or other specific skill requirements and how the training provider has determined the need for these requirements
  - compare the training provider's educational and training requirements and those of other organisations that provide training in these disciplines, including both local programmes and programmes in other countries with a health system similar to New Zealand and Australia. [3.4.1]
- Describe how you communicate to trainees, fellows and supervisors the relevant learning outcomes or objectives at each stage of the vocational medical training programme. [3.4.1]
- Explain how the duration of each programme is determined and how this relates to the optimal time required to achieve the programme and graduate outcomes. [3.4.2]
- Indicate the opportunities for part-time and interrupted training and other flexibility in training. [3.4.3]
- Indicate the number of trainees that have sought and the number that have been granted part-time or interrupted training in the last three years. [3.4.3]

• Indicate the opportunities and rationale for trainees to pursue studies of choice throughout the programme. Provide the training provider's procedure for determining if the elective study is acceptable, and the assessment/monitoring procedures regarding the relevance and quality of the elective programme. [3.4.4]
Suggested appendices for this section:
• Policy documents relating to training flexibility and provide access to application forms. • Any other documentation which will indicate the training provider's compliance with these standards.

4 Teaching and learning

4.1	Teaching and learning approach
4.1.1	The vocational medical training programme employs a range of teaching and learning approaches, mapped to the curriculum content to meet the programme and graduate outcomes.

In your response, please consider addressing the following, where relevant:

- Outline the variety of teaching and learning approaches used in the different components of the vocational medical training programme(s), demonstrating how each is matched to specific curriculum content and outcomes. [4.1.1]
- Summarise briefly any major changes since the last MCNZ accreditation and their impact as well as any plans for change in the coming period of accreditation and the rationale. [4.1.1]
- Identify other relevant strengths and challenges in relation to teaching and learning, plans for development and the processes for addressing the challenges, with examples.

Suggested appendices for this section:

- Any documentation which will indicate the training provider's compliance with these standards.

4.2	Teaching and learning methods
4.2.1	The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
4.2.2	The vocational medical training programme includes appropriate adjuncts to learning in a clinical setting.
4.2.3	The vocational medical training programme encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.
4.2.4	The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge, and experience grow.
4.2.5	The training provider has processes that ensure that trainees receive the supervision and opportunities to develop their cultural safety and reflect on their unconscious bias in order to deliver patient care in a culturally-safe manner.

Notes

a. It is expected that, predominantly, training and education will be a balance of work-based experiential learning, independent self-directed learning and appropriate supplementary learning experiences. While much of the learning will be self-directed learning related to programme and graduate outcomes, the trainee's supervisors will play key roles in the trainee's education.

b. Learning resources that are specified or recommended for the vocational medical training programme should relate directly to the graduate outcomes, be up to date and be accessible to trainees.

c. Adjuncts to learning in a clinical setting include clinical skills laboratories, wet labs and simulated patient environments.

d. In some specialties, trainees must complete education courses offered by other training providers, for example university programmes, to meet the requirements of the vocational medical training programme. In these situations, the MCNZ expects the training provider for the vocational medical programme to review and monitor the quality of the externally provided courses and the courses' continued relevance to the requirements of the vocational medical training programme.

In your response, please consider addressing the following, where relevant:

- Describe the teaching and learning methods used in the programme(s), including:
  - mandatory skills courses
  - educational activities and educational material (including distance education from the training provider)
  - any major changes made or planned and their rationale. [4.2.2]
- Describe any requirement for completion of university or other formal award courses, including:
  - learning objectives met by such courses

- funding of these arrangements
- quality assurance and review. [4.2.2]

- Describe informal arrangements for the provision of training by external training providers and how these arrangements are funded. [4.2.2]
- Specify the teaching and learning methods that are inquiry-orientated, encourage trainees to take responsibility for their learning process and provide a foundation for lifelong learning.
- Specify also how the vocational medical training programme encourages role modelling and working with interdisciplinary and interprofessional teams. [4.2.3]
- Comment on the success of the teaching and learning methods used, including:
  - how successive years build upon each other
  - how the training process ensures increasing independent responsibility as skills, knowledge and experience grow. [4.2.4]
- Describe the processes in place to ensure that trainees receive supervision and opportunities to develop their cultural competence in order to deliver patient care in a culturally-safe manner. [4.2.5]

Suggested appendices for this section:

- Course outlines for mandated skills courses, or other required courses and awards.
- Any other documentation which will indicate the training provider's compliance with these standards.

5 Assessment of learning

5.1	Assessment approach
5.1.1	The training provider has a programme of assessment aligned to the outcomes and curriculum of the vocational medical training programme which enables progressive judgements to be made about trainees' preparedness for the vocational scope of practice.
5.1.2	The training provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.
5.1.3	The training provider has policies relating to special consideration in assessment.
Notes	
a.	Assessment includes both summative assessment for judgements about progression, and formative assessment for feedback and guidance. Formative assessment has an integral role in the education of trainees as it enables the trainee to identify perceived deficiencies, and the supervisor to assist in timely and effective remediation. It also provides positive feedback to trainees regarding their attainment of knowledge, skills and professional qualities.
b.	The training provider's documents defining the assessment methods should address and outline the balance between formative and summative elements, the number and purpose of examinations (including a balance between written and practical examinations) and other assessment requirements. It should make explicit the criteria and methods used to make assessment judgments.
c.	Policies on special consideration should be easily accessible. They should outline reasonable adjustments for trainees with short- or long-term conditions and circumstances which may affect assessment performance.
d.	Dependant on the capability within the training provider, the training provider may wish to seek specialist support to advise on the assessment of trainees' cultural safety and delivery of culturally safe care.
In your response, please consider addressing the following, where relevant:	
•	Outline the approach to assessment, including: – responsibilities and authorities – how a match is achieved between assessment and the outcomes and curriculum of the vocational medical training programme(s). [5.1.1]
•	Summarise the outcomes of any evaluations and reviews of the assessment programme that have occurred since the last MCNZ accreditation. [5.1.1]
•	Identify other relevant strengths and challenges in relation to assessment approaches, plans for development and the processes for addressing the challenges, with examples.
Suggested appendices for this section:	
•	Overall policies, including the special consideration policy.
•	The document(s) provided to trainees and the document provided to supervisors that explains the assessment policy, the nature of the assessments and the criteria used.
•	Any other documentation which will indicate the training provider's compliance with these standards.

5.2	Assessment methods
5.2.1	The assessment programme contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.
5.2.2	The training provider has a blueprint to guide assessment through each stage of the vocational medical training programme.
5.2.3	The training provider uses valid methods of standard setting for determining passing scores.
Notes	

a.	Methods of assessment should be chosen on the basis of validity, reliability, feasibility, cost effectiveness, opportunities for feedback, and impact on learning[2]. The assessment methodology should be publicly available.
b.	Contemporary approaches to assessment in medical education emphasise a programmatic approach where multiple measures of trainees' knowledge, skills and professional qualities over time are aggregated and synthesised to inform judgements about progress. Assessment programmes are constructed through blueprints which match assessment items or instruments with outcomes. The strength of an assessment programme is judged at the overall programme level rather than on the psychometric properties of individual instruments. In such an approach, highly reliable methods associated with high stakes examinations such as multiple-choice questions (MCQ), modified essay questions (MEQ) or objective structured clinical examinations (OSCE) are used alongside instruments which are currently less reliable but assess independent learning, communication with patients, families and colleagues, working in interprofessional teams, professional qualities, problem solving and clinical reasoning.
c.	The MCNZ encourages the development of assessment programmes for their educational impact. A balance of valid, reliable and feasible methods should drive learning to achieve the programme and graduate outcomes.
d.	In clinical specialties, direct observation of trainees with real or simulated patients should form a significant component of the assessment.

In your response, please consider addressing the following, where relevant:

- Provide a schematic of the assessment programme showing assessment methods for each component of each programme, and which assessments are barrier assessments. Highlight any changes since the last MCNZ accreditation. [5.2.1]
- Indicate what new assessment methods have been introduced since the last MCNZ accreditation and comment on their success. [5.2.1]
- Provide the plan for how each programme is assessed. [5.2.2]
- Outline the standard setting procedures for assessments and indicate the evidence for their validity. Highlight any changes to processes and comment on their impact and any planned changes in the coming period of accreditation. [5.2.3]
- Identify other relevant strengths and challenges in relation to assessment methods, plans for development and the processes for addressing the challenges, with examples.

Suggested appendices for this section:

- The assessment, grading and progression rules.
- Blueprinting documents and/or documents outlining standard setting processes.
- Any other documentation which will indicate the training provider's compliance with these standards.

