Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

Consultation paper: Revised accreditation framework for prevocational medical training

Executive summary
Te Kaunihera Rata o Aotearoa | the Medical Council of New Zealand (the Council) is responsible for setting standards and carrying out accreditation assessments for providers of prevocational medical training. The current prevocational medical training accreditation framework allocates responsibility to individual districts only – reflecting the old district health board (DHB) model. This is no longer appropriate for the new Te Whatu Ora | Health New Zealand (HNZ) environment.

We have developed a new model, which identifies accountabilities sitting at:
- district level
- regional level
- national level.

We have also revised our accreditation standards to assign accountability for each standard to these three levels.

This model has been informed by recent accreditation site visits, and changes in the structure of HNZ.

This consultation provides an overview of the need for change, the process undertaken and the proposed changes to be made to the accreditation framework for prevocational training.

1. Proposed model

There are two parts to this model framework.
- Accreditation standards which are allocated to either the training provider (district), the training region, or the training organisation (national). In some cases, existing standards have been combined and new domains applied (Appendix 1).
- A flowchart of how an accreditation cycle would be conducted at the regional level, including individual site visits (Appendix 2), including a process for addressing where standards are only substantially met, or are not met.

Reflecting Health NZ's regional structures, this model takes a regional approach, by conducting a *regional accreditation assessment,* which would include site visits at each of the districts within the region. Therefore, this model allows for parallel accreditation assessments to be undertaken, both at the regional level and across the relevant district providers within that region during the accreditation cycle.

The model has also been designed based on three assumptions.
1. Districts (previously known as DHBs) will largely remain in their current format.
2. The role of the chief medical officer (CMO) will remain at each district.

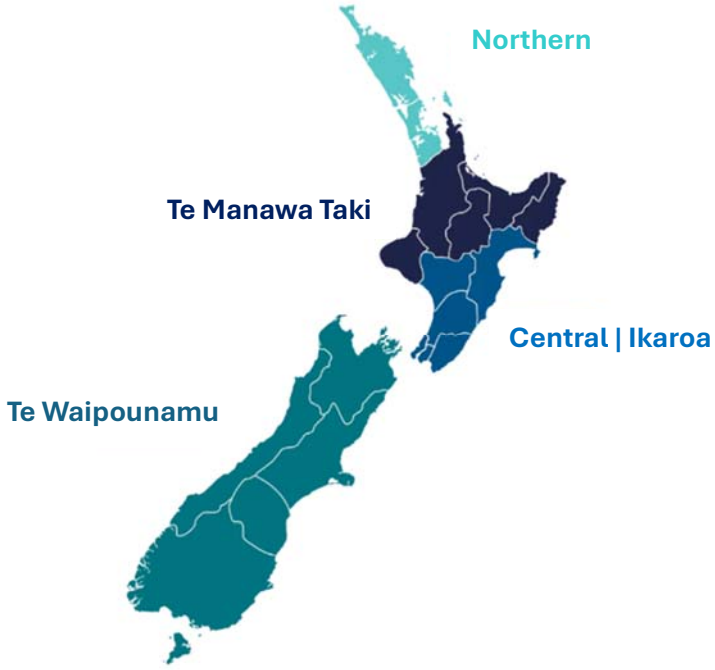
3. There can be different degrees of delegation in regions or sub-regions. For example, in the Auckland metropolitan area, Te Whatu Ora Northern (formerly the NRA) is responsible for creating and updating clinical attachments, assigning interns to attachments, and the end of clinical attachment survey. Other districts, however, have district-level processes for these tasks. Regardless, monitoring will occur at all three levels, with the model being flexible enough to shift accountability if needed.

If there is some merging of districts in the future, or a change in the way regions operate, the model is flexible enough to accommodate this.

1.1 Definitions used

The terms, 'training provider' (district), 'training region' (region) and 'training organisation' (national) have been coined to identify the different levels that HNZ has implemented at this stage (Table 1).

Table 1.