5.3 Performance feedback

5.3.1	The training provider facilitates regular and timely feedback to trainees on performance to guide learning.
5.3.2	The training provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.
5.3.3	The training provider has processes for early identification of trainees who are not meeting the outcomes of the vocational medical training programme and implements appropriate measures in response.
5.3.4	The training provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

Notes

a.	Trainees encounter difficulties for many reasons including problems with systems, teaching, supervision, learning, assessment performance and personal difficulties. Not all are within the power of the trainee to rectify. It is essential that training providers have clearly defined assessment guidelines that are provided to the clinical supervisors assessing the performance of the trainees. Assessment should be based on these guidelines to ensure assessment is valid, transparent and reliable. The training provider must have systems to monitor their trainees' progress, to identify at an early stage, trainees experiencing difficulty and to assist

[2] van der Vleuten, CPM., 'The assessment of professional competence: developments, research and practical implications'. Advances in Health Science Education, vol. 1, 1996, pp. 41-67.

	them, where possible, to complete the vocational medical training programme successfully using methods such as remedial work and re-assessment, supervision and counselling.
b.	There may be times where it is not appropriate to offer remediation, or the remediation and assistance offered is not successful. For these circumstances, training providers must have clear policies on matters such as periods of unsatisfactory training and limits on duration of training time. As vocational medical training is workplace-based, training providers need to have processes for deciding when to inform employers of a trainee's failure to progress.
c.	Trainees should be told the content of any information about them that is given to someone else. While the employer will often identify patient safety concerns first, it is important that the training provider has clear procedures concerning informing employers and, where appropriate, MCNZ as the regulator. The requirement under standard 5.3.4 to inform employers and, where appropriate, the regulator about patient safety concerns will require action beyond remediation.
d.	In New Zealand, the Health Practitioners Competence Assurance Act (HPCAA 2003) provides for a doctor who believes another doctor may pose a risk of harm to the public (by practising below the required standard of competence) to refer the matter to the MCNZ.
In your response, please consider addressing the following, where relevant:	
•	Describe the mechanisms for providing feedback to trainees on performance including oral and written feedback, and who has responsibility for providing this feedback. [5.3.1]
•	Describe the mechanisms for providing feedback to supervisors on assessment performance of the trainees for whom they are responsible. [5.3.2]
•	Describe the processes for early identification of trainees who are not meeting the outcomes of the vocational medical training programme(s). Include the options for management of these trainees either through remedial training and or assessment, or through removal from training. [5.3.3]
•	List the reasons a trainee would be dismissed from the programme(s) and the processes for dismissal. Indicate the number of trainees dismissed in the last three years. [5.3.3]
•	Describe the procedure for informing employers (and MCNZ if required) of any patient safety concerns that arise in trainee assessment. Provide de-identified information on the circumstances in which the training provider has applied this procedure. [5.3.4]
•	Identify other relevant strengths and challenges in relation to assessment feedback, plans for development and the processes for addressing the challenges, with examples.
Suggested appendices for this section:	
•	The policy and procedures for remediation and reassessment of trainees, and for supplementary examinations.
•	Policy on dismissal from the vocational medical training programme
•	Any other documentation which will indicate the training provider's compliance with these standards.

5.4	**Assessment quality**
5.4.1	The training provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.
5.4.2	The training provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.
Notes	
a.	Assessment should actively promote learning that will assist in achieving the educational outcomes, provide a fair assessment of the trainee's achievement, and ensure patient safety by allowing only competent trainees to progress to be eligible to become vocationally registered doctors.
b.	When the programme and graduate outcomes of the vocational medical training programme or a component of the programme change, the assessment process and methods should reflect these changes; assessment should address and be developed in conjunction with the new outcomes. Similarly, new or revised assessments should be introduced where evaluation of specific curriculum components and associated assessment reveals a need.

c.	Reviews of assessment methods should also regularly consider the overall burden of assessment, and result in removal of ineffective assessment methods and individual assessment items that duplicate rather than add to previous assessments.
d.	Trainees undertake their work-based training in a wide variety of training sites. It is essential that training providers have systems to minimise variation in the quality of in-training assessment across training sites in all settings.

In your response, please consider addressing the following, where relevant:

- Outline the mechanisms used to review the quality, consistency and fairness of assessment methods, their education impact and feasibility. Provide data from recent assessments. [5.4.1]
- Describe how you have analysed its assessment processes and how it has used the findings from its analysis to improve assessment methods since the last MCNZ accreditation. [5.4.1]
- Describe the processes for regularly reviewing assessment items. [5.4.1]
- Describe how you monitor pass rates in examinations or components of examinations, and how it investigates high failure rates in individual components. [5.4.1]
- For each programme provide the following tabulated information for the last five years:
  - the number and percentage of trainees who passed the various summative assessments at their first, second, third and subsequent attempts
  - the numbers of trainees who withdrew from the programme before completion and a summary of the reasons for withdrawal. [5.4.1]
- Discuss the measures taken to ensure comparability in scope and application of assessment practices across all sites. Describe the measures that are in place to ensure moderation of assessment standards. [5.4.2]
- Identify other relevant strengths and challenges in relation to assessment quality, plans for development and the processes for addressing the challenges, with examples.

Suggested appendices for this section:

- Any documentation which will indicate the training provider's compliance with these standards.

6 Monitoring and evaluation

6.1	Monitoring
6.1.1	The training provider regularly reviews its training and education programmes. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.
6.1.2	Supervisors contribute to monitoring and to programme development. The training provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.
6.1.3	Trainees contribute to monitoring and to programme development. The training provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the vocational medical training programme to ensure that existing trainees are not unfairly disadvantaged by such changes.
Notes	
a.	Training providers should develop mechanisms for monitoring the delivery of their programme(s) and for using the results to assess achievement of educational outcomes. This requires the collection of data from a broad range of people involved in training and education and from trainees, and the use of appropriate monitoring methods.
b.	The value of monitoring data is enhanced by a plan that articulates the purpose and procedures for conducting the monitoring, such as why the data are being collected, the sources, methods and frequency of data analysis.
c.	Some examples of changes that may unfairly disadvantage existing trainees include those that lengthen the period of training, introduce more assessment, or change the range or kinds of training placements required to satisfy programme requirements.
In your response, please consider addressing the following, where relevant:	
•	Describe how you evaluate and review your training and education programme(s). Summarise the outcomes and important changes that have resulted from any reviews that have occurred since the last MCNZ accreditation. [6.1.1]
•	Provide details on how supervisor, trainer and trainee feedback has been collected, analysed and used to improve the programme. [6.1.2 & 6.1.3]
•	Outline the mechanisms to inform trainees of the results of ongoing monitoring and the response by the training provider to trainee feedback. [6.1.3]
•	Identify other relevant strengths and challenges in relation to ongoing programme monitoring, plans for development and the processes for addressing the challenges, with examples.
Suggested appendices for this section:	
•	The training provider's evaluation plan/strategy.
•	Results of recent surveys of trainees and fellows.
•	Any other documentation which will indicate your compliance with these standards.

6.2	Evaluation
6.2.1	The training provider develops standards against which its programme and graduate outcomes are evaluated. These programme and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.
6.2.2	The training provider collects, maintains and analyses both qualitative and quantitative data on its programme and graduate outcomes.
6.2.3	Stakeholders contribute to evaluation of programme and graduate outcomes.
Notes	
a.	When formulating and evaluating its programme and graduate outcomes, the training provider considers the needs and expectations of both graduates and stakeholders. This occurs from the level of individual graduate attributes through to the level of overall workforce demand.
b.	Training providers should consider methods of evaluation that ensure that recently graduated vocationally registered doctors are of a standard commensurate with community expectation, such as vocationally registered doctors' self-assessment of preparedness for practice, review of graduate destinations and community requirements, and other multi-source feedback mechanisms. Stakeholders in evaluation processes include supervisors, trainees, health care administrators, health professionals and consumers.
In your response, please consider addressing the following, where relevant:	
•	Describe the processes to evaluate programme and graduate outcomes, indicate when this was last reviewed and what plans there are (if any) to change these processes. [6.2.1]
•	Describe how information about programme and graduate outcomes is used as feedback for programme development, with examples. [6.2.2]
•	Describe how you seek evaluation feedback from and, where appropriate, responds to community perceptions about graduates of its programmes. [6.2.3]
•	Identify other relevant strengths and challenges in relation to evaluation, plans for development and the processes for addressing the challenges, with examples.
Suggested appendices for this section:	
•	Reports of recent reviews of the curriculum and/or sections of the programme.
•	Any other documentation which will indicate the training provider's compliance with these standards.

6.3	Feedback, reporting and action
6.3.1	The training provider reports the results of monitoring and evaluation through its governance and administrative structures.
6.3.2	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).
6.3.3	The training provider manages concerns about, or risks to, the quality of any aspect of its training and education programmes effectively and in a timely manner.
Notes	
a.	It is important that training providers report their programme and graduate outcomes transparently and accountably, which includes how stakeholder feedback is analysed and incorporated into future changes, and how the changes are communicated to stakeholders.
b.	Training providers are therefore expected to develop and maintain effective internal reporting mechanisms, and to indicate how and when actions occur in relation to particular findings.
c.	In addition, training providers are expected to disseminate its programme and graduate outcomes and engage in a dialogue with stakeholders. There should be evidence that stakeholder views are considered in continuous renewal of the education programme(s).
In your response, please consider addressing the following, where relevant:	
•	Describe the processes to report the results of monitoring and evaluation through the governance and administrative structures. [6.3.1]
•	Describe how you disseminate and communicates the results of programme evaluation to stakeholders, and seeks their input in the continuous renewal of the programme. Give examples. [6.3.2]

• Please describe how the training provider manages concerns about, or risks to, the quality of the training and education programme. [6.3.3]
Suggested appendices for this section:
• Examples of communications to stakeholders about recent plans for programme changes. • Risk management plan/matrix for training and education. • Any other documentation which will indicate the training provider's compliance with these standards.

7 Trainees

7.1	Admission policy and selection
7.1.1	The training provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection and can be consistently applied. These policies are publicly available.
7.1.2	The processes for selection into the vocational medical training programme: • use the published criteria and weightings (if relevant) based on the training provider's selection principles • are evaluated with respect to validity, reliability, feasibility • are transparent, rigorous and fair • are free from discrimination and bias • are capable of standing up to external scrutiny • include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.
7.1.3	The training provider ensures equitable recruitment and selection of trainees who identify as Māori.
7.1.4	The training provider publishes the mandatory requirements of the vocational medical training programme, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.
7.1.5	The training provider monitors the consistent application of selection policies across training sites and/or regions.
Notes	
a.	MCNZ supports a diverse medical workforce which reflects New Zealand's Indigenous Māori needs and rights and general demographics and health needs. The MCNZ does not endorse any one selection process; it recognises that there is no one agreed method of selecting the most appropriate trainees and supports diverse approaches that include both academic and vocational considerations.
b.	The training provider has a leadership role in the development of the criteria for selection of entrants into training for the vocational scope of practice. Trainees are both postgraduate students in vocational medical programmes and employees of the health services. This may cause tension between selection into a vocational medical programme and employment. The MCNZ expects collaboration between the training provider and other stakeholders to determine selection criteria and processes. Training selection panel members on selection processes will add to the rigour of this process.
c.	Selection into a vocational medical training programme can occur through several different mechanisms, often with the interlinking of processes for selection for employment and selection for training. In some situations, the training provider performs the primary selection with employment assured for those selected into the vocational medical training programme. In other situations, the reverse may occur with employment into a training 'position' as the primary selection mechanism.
d.	In situations in which selection is delegated to an employer or training provider, the MCNZ expects the training provider will work actively to obtain the cooperation of such other stakeholders in implementing its selection principles.
e.	Strategies to increase recruitment and selection of trainees who identify as Māori should be complemented by retention policies. One of the MCNZ's expectations is that (at a minimum) demographic proportionality of Māori doctors entering and completing vocational training will be achieved. The MCNZ considers that to achieve health equity for Māori, increasing numbers of Māori vocationally registered doctors is necessary. In addition, strategies should be in place to ensure all vocationally registered doctors are culturally safe, including those identifying as Māori.
f.	The training provider should facilitate opportunities to increase recruitment and selection of rural origin trainees and trainees from other under-represented groups, and to support gender equity.
g.	Despite the wide variety of selection policies and processes, the MCNZ recognises a number of benefits to regional coordination of selection processes for both trainees and the employing health services, particularly in ensuring the consistent application of selection policies.
In your response, please consider addressing the following, where relevant:	
•	Describe how the selection policy is implemented, at hospital, regional or national level and outline how the policy is informed. [7.1.1]
•	Describe how the selection policy supports merit-based selection. [7.1.1]

- Describe the role of the employer and the training provider in the phases of the selection process:
  - If the training provider is primarily responsible for selection, indicate the opportunities for employer representation in the various phases of selection, and whether these are considered adequate.
  - If the employer is primarily responsible for selection, indicate if the training provider reviews the selection process. Outline the opportunities for the training provider to be represented at the various phases of the selection process and whether these are considered adequate.
  - Outline the advice the training provider gives to fellows and representatives on their role and responsibilities in selection processes. [7.1.1]
- Describe how information on the selection process and appeals mechanism is made available to applicants and provide the link to any web-based information. [7.1.2]
- Describe the training provider's process for review of the selection process. [7.1.2]
- Describe how the training provider supports increased recruitment and selection of Māori trainees. [7.1.3]
- Describe how the selection process facilitates the proportionate entry to programme for Māori [7.1.3]
- Describe what strategies are in place to ensure that doctors, including Māori, are culturally safe and complete the programme within expected timeframe [7.1.3]
- Describe how the training provider monitors the consistent application of selection policies across training sites and/or regions, and the actions it takes when its policy is not applied. [7.1.5]
- Provide information on the number of trainees entering each programme(s) in each of the last three years. The MCNZ does not specify a format for this information. The training provider may present information in the format required by other organisations.
- Indicate how the training provider considers the implications of an increase or decrease in applicants for its programmes.
- Identify other relevant strengths and challenges in relation to selection, plans for development and the processes for addressing the challenges, with examples.

Suggested appendices for this section:

- Information available to prospective trainees on:
  - The training places available.
  - Any quotas and other limits, such as the number of training positions.
  - Location of training, including periods of mandatory experience.
  - The policy or statement of principles concerning engagement with trainees and/or statement of rights and responsibilities of trainees.
  - Policies relating to a supportive learning environment such as policies addressing bullying, discrimination and sexual harassment and poor supervision.
  - The policy relating to formal dispute resolution in the event that complaints are not satisfactorily resolved.
- The selection policy and selection criteria.
- The policy and strategies relating to the recruitment of Māori trainees, including number of Māori trainees recruited.
- Any other documentation which will indicate your compliance with these standards.

7.2	Trainee participation in training provider governance
7.2.1	The training provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.
Notes	

a. There are many reasons for trainee participation in training provider governance. From the trainees' perspective, it will promote their understanding of, and engagement in, the vocational medical training programme and will encourage them to be active contributors to ongoing training and education in their vocational scope of practice. From a programme perspective, it will enable governance decisions to be informed by the users' view of the programme and will enhance the training provider's understanding of how training and assessment policies work in practice. It also facilitates the early recognition of, and response to, potential programme problems, allowing the identification and deployment of successful strategies to address these.

b. Governance structures vary between training providers. The MCNZ does not endorse any particular structure for engaging trainees in the governance of their training, but believes that these processes and structures must be formal and give appropriate weight to the views of trainees.

c. Recognising the constraints inherent in the training provider's structure, there should be a position for a trainee on the governing council and on all training provider bodies making training-related decisions. Such constraints may include the training provider's constitution or articles of association, conflicts of interest, and the privacy of other trainees.

d. The trainees involved should be appointed through open, fair processes supported by the training provider. Election by the trainee body is the most open process possible and is encouraged. The MCNZ also encourages including trainees who identify as Māori in the governance arrangements of the training provider, as a means of committing to active participation and partnership.

e. A trainee organisation or trainee committee can articulate a general overview of trainees' experience and common concerns, as well as promoting communication between trainees on matters of mutual interest, and facilitating trainee representation on committees. There are advantages in establishing this committee or organisation within the training provider, since this facilitates communication and sharing of information and data, and provides a structure for funding.

f. Where the trainee organisation sits outside the training provider, particular efforts are required to ensure shared understanding of obligations and expectations.

g. Trainee representatives, and trainee organisations or committees are able to assist the training provider by gathering and disseminating information. For these roles, they require appropriate support. This could include providing administrative support or infrastructure, providing mechanisms for the trainee organisation and the trainee members of training provider committees to communicate with trainees, such as access to contact details or email lists, and designating a staff member to support the trainees in these activities. Consideration should also be given to training trainee representatives for their roles. Support that enables trainee representatives to be freed from clinical service commitments to attend necessary meetings should also be considered.

h. Training providers should supplement the perspective obtained through the trainee organisation or trainee committee by seeking feedback from individual trainees. The trainee representative structure should be complemented by regular meetings between the training provider's officers and its trainees to explore concerns and ideas at a local level. Because trainees' needs and concerns differ depending on their stage and location of training, and personal circumstances, training providers should arrange for contribution from the full breadth of the trainee cohort.

i. Local and regional educational activities also provide opportunities for trainees to share problems and experiences with peers, and for trainee representatives to canvas views on training-related issues.