Training provider District level
The system that provides (for its interns) a prevocational medical training programme; a two-year period of mandatory, supervised, work-based clinical training.
This includes rotation through four 13-week clinical attachments in PGY1, and four in PGY2, that provides a broad-based experience of medical practice, and is aligned with orientation, formal and informal education sessions and assessment with feedback.
There is a single accountable individual for the training programme. In this instance this would be the chief medical officer (CMO), or a senior medical lead delegated by the relevant site administering the programme.
Training region Regional level
The administrative region which will be assessed during an accreditation cycle. An accountable individual (a regional deputy chief executive) holds budget and accountability for their regional health services.

Therefore, for accreditation purposes, the region will need to be assessed on standards related to resourcing and strategic matters.
Training organisation National level
A legal entity that provides high-level oversight, support, and governance. The training organisation sets the strategic direction which is implemented by the training providers.
The training organisation can oversee multiple training providers. The CMOs of the training providers report to the executive level of the training organisation.

1.2 Revised standards

We have drafted revised accreditation standards (Appendix 1).

For some areas, we have taken an existing standard and reworded it to apply to the different levels – training provider (district), training region (region), and training organisation (national). There have also been a few additional standards created – mostly at the training organisation and training region level. However, many of the current standards have been kept without significant revision at the training provider level.

The standards that have been added at the training organisation and training region level are in three categories:

- standards that reflect the organisation's overall responsibility – including strategic priorities, resourcing, and setting of policy
- standards that set out expectations of national and regional oversight of local districts for prevocational medical training, including mechanisms to address issues arising
- standards that reflect our understanding of where HNZ intends to act at a national level, for example through the RDSS or its medical workforce function.

The standards are grouped into the following domains:

Training organisation (National level)	Training region (Regional level)	Training provider (District level)
1. Strategic priorities 2. Organisational and operational structures 3. Policy 4. Professional development 5. Monitoring of intern training programmes	1. Strategic priorities 2. Organisational and operational structures 3. Professional development 4. Monitoring of intern training programmes	1. Strategic planning and governance 2. Organisational and operational structures 3. The intern training programme 4. Assessment and supervision 5. Monitoring and evaluation of the intern training programme 6. Implementing the education and training framework 7. Facilities

2. How the model addresses the current issues identified

2.1 How the Council will determine if standards are met, at different levels

The Council's longstanding approach is to use self-assessment and triangulation to determine if accreditation standards are met; this approach continues in the proposed framework. Information obtained and considered by accreditation panels and the Council includes:

- the self-assessment and accompanying documentary evidence
- relevant information held by Council (for example ePort statistics)
- results from surveys of interns and others involved in training
- meetings and interviews with those involved in training
- observations at site visits.

Training provider and regional levels

The proposed framework involves a regional accreditation cycle described in Appendix 2. This includes assessments by a panel at the region and district level, who will obtain the information described above. This will enable the Council to make an assessment as to whether, at both a regional and provider level, the accreditation standards are being met.

Organisational level

Once the Council has implemented this framework, the training organisation will be asked to provide a comprehensive self-assessment with evidence in relation to the organisational level standards.

Subsequently, information arising from organisational-level reporting, the regional accreditation assessments and monitoring, survey results, and other sources will be used to make regular assessments as to whether the accreditation standards are being met.

Where standards are not met, required actions will be set at the relevant level.

2.2 Illustrative scenarios

We have developed four 'scenarios' (examples of specific situations which could arise out of accreditation visits and monitoring processes) to illustrate how the revised framework would apply (Appendix 4).

The methodology of a regional cycle of accreditation, self-assessments and site visits with each district, with additional submissions and meetings at national and regional level, allows for oversight of prevocational medical training from all levels of HNZ. The model transparently sets out who is responsible for what, and where the decision making should occur. Escalation processes within the model allows for greater empowerment at the district level and visibility at the national level.

3. How we plan to involve interns in the revised accreditation process

The intern voice is crucial to the prevocational training process. In the leadup to accreditation assessments currently, the Council surveys the intern cohort with respect to areas covered by the standards. Site-specific meetings are also held with the intern representatives and the wider intern cohort on each accreditation visit – this session is chaired by the panel's intern member. This process will remain under the new framework.

In addition, we have sought advice from intern members on Council's Education Committee throughout the revised accreditation framework process. As part of the consultation process, we will engage further with intern representatives via district level prevocational training governance committees.

Finally, over the past 12 months there have been two streams of work by the Council aimed at strengthening the intern voice.