In your response, please consider addressing the following, where relevant:

- The response to this standard should address the following:
  - the constitution, in particular whether the organisation/committee is separate to or part of the training provider structure
  - the process by which the representatives of the organisation/committee are nominated or elected
  - the support and funding provided by the training provider
  - frequency of meetings (face-to-face or teleconference)
  - mechanisms for trainee representatives or committees to communicate with other trainees
  - the opportunities for trainees to meet the executive members of the training provider. [7.2.1]
- Describe the trainee representation on the major committees. The response should indicate:
  - positions in which trainees are invited as observers and those in which trainees are full members
  - capacity for trainees independently to place matters on the agenda. [7.2.1]

•	Provide a summary of the activities/processes of the training provider in which trainee representatives formally participate, such as accreditation, trainee selection, curriculum development/education boards, examinations, appeals/disputes. Cross reference to the sections of the accreditation submission in which more detailed information is available. [7.2.1]
Suggested appendices for this section:	
•	Any documentation which will indicate the training provider's compliance with these standards.

7.3	**Communication with trainees**
7.3.1	The training provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.
7.3.2	The training provider provides clear and easily accessible information about the vocational medical training programme(s), costs and requirements, and any proposed changes.
7.3.3	The training provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.
Notes	
a.	Training providers are expected to interact with their trainees in a timely, open and transparent way. To this end, they should have mechanisms to inform prospective and enrolled trainees of training policies and processes, including but not limited to: • selection into the vocational medical training programme(s) • the design, requirements and costs of the vocational medical training programme(s) • proposed changes to the design, requirements and costs of the vocational medical programme(s) • the available support systems and career guidance • recognition of prior learning and flexible training options.
b.	Changes in the content and structure of vocational medical training programmes have significant consequences for trainees. Trainees should participate formally in the evolution and change of the programme. Training providers should communicate in advance with trainees about proposed programme changes, be guided by the principle of 'no unfair disadvantage to trainees' specified under standard 6.1.3 and propose special arrangements for those already enrolled when changes are implemented, recognising that sometimes programme changes are required due to evolving professional practice and community needs.
c.	In general, the MCNZ supports the generous application of transitional exemption clauses and retrospective recognition of training completed under previous requirements and regulations.
d.	To assist trainees to make informed choices about a vocational medical training programme and location, information on career pathways, addressing workforce distribution issues and training opportunities in different regions/states, should be available. Training providers are encouraged to collaborate with stakeholders in workforce planning activities for the specialty, including jurisdictions, to support career guidance systems.
e.	Training providers are encouraged to supplement written material about vocational medical training programme requirements with electronic communication of up-to-date information on training regulations, and on trainees' individual training status. Mechanisms to support communication on issues of concern such as job sharing and part-time work should also be considered. It is recognised that many of the issues relating to job sharing and part-time work rest with the employer.
In your response, please consider addressing the following, where relevant:	
•	Describe the mechanisms by which trainees are informed about activities by decision-making committees, particularly those pertaining to training. [7.3.1]
•	Describe the mechanisms by which the views of the trainees are obtained and subsequently considered by the training provider. Give recent examples, including examples of changes made to the training programme and requirements as a result of trainee input. [7.3.1]
•	Describe the training provider's role in promoting information concerning career opportunities, and support systems. [7.3.1]
•	Outline the training provider's strategy for communication with prospective trainees. Describe how the effectiveness of the strategy is reviewed. Give some specific examples. [7.3.2]
•	Outline the training provider's strategy and mechanisms for communication with trainees. Describe how the effectiveness of the strategy and these mechanisms is reviewed. Give some specific examples. [7.3.1, 7.3.2 & 7.3.3]

- Describe your system(s) for providing information to trainees about training status and progression through requirements. [7.3.3]
- Identify other relevant strengths and challenges in relation to communication with trainees, plans for development and the processes for addressing the challenges, with examples.

Suggested appendices for this section:

- Any documentation which will indicate the training provider's compliance with these standards.

7.4 Trainee wellbeing

7.4.1 The training provider promotes strategies to enable a supportive learning environment.

7.4.2 The training provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

7.4.3 The training provider ensures a culturally-safe environment for all trainees, including those who identify as Māori.

7.4.4 The training provider recognises that trainees who identify as Māori may have additional cultural obligations, and has flexible processes to enable those obligations to be met.

Notes

a. Training providers can provide a supportive learning environment by promoting strategies to maintain health and wellbeing, including mental health and cultural safety, providing professional development activities to enhance understanding of wellness and appropriate behaviours, and ensuring availability of confidential support and complaint services. The training provider should facilitate education about, and identification, management and support for trainees who have experienced discrimination, bullying and sexual harassment.

b. The training provider should consider the needs of groups of trainees that may require additional support to complete training, such as Māori trainees.

c. Areas for collaboration between the training provider and other stakeholders include developing processes for identifying, supporting and managing trainees whose progress or performance, health, or conduct is giving rise to concern and those trainees who experience personal and professional difficulties related to others' behaviour towards the trainee.

d. Trainees who identify as Māori may have:
   - additional whānau and cultural obligations, including, for example, marae-based responsibilities and attending tangihanga of extended whānau members, and
   - expectations placed on them by local Māori communities, about care that the trainee may provide for them.

   Responding to these obligations may be an important dimension of the Māori trainees' wellbeing and identity.

e. While training providers will need to ensure training and service requirements are fulfilled, enabling trainees who identify as Māori to respond to their cultural obligations is likely to require a flexible approach. This may extend to flexible training arrangements. However, the training provider must ensure that it meets the accreditation standards for vocational medical training and recertification programmes.

In your response, please consider addressing the following, where relevant:

- Describe the strategies to enable a supportive learning environment, including:
  - trainee health and wellbeing
  - ensuring availability of confidential support and complaint services facilitating education about, and identification,
  - management and support for trainees who have experienced discrimination, bullying and sexual harassment. [7.4.1]
- Describe how you collaborate with other stakeholders to identify and support trainees experiencing personal and/or professional difficulty. Comment on trainee use of these services, their feedback on the range and quality of the services available, and any plans for change. [7.4.2]
- Outline how you ensure a culturally safe environment for all trainees including Māori. [7.4.3]
- Outline how you recognise and enable or facilitate Māori trainees to meet additional cultural obligations. [7.4.4]

Suggested appendices for this section:

- Any documentation which will indicate the training provider's compliance with these standards.

7.5	Resolution of training problems and disputes
7.5.1	The training provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The training provider's processes are transparent and timely, and safe and confidential for trainees.
7.5.2	The training provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the training provider.

Notes

a. Supervisors and their trainees have a particularly close relationship, which has special benefits, but which may also lead to unique problems. Trainees need clear advice on what they should do in the event of conflict with their supervisor or any other person intimately involved in their training. Clear statements concerning the supervisory relationship can avert problems for both trainees and supervisors.

b. Processes that allow trainees to raise difficulties safely would typically be processes that give trainees confidence that the training provider will act fairly and transparently, that trainees will not be disadvantaged by raising legitimate concerns, and that their complaint will be acted upon in a timely manner.

c. Trainees may experience difficulties that are relevant to both their employment and their position as a trainee, such as training in an unsafe environment, discrimination, bullying, and sexual harassment. While training providers do not have direct control of the working environment, in setting standards for training and for professional practice, including training site accreditation, they have responsibilities to advocate for an appropriate training environment.

d. Trainees who experience difficulties often feel vulnerable in raising questions about their training, assessment or supervision, even anonymously, and can be concerned about being identified and potentially disadvantaged as a consequence. Often the same individuals hold positions in the training provider and senior supervisory positions in hospitals and health services, which may lead to conflicts of interest, especially if the trainee has a grievance about either their employment or training. Practical solutions are required to remove the disincentives for trainees to raise concerns about their training or employment.

e. Trainees should be able to have a support person present during any dispute resolution process.

f. A separate standard (1.3) addresses processes for reconsideration, review and appeals processes.

In your response, please consider addressing the following, where relevant:

- Describe how you support trainees to address problems with training supervision and requirements, and other professional issues. [7.5.1 & 7.5.2]
- Describe the pathways for resolution of disputes and how the training provider assures itself that these pathways are effective. [7.5.2]
- Identify relevant strengths and challenges in relation to resolving training problems and disputes, plans for development and the processes for addressing the challenges, with examples.

Suggested appendices for this section:

- Any documentation which will indicate the training provider's compliance with these standards.

8 Implementing the programme: delivery of education and accreditation of training sites

8.1	Supervisory and educational roles
8.1.1	The training provider ensures that there is an effective system of clinical supervision to support trainees to achieve the programme and graduate outcomes.
8.1.2	The training provider has defined the responsibilities of hospital and community doctors who contribute to the delivery of the vocational medical training programme and the responsibilities of the training provider to these doctors. It communicates its programme and graduate outcomes to these doctors.
8.1.3	The training provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.
8.1.4	The training provider routinely evaluates supervisor effectiveness including feedback from trainees.
8.1.5	The training provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.
8.1.6	The training provider routinely evaluates the effectiveness of its assessors including feedback from trainees.
Notes	
a.	The MCNZ recognises that the word 'supervisor' is often used in the workplace to describe an administrative or managerial function equivalent to a line manager, but in this document, it refers to supervision in the educational context.
b.	Training providers will devise and implement their own structures in response to specific goals and challenges, but the following functions are common in the educational supervision of trainees. These functions may be combined in different ways and in large programmes performed by a number of individuals: • An individual with overall responsibility for the vocational medical training programme in a health service, training site or training network. This director oversees and ensures the quality of training and education rather than being involved on a day-to-day basis with all trainees in the work environment. • Doctors senior to the trainees who have day-to-day involvement with the trainee. • An individual who has particular responsibility for the direct supervision and training of the trainee, whose involvement with that trainee during the working week is regular and appropriate for the trainee's level of training, ability, and experience.
c.	Vocationally registered doctors make significant contributions to medical education as teachers and role models for trainees. The educational roles of supervisor and assessor are critical to the success of the vocational medical training programme, especially as most vocational medical training is workplace-based. It is essential that there is adequate training and resources for these roles. Those filling supervisory roles should know the programme requirements, and have skills in adult learning, in providing constructive feedback to trainees, and in responding appropriately to concerns. They need clear guidance on their responsibilities to the trainee and to patient safety in the event that the trainee is experiencing difficulty, including in circumstances where the trainee is not maintaining a satisfactory standard of clinical practice and/or is not meeting the expected fitness to practise standards.
d.	All those who teach, supervise, counsel, employ or work with doctors in training are responsible for patient safety. Patient safety will be protected through explicit and accountable supervision. Training providers should have clear and explicit supervision requirements, including processes for removing supervisors where necessary.
e.	Other members of the health care team may also contribute to supervising, assessing and providing feedback to the trainee.
f.	There are advantages for trainees to an ongoing mentoring relationship with a more senior medical colleague. This person has no formal role in the trainee's assessment or employment but can advise and support the trainee on personal or professional matters.
g.	Training providers should encourage mentorship through a variety of their educational activities. They should also develop processes for supporting the professional development of doctors who demonstrate appropriate capability for the role of mentor.
h.	Because of the critical nature of the supervisory roles outlined above, it is essential that there are clear procedures for trainees and supervisors to follow in the event of conflict. Accreditation standards in relation to the resolution of training-related problems and disputes are provided under standard 7.5.
i.	Assessors engaged in formative or summative assessments must understand the training provider's curriculum and training requirements, be proficient in the issues relating to the level of competence and training of the trainee, and be skilled in providing feedback. Those assessing trainees should participate in training and

	education addressing issues such as constructive feedback, dealing with difficult situations and contemporary assessment methods.
In your response, please consider addressing the following, where relevant:	
•	Provide evidence that you as the training provider ensures there is an effective system of clinical supervision, including information about quality assurance mechanisms. If a trainer/trainee ratio is set, please explain how this is determined. [8.1.1]
•	Describe the process for the appointment of supervisors of training and for removal of supervisors. [8.1.3]
•	Describe the training and support available to supervisors, including methods, frequency and how participation in training is encouraged. Critically review strengths and challenges in providing training and support to supervisors. [8.1.3]
•	Describe the mechanisms for evaluating supervisor effectiveness and processes for providing feedback to assist professional development in these roles. [8.1.3 & 8.1.4]
•	Describe the process for the appointment of assessors. [8.1.5]
•	Describe the training and support available to assessors, including methods, frequency and how participation in training is encouraged. Critically review strengths and challenges in providing training and support to assessors. [8.1.5]
•	Describe the mechanisms for evaluating assessor effectiveness and processes for providing feedback to assist professional development in this role. [8.1.6]
•	Describe the assistance the education provider offers trainees seeking a mentor.
Suggested appendices for this section:	
•	The position descriptions for supervisors of training and other training and assessing roles.
•	The training provider's statement of responsibilities for practitioners who contribute to the delivery of the training programme and its responsibilities to these practitioners.
•	Sample programmes for supervisor training workshops.
•	Sample programmes for assessor training workshops.
•	Any other documentation which will indicate the training provider's compliance with these standards.

8.2	**Training sites and posts**
8.2.1	The training provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The training provider: • applies its published accreditation criteria when assessing, accrediting and monitoring training sites • makes publicly available the accreditation criteria and the accreditation procedures • is transparent and consistent in applying the accreditation process.
8.2.2	The training provider's criteria or standards for accreditation of training sites link to the outcomes of the vocational medical training programme and: • promote the health, welfare and interests of trainees • ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner • 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 • ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment. • inform the MCNZ with reasonable notice of any intention to limit or withdraw the accreditation of any training site.
8.2.3	The training provider works with health care providers to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.
8.2.4	The training provider actively engages with other training providers to support common accreditation approaches and sharing of relevant information.
Notes	

a. Since training and education in most specialties takes place in health services, vocational medical training is a shared responsibility between the training providers and these training sites. The quality of the learning experience depends on the support the unit or service provides.

b. Training providers have formal processes to select and accredit training sites, and the process and requirements for accreditation vary depending on the vocational scope of practice. Many commonalities exist between training providers' processes but so do inconsistencies. The MCNZ recognises the significant interest of training sites and training providers in ongoing quality improvements in and streamlining of these processes, including where relevant, greater sharing of information or processes between providers. The MCNZ endorses work to develop tools to support consistent approaches to accreditation.

c. Training providers define the range of experience to be gained during training. Training providers should make as explicit as possible the expectations of training sites seeking accreditation, including clinical and other experience, education activities and resources, and expectations for flexible training options. Training provider accreditation processes must verify that this experience is available in training sites seeking accreditation and once accredited must evaluate the trainees' experience in those sites.

d. The accreditation process should result in a report to the training site. Where accreditation criteria are not met, the report should give guidance so that the training site may address any unmet requirements.

e. Trainees are likely to gain experience in multiple locations each providing a varying range of experiences of the vocational scope of practice. For this reason, training providers are increasingly accrediting networks of training sites rather than expecting a single training site to provide all the required training experience. While all training sites should satisfy the training provider's accreditation criteria, the MCNZ encourages flexible rather than restrictive approaches that enable the capacity of the health care system to be used most effectively for training.