3.1 Torohia

The Council is developing Torohia – a medical training survey (MTS) for Aotearoa | New Zealand similar to the Australian Medical Training Survey. Through Torohia, the Council aims to receive feedback from prevocational and vocational trainees on the quality of their training experience, as well as identifying issues in medical training that could impact public health and safety. This feedback will be analysed and made available to educational providers as well as the public. Information arising from this survey would be incorporated into the Council's accreditation processes, including accreditation assessments and monitoring. This will build on our current process of surveying interns at a training provider prior to the accreditation visit and allow for further annual monitoring.

3.2 Intern voice in annual and progress reporting

Until recently, the Council only formally heard from interns about their prevocational training every four years during the accreditation assessment, therefore, the several cohorts of interns that progress through PGY1 and PGY2 between accreditation assessments were not having their opinion captured. Alongside this, providers' leadership, management and operational staffing can change significantly during the four-year accreditation period which may have immediate impact on interns but would not be captured till the next accreditation assessment. The Council is piloting an approach which includes a report from intern representatives as part of the annual and progress reporting submission process.

District intern representatives are asked to comment specifically about their provider's strengths and where it could improve. If a provider has outstanding required actions, the report template would highlight these required actions and ask interns to comment on how they think the provider is doing in those areas. The representatives are encouraged to engage with their fellow interns to complete the report.

This pilot has commenced with several districts submitting their annual report (and progress report where there are outstanding required actions), including the intern report, on 30 June 2025.

4. Ongoing monitoring

While the model described in this paper is predominantly for the four-yearly accreditation assessments; we will also update our process for the ongoing monitoring of districts. Required actions may be set at the training provider, training region or training organisation level, with associated timeframes for addressing these actions. Timetables for required actions to be addressed are currently set by the Council with input from the provider. We will adopt this approach at the regional and national level if needed as well.

The Council would expect to see steps taken at a regional and national level to support districts with meeting outstanding required actions at district levels, as well as promptly address required actions at regional or national level, given the implications of these actions locally.

4.1 Concerns raised about a training provider outside the accreditation process

In circumstances where concerns are raised with the Council about an accredited training provider, outside the accreditation process (whether this is via the Council's monitoring process or by an individual or group), we have an out-of-cycle monitoring process. Further information about this process is available on our website.

What's next?

- The Council will consider your responses and decide on approval and implementation.
- With approval, we envisage that implementation of the new framework to occur for the 2026-2027 accreditation cycle (Te Manawa Taki region).
- This implementation will also include transitioning the other districts to the new model, including transition of existing required actions under the current framework.

How to respond

There are several key questions that we would appreciate your feedback to. These have been highlighted within this document and are listed on the next pages with response boxes. Please provide your answers and rationale for each, particularly if you have contrasting views.

Please provide feedback online here or send your reply to the Council at education@mcnz.org.nz by **22 September 2025**.

Background
Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (the Council) accredits districts of HNZ to provide prevocational medical training and education to PGY1 and PGY2 doctors.

The Council's statutory purpose is to protect the health and safety of members of the public by ensuring doctors are competent and fit to practise. (HPCAA, Section 3). Therefore, it is the Council's role to ensure that the quality of the training programmes offered by providers of prevocational medical training is of a high standard.

Up until now, the Council's accreditation framework and existing standards have been designed around the DHB model. DHBs, as training providers, were individual legal entities and fully accountable at all levels: including the setting of strategic priorities, resourcing, shift handover protocols, facilitating the intern training programme, etc. Our accreditation standards expected training providers to provide high-quality prevocational medical training, continuously improve their programmes, and have mechanisms to monitor and address any issues.

However, with the establishment of HNZ, a pause was put in place for accreditation assessments in 2022, to allow for the change to HNZ to become integrated. HNZ has been in place now for almost three years, and accreditation assessments were restarted in the second half of 2023, beginning with the districts in the Northern | Te Tai Tokerau region.

The formation of HNZ has meant that it is no longer feasible for some of the accreditation standards contained in the 2022 *Prevocational medical training for doctors in Aotearoa New Zealand: Accreditation standards for training providers* (Appendix 3) to be met in full by the districts. Districts have less control over policy and resourcing, while at the national level, HNZ is more removed from specifics of day-to-day training.