In your response, please consider addressing the following, where relevant:

- Describe the criteria for accreditation and the aims of the accreditation process. Describe how you as the training provider is reviewing the policy and criteria and any major changes made or planned as a result of review. In particular, outline any actions to support consistent approaches to accreditation across training providers and/or specialties. [8.2.1]
- Outline the process for accreditation of posts/programmes or sites for training. The response should cover:
  - the process for making accreditation decisions and for review and appeal of decisions
  - what you as the training provider accredits, e.g., positions, facilities, networks of facilities
  - the accreditation cycle
  - the key components of the accreditation process o the role of site visits and inspections and the responsibility for undertaking them
  - the contribution of trainees and supervisors to review of the suitability of institutions/posts for training
  - changes which would cause the accreditation status to be reviewed
  - monitoring of accredited positions, facilities and programmes
  - level(s) of accreditation available. [8.2.1]
- Describe how you as the training provider promulgates the requirements to be met by institutions seeking accreditation. [8.2.1]
- Please provide the following information for the last five years:
  - the number of programmes, sites, and/or posts reviewed by the training provider, and the accreditation decisions
  - the new posts/sites/or programmes accredited for training
  - a summary of any unplanned or unscheduled reviews, the reason for them and the outcomes. [8.2.1]
- Explain how you as the training provider align your accreditation of posts and programmes to the outcomes of the specialist medical programme. [8.2.2] How do you ensure that
- Critically discuss the adequacy of the clinical and other experiences available to meet curriculum outcomes. Outline any initiatives begun or planned since the last MCNZ accreditation to expand the range of training settings. [8.2.2]
- Indicate how you as the training provider assures itself that trainees are involved in high-quality clinical care. [8.2.2]

- Provide an assessment of the challenges in the disciplines in integrating and/or balancing teaching, assessment and supervision with service demands. [8.2.2]
- Describe the training and educational opportunities available to trainees in diverse settings such as rural and regional locations and in settings which provide experience in the provision of health care to Māori. [8.2.2]
- Describe the workplace-based educational resources available to support trainees. Outline the policies for the use of information communication technology (ICT) in the programme and briefly describe the ICT processes to facilitate learning in the clinical environment. [8.2.2]
- Describe the collaborative arrangements negotiated with other training providers regarding common accreditation approaches and sharing of relevant information. [8.2.4]

Suggested appendices for this section:

- Policy for accreditation of training sites.
- The criteria and process for accreditation of training sites. A list of accredited hospitals, community healthcare facilities and/or posts.
- Some sample accreditation reports that illustrate the range of decisions the training provider makes.
- Any other documentation which will indicate the training provider's compliance with these standards.

9 Recertification programmes, further training and remediation

9.1	Recertification programmes
9.1.1	The recertification programme provider provides a recertification programme(s) that is available to all vocationally registered doctors within the scope(s) of practice, including those who are not fellows. The training provider publishes its recertification programme requirements and offers a system for participants to document their recertification programme activity.
9.1.2	The recertification programme provider determines its requirements in consultation with stakeholders and designs its recertification programme to meet Medical Council of New Zealand requirements and accreditation standards.
9.1.3	The recertification programme provider's recertification programme(s) requirements define the required participation in activities that maintain and develop the knowledge, skills and performance required for safe and appropriate practice in the relevant scope(s) of practice, this must include the areas of cultural safety, professionalism and ethics.
9.1.4	The recertification programme provider determines the appropriate type of activities under each continuing professional development (CPD) category. It assigns greater weight to activities that evidence shows are most effective in improving a doctor's performance.
9.1.5	The recertification programme provider ensures that in each cycle, participants are required to undertake a mix of activities across all three CPD categories: I. Reviewing and reflecting on practice II. Measuring and improving outcomes III. Educational activities (continuing medical education - CME).
9.1.6	The recertification programme requires participants to undertake a structured conversation, at least annually, with a peer, colleague or employer. Providers must offer a process and guidance to support this activity to ensure the greatest benefit is gained from this process.
9.1.7	The recertification programme requires participants to develop and maintain a professional development plan.
9.1.8	The recertification programme provider ensures that cultural safety and a focus on health equity are embedded within and across all of the three CPD categories and all other core elements of the recertification programme. The recertification programme must support participants to meet cultural safety standards.
9.1.9	The recertification programme provider makes available a multisource feedback process for participants to voluntarily undertake, should they wish to do so.
9.1.10	The recertification programme provider makes available a process for collegial practice visits (sometimes referred to as Regular Practice Review) for participants to voluntarily participate in, should they wish to do so.
9.1.11	The recertification programme provider has a documented process for recognising and crediting appropriate and high-quality recertification activities that are undertaken through another organisation.
9.1.12	The recertification programme provider ensures there is a method by which review, and continuous quality improvement of the recertification programme occurs.
9.1.13	The recertification programme provider has a process in place for monitoring participation and reviewing whether participants are meeting recertification requirements. The provider defines the categories of participants (for example Fellows/associates/members) and the number of participants undertaking the recertification programme.
9.1.14	The recertification programme provider regularly audits the records of programme participants, including completeness of evidence and educational quality. The provider has a process to address participants' failure to satisfy programme requirements. This must include action taken by the provider to encourage compliance/re-engagement, and the threshold and process for reporting continuing non-participation to the Medical Council of New Zealand.
9.1.15	The recertification programme provider reports to the Medical Council of New Zealand as soon as practicable when a participant fails to re-engage and satisfy programme requirements and gives immediate notification of any participant who withdraws from their programme.
Notes	
a.	Vocationally registered doctors are expected to continue to maintain and develop their knowledge, skills and performance so that they are equipped to deliver safe and appropriate care throughout their working lives.
b.	The intent of an annual structured conversation is to provide time for the doctor to reflect on their development needs, their goals for learning, professional activities and their intentions for the next year. Doctors are encouraged to use the information they have obtained undertaking activities across the three types of CPD to inform this conversation. It provides an opportunity to receive constructive feedback and share best practice. It may also give doctors the opportunity to reflect upon their current role, self-care and any health and wellbeing issues so they are able to adjust their practice accordingly, set performance targets

for the future and consider long-term career aspirations. Ideally this would include consideration of development needs and the setting of goals in the professional development plan for the following year.

c. A professional development plan (PDP) is a planning document that can guide a doctor's future CPD and educational activities throughout their career. It ensures a focus on those activities that will provide most benefit to a particular doctor, based on identified development needs, the identification and integration of professional and personal (non-work) objectives. The PDP is a working document that is revisited and updated regularly to reflect areas still to be addressed, and where things have been achieved. Participants must complete a cycle of planning that includes reflection on identified professional development needs, learning goals and achievements based on their current and intended scope(s) of practice. Providers must provide a system and template to enable these elements to be satisfied, and ensures (and records) that the participant satisfies this requirement.

d. The Medical Council of New Zealand cultural safety standards can be found in the Statement on cultural safety and *He Ara Hauora Māori: A Pathway to Māori Health Equity* https://www.mcnz.org.nz/our-standards/

e. The provider's process for multisource feedback should include colleague feedback and patient feedback (where practicable).

f. The MCNZ recommends that providers offer for participants to complete an essential knowledge quiz. An essentials quiz is designed as an interactive online quiz to encourage familiarity with the domains of competence as described in *Good medical practice* and in the Medical Council of New Zealand statements. An essentials quiz may also help identify areas of knowledge or professional skills that the doctor may wish to develop further.

g. Appropriate activities undertaken as part of employment appraisal and credentialing processes may include, but are not limited to, a structured conversation, multisource feedback or a professional development plan.

h. Recertification activities may be provided by a range of organisations including (but not limited to) medical colleges, employers, educational providers, health care facilities, universities, community and health consumer organisations and for-profit recertification providers.

i. The response to this standard should encompass details of
- a process for reporting to the MCNZ, for the purposes of the MCNZ's audit of recertification, those who are participating in the recertification programme and whether they are complying or not
- a system for identifying and managing compliance with recertification programmes, and where appropriate to refer the doctor to the MCNZ
- a system for informing the MCNZ if the provider becomes aware of performance/competence concerns on the part of the practitioner.

In your response, please consider addressing the following, where relevant:

- Provide a concise description of the recertification programme structure. The response should address:
  - how the training provider assures itself that the requirements align with those of the MCNZ [9.1.2]
  - how the programme has evolved since the last MCNZ accreditation
  - the programme requirements for participation in particular recertification activities
  - developments in the programme in response to external change such as a change in service delivery or in models of care [9.1.12]
  - how the programme is accessible to fellows and specialists in the discipline who do not hold the training provider's fellowship. Please outline any differences in the policy and procedures relating to fellows and to non-fellows [9.1.10]
- Outline your recertification programme requirements and where these are published [9.1.1]
- Explain who the programme is available to [9.1.1]
- Describe the system that participants use to document their recertification activities [9.1.1]
- Describe the mechanisms to consult stakeholders on the structure and requirements of the recertification programme(s) [9.1.2]
- Describe how the recertification programme requirements define the required participation in activities that maintain and develop the knowledge, skills and performance required for safe and appropriate practice in the relevant scope(s) [9.1.3]
- Explain how you ensure that the recertification programme includes areas of cultural safety, professionalism and ethics [9.1.3]

- Describe how you determine the appropriate type of activity under each CPD category and how greater weight is assigned to activities that evidence shows are most effective in improving a doctor's performance [9.1.4]
- Describe the process and criteria for doctors to assess and select activities relevant to their learning needs [9.1.4]
- Provide the range of educational activities available to all vocationally registered doctors within the scope of practice(s) across the three CPD categories [9.1.5]
- How do you ensure participants undertake a structured conversation annually. Describe the process and guidance provided to participants to support this activity [9.1.6]
- Describe how the recertification programme helps participants to develop and maintain a professional development plan [9.1.7]
- Describe how cultural safety and health equity are embedded across all categories and core elements of the recertification programme [9.1.8]
- Describe the multisource feedback process for participants to undertake should they wish to do so [9.1.9]
- Describe the process for collegial practice visits for participants to undertake should they wish to do so [9.1.10]
- Provide the criteria and process for recognising and crediting appropriate high quality recertification activities undertaken through another organisation [9.1.11]
- Describe the method for review and continuous quality improvement of the recertification programme [9.1.12]
- Outline the process for monitoring participation and reviewing whether participants are meeting recertification requirements [9.1.13]
- Outline the policy on auditing records to monitor participation and compliance with the requirements of its recertification programme(s) [9.1.14]
- Describe the process and action taken for those who fail to meet recertification requirements, including the threshold and process for reporting non participation to MCNZ [9.1.14]
- Outline the process of reporting to MCNZ when a participant fails to engage and satisfy programme requirements [9.1.15]
- Outline the process to notify MCNZ if a participant withdraws from the programme [9.1.15]
- Identify other strengths and challenges in relation to the recertification programme(s), plans for development and the processes for addressing the challenges, with examples.

Suggested appendices for this section:

- Evidence of progress towards the MCNZ's strengthened recertification requirements for vocationally registered doctors.
- Guidance provided to participants on records to be retained and for what period of time.
- The recertification programme handbook.
- Recertification compliance policies.
- Dummy log ins to the recertification programme platform.
- Any other documentation which will indicate the training provider's compliance with these standards.

9.2	Further training of individual vocationally registered doctors
9.2.1	The training provider has processes to respond to requests for further training of individual vocationally registered doctors in its vocational scope of practice(s).
Notes	
a.	The MCNZ sets requirements for currency of practice in a doctor's current scope of practice, and requirements to support proposed changes to a doctor's scope of practice. Vocationally registered doctors, employers and registration authorities may ask a training provider to provide further training to meet currency of practice requirements, or to support a change in scope of practice. Training providers develop processes specific to their vocational scope of practice(s) for practice re-entry and training in new scopes of practice for their fellows and other vocationally registered doctors, consistent with requirements of the MCNZ.

In your response, please consider addressing the following, where relevant:
• Outline your processes to respond to requests for further training of specialists in the discipline. If available, provide examples from the last three to five years. [9.2.1]
Suggested appendices for this section:
• Any documentation which will indicate the training provider's compliance with these standards.

9.3 Remediation	
9.3.1	The training provider has processes to respond to requests from MCNZ for remediation of vocationally registered doctors who have been identified as underperforming in a particular area.
Notes	
a.	Laws, regulations, statements and codes of conduct set expectations for standards of practice of doctors. Requests to a training provider to address under-performance are made by vocationally registered doctors, employers and registration authorities, or may arise within the training provider itself. Training providers develop processes specific to their vocational scope of practice(s) for remediation of vocationally registered doctors in the discipline, consistent with relevant laws, regulations, and codes of conduct.
b.	The response to this standard should encompass details of: • A process for reporting to the MCNZ, for the purposes of the MCNZ's audit of recertification, those who are participating in the recertification programme and whether they are complying or not. • A system for identifying and managing compliance with recertification programmes, and where appropriate to refer the doctor to the MCNZ. • A system for informing the MCNZ if the provider becomes aware of performance / competence concerns on the part of the practitioner.
In your response, please consider addressing the following, where relevant:	
• Describe mechanisms to identify underperforming practitioners. [9.3.1] • Outline the processes for remediation and assistance of practitioners who are identified as underperforming. [9.3.1] • Outline the procedures to respond to a request from MCNZ, or elsewhere, for assistance in providing further training for a specialist in the discipline whose performance has been found to be unsatisfactory. [9.3.1]	
Suggested appendices for this section:	
• The policy on remediation for underperforming practitioners. • The policy on further training of individual specialists and returning to practice after an absence. • Any other documentation which will indicate the training provider's compliance with these standards.	

10 Assessment of international medical graduates for the purpose of vocational registration

10.1	Assessment framework
10.1.1	The training provider has a process for assessing a specialist international medical graduate's (SIMG) qualifications, training and experience (QTE) which is designed to satisfy MCNZ's requirements.
10.1.2	The training provider bases its assessment on the comparability of an SIMG's QTE to a New Zealand vocationally trained doctor registered in the same vocational scope of practice, taking into account the vocational medical training programme outcomes.
10.1.3	The training provider provides advice to MCNZ within an agreed timeframe.
Notes	
a.	The MCNZ has a memorandum of understanding (MOU) with each New Zealand based and Australasian vocational medical training provider. The MOU requirements draw on these accreditation standards.
b.	The prescribed qualification includes a combination of qualifications, training and experience which is assessed as equivalent to or as satisfactory as the relevant New Zealand or Australasian postgraduate qualification.
c.	The process in 10.1.1 should particularly meet Council's requirements relating to • the approach to assessing an applicant's training qualifications and experience, including the interview process • identifying the assessment requirements (if any) for doctors to complete to gain registration in the relevant vocational scope • the suitability of the proposed position and supervision arrangements • providing a response if Council's proposal is to decline the application or if the doctor requests a re-evaluation.
d.	Timeframes are agreed between the MCNZ and training providers in a MOU.
e.	The assessment of SIMGs should include providing information about what the SIMG needs to complete in their assessment or supervised period around cultural safety and health equity to enable them to practise in the Aotearoa New Zealand health care context, and their ability to contribute to the effectiveness and efficiency of the health care system (standard 3.2.6).
In your response, please consider addressing the following, where relevant:	
•	Outline the policy and procedures for assessment of SIMGs including how the assessment is based on the vocational medical training programme outcomes and for identifying differences. [10.1.1, 10.1.2, 10.1.3, 10.1.4]
•	How the process and time requirements set and communicated by Council are met. [10.1.2]
•	Systems and processes used to track and maintain consistency across applicants with similar qualifications, training and experience. [10.1.3, 10.1.4]
•	Governance structures; appropriate management of conflicts of interest and personal information. [10.1.1]
Suggested appendices for this section:	
•	Provide any policy documents relating to the assessment of IMGs.
•	Any other documentation which will indicate the training provider's compliance with these standards.

10.2	Assessment methods
10.2.1	The methods of assessment of SIMGs, while they are practising under their provisional vocational registration, are fit for purpose.
10.2.2	The training provider has procedures to inform employers, and where appropriate the regulators, including the MCNZ, where patient safety concerns arise in assessment.
Notes	

a.	Methods of assessment should be chosen on the basis of validity, reliability, feasibility, cost effectiveness, opportunities for feedback, and impact on learning.[3] The assessment methodology should be publicly available.
In your response, please consider addressing the following, where relevant:	
•	Explain how you have determined the methods of assessment for IMGs and how you evaluate their success. Indicate if any of these assessment methods have been introduced since the last MCNZ accreditation and why. Comment on their success. [10.2.1]
•	Describe the procedures for informing employers, and MCNZ if required, of concerns about risks to patient safety that arise in assessment. Provide de-identified information on the circumstances in which the training provider has applied these procedures. [10.2.2]
Suggested appendices for this section:	
•	Any documentation which will indicate the training provider's compliance with these standards.

[3] van der Vleuten, CPM., 'The assessment of professional competence: developments, research and practical implications'. Advances in Health Science Education, vol. 1, 1996, pp. 41-67.