Accreditation encourages self-examination and self-improvement; it is based around peer review and has both a quality assurance and a quality improvement focus.

To be effective in this:
- accountability should sit where there is authority to make change
- there needs to be executive / leadership commitment, and
- we need to triangulate information to see how policies are translated into the day-to-day experiences of supervisors and trainees.

Ultimately full responsibility must sit with the accredited entity, which is HNZ.

Current framework for prevocational training accreditation
The current accreditation standards for prevocational training (Appendix 3) assesses a training provider (previously DHBs, now HNZ districts) against a set of standards developed by the Council. These standards for accreditation of training providers identify the basic elements that must exist in all accredited intern training programmes while allowing flexibility in the ways in which the training provider can demonstrate they meet the accreditation standards.

Fig. 1

In the prevocational training space, the Council accredits 18 HNZ districts as individual prevocational training providers (Figure 1). Prevocational training providers are accredited every four years, with the Council having discretion to make accreditation periods shorter if warranted. During this four-year period, the prevocational training provider must address required actions that have been placed on them by the Council at their previous accreditation visit and must provide progress reports to show evidence of this. In addition, all training providers are required to submit annual reports as part of the ongoing monitoring process.

Accreditation assessments include the training provider submitting a self-assessment, a site visit over two days undertaken by a panel selected by the Council, and the compilation of an accreditation report which addresses each standard and the panel's findings against those standards. This report then is considered by the Council, which will decide whether to grant an accreditation extension, and what (if any) required actions will need to be addressed by the provider.

A revised accreditation framework

In 2022, the Council initiated a project and established an expert design group to develop a refreshed accountability framework for the accreditation of prevocational medical training. The project was paused at the end of 2023 when it became apparent that the changes in the health structures were still unclear.

The development of a proposed accreditation framework resumed in mid-2024. This was informed by observed themes (Figure 2) emerging out of the restarted prevocational accreditation site visits and annual monitoring reports, along with the appointment of regional deputy chief executives (DCEs), and the announcement by HNZ on 31 July 2024 that the DCEs will hold budgets and accountability for their regional hospital services.

The subsequent announcement about the establishment of the Resident Doctors Support Service (RDSS) – a national service to support interns and other resident medical officers (RMOs), was also considered.

The proposed model framework, along with updated terminology and definitions, has been discussed and evaluated by the expert design group.

How we have applied the principles of right touch regulation to this proposal

We have aimed to follow the six principles of right touch regulation, by:

- taking a *proportionate* response that better targets where the responsibility for addressing identified risks lies
- improve *consistency* between accreditation visit outcomes for districts, where the issues are the same or highly similar; a moderation exercise has been built into the model, where, at the end of the district assessments, required actions are reviewed across the districts and amended where necessary
- improve *accountability* as the robustness of the Council's accreditation decisions would be enhanced by engagement with multiple levels at the time of accreditation
- be *agile* by way of responding to the evolving nature of HNZ; we have endeavoured to incorporate flexibility into the strengthened framework, with an opportunity for adaptation and revision as needed
- be *targeted* toward identifying specific issues, and addressing these to the relevant level(s) of responsibility
- be *transparent* through planned engagement with all levels of HNZ on the accreditation process and decisions made, involving stakeholders including interns in the accreditation process, and maintaining publication of accreditation reports.

Key questions for the sector to consider

1. Do you agree it is appropriate to allocate accreditation standards at multiple levels for HNZ to meet, and that these levels should be at the national, regional and district levels?

2. Do you agree with the definitions of training provider (district), training region (region) and training organisation (national)?

3. How clear is it in the proposed revised standards what each level is accountable for?

4. How clear are the expectations of what must be done to address each standard, at the different levels?

5. Are there any aspects in the draft standards which are unnecessary and could be removed, or elements missing which need to be added?

6. Do you agree that the proposed model would allow the Council to determine whether accreditation standards are being met, and set required actions as necessary, at the level where accountability appropriately lies?

7. How should the Council's existing monitoring of training providers, between accreditation visits, be adapted or expanded in this framework, at the different levels?

8. What do you see are the potential opportunities or obstacles for the Council to consider when implementing the new framework?