Glossary of terms

Term	Explanation / Definition
Advanced skill competencies	Vocational medical training providers may provide additional advanced training in a skill / set of skills that is beyond what is provided in the recognised vocational scope of practice. This is accompanied with appropriate ongoing continuing professional development (CPD) of the vocationally registered doctor through an additional recertification programme or set of recertification requirements.
Accreditation	Accreditation occurs in a legal framework as prescribed by the Health Practitioners Competence Assurance Act 2003. The MCNZ's accreditation framework is a rigorous evidence-based accreditation assessment process using relevant minimum sets of accreditation standards. In executing this function, the MCNZ adopts a right-touch approach. It is focused on promoting good medical practice within the sector. The assessment process is built on accountability and transparency for the purpose of quality control and enhancement, through quality support and quality monitoring. The MCNZ's accreditation assessment process occurs within a high-trust environment premised on transparency. This is to protect the health and safety of the public by providing mechanisms to ensure that doctors are competent and fit to practise.
Continuing professional development (CPD)	CPD is a mechanism for doctors to cover the range of learning activities through which doctors maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate practice in the relevant specialty/vocational scope of practice. This occurs through a range of learning and reflection activities that form part of the recertification programme. Also see *Recertification* and *Recertification programme.*
Cultural safety	MCNZ defines cultural safety as: • The need for doctors to examine **themselves and the potential impact of their own culture on** clinical interactions and healthcare service delivery. • The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, **structures and characteristics that may affect the quality of care provided.** • The awareness that cultural safety encompasses **a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.** The full Statement on Cultural safety is found at: https://www.mcnz.org.nz/our-standards/statements-definitions-and-publications/

Curriculum	A statement of the intended aims and objectives, content, assessment, experiences, outcomes and processes of a programme, including a description of the structure and expected methods of learning, teaching, feedback and supervision. The curriculum should set out the knowledge, skills and professional qualities the trainee is to achieve. This is distinguished from a syllabus which is a statement of content to be taught and learnt.
De-identified	Anonymous data. Data which has removed names, geography, dates (with the exception of years), contact details and other data that could identify an individual or organisation removed.
Education institution (as used by the MCNZ)	The HPCAA 2003 uses the term 'education institutions' for organisations / training providers that may be accredited to provide education and training for a health professional. Education institutions encompasses tertiary education institutions, or other institutions, organisations, societies or association that provide primary, prevocational and vocational medical training; vocational medical colleges, recertification providers or other health profession colleges. The MCNZ use the term 'training provider' to be consistent across the medical profession. Also see *Training provider.* Historically the MCNZ used 'education provider' or 'education organisations'.
Executive members of the training provider	Members of the training provider who are in governance and key management roles.
Generalism and generalist	The MCNZ accepts the definitions of the Royal College of Physicians and Surgeons of Canada: 'Generalism is a philosophy of care that is distinguished by a commitment to the breadth of practice within each discipline and collaboration with the larger health care team in order to respond to patient and community needs'[4]. 'Generalists are a specific set of medical practitioners with core abilities characterised by a broad-based practice. Generalists diagnose and manage clinical problems that are diverse, undifferentiated, and often complex. Generalists also have an essential role in coordinating patient care and advocating for patients.'
Interprofessional learning	The MCNZ uses the World Health Organisation's definition of interprofessional education: 'Interprofessional education occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

[4] Royal College of Physicians and Surgeons Canada: Education Strategy, Innovations and Development Unit, Report of the Generalism and Generalist Task Force, July 2013, http://www.royalcollege.ca/rcsite/documents/educational-strategy-accreditation/ccc-task-force-report-july-2013-e.pdf

	Professional is an all-encompassing term that includes individuals with the knowledge and/or skills to contribute to the physical, mental and social well-being of a community. Collaborative practice in healthcare occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings. Practice includes both clinical and non-clinical health-related work, such as diagnosis, treatment, surveillance, health communications, management and sanitation engineering.'[5]
International medical graduate (IMG)	A doctor who obtained their primary medical qualification in a country other than New Zealand. The primary medical qualification must have been obtained from a training institution listed in the World Directory of Medical Schools. Previously also referred to as an 'overseas trained doctor'.
MCNZ	The Medical Council of New Zealand. The Medical Council of New Zealand is governed by the MCNZ board.
MCNZ board	The 13-member Council of the Medical Council of New Zealand. The current Council consists of: • four doctors chosen by the Minister • four doctors elected by other doctors • five laypersons chosen by the Minster.
Outcomes	**Graduate outcomes** broadly imply the overall exit level outcomes expected to be met by a trained and qualified doctor. Graduate outcomes are therefore the minimum learning outcomes in terms of discipline-specific knowledge, discipline-specific skills including generic skills as applied in the specialty discipline, and discipline-specific capabilities that the graduate of any given vocational specialist medical programme must achieve. **Programme outcomes** describe what gives a discipline its coherence and identity and define threshold and typical expectations of a graduate in terms of the abilities and skills needed to develop understanding or competence in the discipline. Education training providers are expected to define the broad roles of doctors in their vocational scope specialty as the outcomes of the vocational medical training specialist medical programme. While programme outcomes are specific to the discipline, it should reflect the overall goal of vocational specialist medical training and education, as well as the role of clinical or medical expert in the specialty.

[5] World Health Organisation: Health Professions Networks Nursing and Midwifery Human Resources for Health, Framework for Action on Interprofessional Education and Collaborative Practice, 2010, http://www.who.int/hrh/nursing_midwifery/en/

Prescribed qualification	The identified formal qualification after the successful completion of a vocational medical training programme, such as a fellowship of a medical college. In some cases, the MCNZ requires a combination of a medical degree, and additional training, or approved experience. The MCNZ recognises 36 different vocational scopes of practice, each with its own associated prescribed qualification[6].
Recertification	Recertification should ensure that each doctor is supported by education that provides for their individual professional development needs and is delivered by effective, efficient and reflective mechanisms that support maintenance of high standards and continuing improvement in performance.
Recertification programme	Recertification programmes support doctors to maintain their competence, take responsibility for their performance and to stay current in their practice. Responsibility for determining what is appropriate for each vocational scope falls to the appropriate recertification provider. See Appendix 2 for more information on current requirements for recertification.
Registration within a Vocational scope of practice	A doctor who has completed his or her vocational training and has appropriate qualifications and experience may be registered within a vocational scope of practice. A doctor registered in a vocational scope must participate in an approved recertification programme to maintain competence and be recertified each year.
Supervision	Doctors in training completing a specialist medical programme experience various types of supervision: clinical or practice-based supervision, educational supervision and supervision for employment purposes by a line manager. These may overlap.
Supervisor	In these standards, supervisor refers to an appropriately qualified and trained doctor, senior to the trainee, who guides the trainee's education and/or on the job training on behalf of the education training provider. The supervisor's training and education role will be defined by the vocational medical training education provider, and may encompass educational, support and organisational functions. Training providers frequently define a number of supervisory roles (see standard 8.1.)
Trainee	A doctor in training that is enrolled and actively participating in an accredited vocational medical training programme. Depending on the type of specialist medical training programme, the trainee doctor is usually employed as a Registrar. A doctor in training completing a specialist medical programme.

[6] *Notice of Scopes of Practice and Prescribed Qualifications for the Practice of Medicine in New Zealand.* New Zealand Gazette, 30 June 2018, Notice No. 2018-gs2124it replaces the January 2017 Notice of Scopes of Practice and Prescribed Qualifications https://gazette.govt.nz/notice/id/2018-gs2124

Training provider	The HPCAA 2003 uses the term 'education institutions' for organisations / training providers that may be accredited to provide education and training for a health practitioner. The MCNZ prefers the term 'training provider' to ensure consistency across the medical profession. When referring to: • prevocational medical training, the MCNZ uses 'prevocational medical training provider' and • vocational medical training, the MCNZ use 'vocational medical training provider' (previously referred to as vocational education and advisory bodies (VEABSs), or a 'recertification training provider' or an 'outsourced medical training provider'. In these standards, the 'training provider' refers to the vocational medical training provider / college.
Training sites	The organisation in which the trainee works and undertakes supervised workplace-based training and education. Training sites include, but are not limited to health services and facilities such as public and private hospitals, general practices, community-based health facilities, and private practices, but may also be other sites such as laboratories.
Vocational medical training programme	Is the curriculum, the content/syllabus, and assessment and training that leads to independent practice in a recognised vocational scope of practice. It leads to a formal qualification certifying completion of the training programme. Also referred to as a 'programme of study', or 'training programme'. Previously 'educational programme' was used.
Vocational medical training provider	The training provider (as defined above) offering the vocational medical training and/or recertification programme. Training providers that identify as a 'college' (i.e. the word 'college' appears in its title) are referred to as 'Medical colleges'. Previously referred to as vocational education and advisory bodies (VEABS).
Vocational scope of practice	The practice of medicine that allows a medical practitioner to work in a specific scope of practice, for which he or she has appropriate vocational training, qualifications and experience. Under the HPCAA 2003, the MCNZ is required to define the separate areas of medicine and specialties that make up the practice of medicine in New Zealand. The MCNZ's role is to identify for each of these areas (known as 'scopes of practice' or 'scopes') the aspects of the practice of medicine covered by each scope. Doctors seeking to practise in New Zealand must first be registered with the MCNZ in one or more relevant scopes of practice[7].

[7] *Notice of Scopes of Practice and Prescribed Qualifications for the Practice of Medicine in New Zealand.* New Zealand Gazette, 30 June 2018, Notice No. 2018-gs2124 replaces the January 2017 Notice of Scopes of Practice and Prescribed Qualifications https://gazette.govt.nz/notice/id/2018-gs2124