Revised accountability for accreditation standards

Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

The following table proposes a model that allocates the accountability for current accreditation standards between the district, regional, and national level of Te Whatu Ora | Health New Zealand.

Revised standards TRAINING ORGANISATION		Revised standards TRAINING REGION		Revised standards TRAINING PROVIDER	
1	**STRATEGIC PRIORITIES**	**1**	**STRATEGIC PRIORITIES**	**1**	**STRATEGIC PLANNING AND GOVERNANCE**
1.1	**Strategic priorities**	**1.1**	**Engagement in accreditation**	**1.1**	**Strategic planning**
1.1.1	The training organisation has key strategic priorities which include development and support of high quality prevocational medical education and training.	1.1.1	The training region will engage in the regular accreditation and monitoring cycles of the Council.	1.1.1	The training provider has a strategic plan for ongoing development and support of high quality prevocational medical training and education, which reflects the training organisation's strategic priorities.
1.1.2	The training organisation's strategic priorities addresses Māori health and health equity.			1.1.2	The training provider addresses Māori health and health equity as part of its commitment to high quality prevocational education and training.
				1.2	**Governance**
				1.2.1	There are clinical governance and quality assurance processes that ensure clear lines of responsibility and accountability for intern training in the overall context of quality medical practice.
				1.2.2	There is intern representation incorporated in the governance of the intern training programme.

Revised standards TRAINING ORGANISATION		Revised standards TRAINING REGION		Revised standards TRAINING PROVIDER	
2	**ORGANISATIONAL AND OPERATIONAL STRUCTURES**	**2**	**ORGANISATIONAL AND OPERATIONAL STRUCTURES**	**2**	**ORGANISATIONAL AND OPERATIONAL STRUCTURES**
2.1	**Resourcing of intern training programmes**	**2.1**	**Resourcing of intern training programmes**	**2.1**	**The context of intern training**
2.1.1	The chief executive or their delegate has executive accountability for meeting prevocational accreditation standards at the training organisation level.	2.1.1	The regional deputy chief executive or their delegate has executive accountability for meeting prevocational accreditation standards at the training region level.	2.1.1	The training provider demonstrates that it has the mechanisms in place to plan, develop, implement, and review the intern training programme.
2.1.2	The training organisation has overall accountability for the resourcing of prevocational medical training.	2.1.2	The training region ensures appropriate allocation of resources (including funding) to training providers. This will include: • Appropriate medical education expertise. • Appointing additional prevocational educational supervisors as needed. •Sufficient administrative support for prevocational educational supervisors and directors of clinical education (or equivalent) to adequately undertake their roles.	2.1.2	The chief medical officer (CMO) or their delegate (for example a director of clinical training) has executive accountability for meeting prevocational education and training standards and for the quality of training and education at the training provider level.
2.1.3	The training organisation ensures that all national educational resources (including online resources and e-learning modules) are evidence based, regularly updated, and easily accessible to all training providers and interns.	2.1.3	The training region ensures appropriate allocation of resources towards the setting up of sufficient community-based attachments to fulfil intern allocation requirements.	2.1.3	There are effective organisational and operational structures to manage interns.

		2.2	**Educational expertise**
		2.2.1	The training provider demonstrates that the intern training programme is underpinned by sound medical educational principles.
		2.2.2	The training provider has appropriate medical educational expertise in place to deliver the intern training programme
		2.3	**Relationships to support medical education**
		2.3.1	There are effective working relationships with external organisations involved in training and education.
		2.3.2	The training provider coordinates the local delivery of the intern training programme or collaborates in such coordination when it is part of a network programme.
		2.3.3	There are effective partnerships with Māori health providers to support intern training and education.

Revised standards TRAINING ORGANISATION		Revised standards TRAINING REGION	Revised standards TRAINING PROVIDER	
3	**POLICY**		**3**	**THE INTERN TRAINING PROGRAMME**
3.1	**Policy**		**3.1**	**Programme components**
3.1.1	The training organisation has policies on the following: • Adhering to the Council's statement on obtaining informed consent • Flexible training • Additional cultural obligations • Discrimination, bullying, and harassment • Review and resolution of intern training-related disputes		3.1.1	The intern training programme is structured to support interns to attain the learning outcomes outlined in the 14 learning activities of the curriculum.
			3.1.2	The intern training programme requires the satisfactory completion of eight accredited clinical attachments, which in aggregate provide a broad-based experience of medical practice.
			3.1.3	The training provider selects suitable clinical attachments for training based on the experiences that interns can expect to achieve, including the: • workload for the intern and the clinical unit • complexity of the given clinical setting • mix of training experiences across the selected clinical attachments and how they are combined to support achievement of the goals of the intern training programme.
			3.1.4	The training provider has processes that ensure that interns receive the supervision and opportunities to: • enhance their skills, understanding and knowledge of hauora Māori • develop their cultural safety and cultural competence, and • deliver patient care in a culturally-safe manner.
			3.1.5	Processes are in place to ensure that, over the course of the two prevocational training years

			each intern completes at least one community-based attachment.
		3.1.6	Interns are not rostered on nights during the first six weeks of PGY1.
		3.1.7	There is a formalised process to ensure that interns working on nights are appropriately supported. This includes protocols that clearly detail how the intern may access advice or assistance overnight from senior medical staff.
		3.1.8	There are procedures in place for structured handovers between clinical teams and between shifts (morning, evening, nights and weekends) to promote continuity of quality care. The training provider ensures that interns understand their role and responsibilities in handover.
		3.1.9	The training provider ensures adherence to the Council's statement on obtaining informed consent.
		3.2	**ePort**
		3.2.1	There is a system to ensure that each intern maintains their ePort as an adequate record of their learning and training experiences from their clinical attachments and other learning activities.
		3.2.2	There is a system to ensure that each intern maintains a PDP in ePort that identifies their goals and learning objectives which are informed by the learning activities, mid and end of clinical attachment assessments, personal interests and vocational aspirations.
		3.2.3	There are mechanisms to ensure that the clinical supervisor and the prevocational

			educational supervisor regularly review the goals in the intern's PDP with the intern.
		3.2.4	Training is facilitated for PGY1s on goal setting in the PDP within the first month of the intern training programme.
		3.3	**Formal education programme**
		3.3.1	The intern training programme includes a formal education programme that supports interns to achieve the learning outcomes outlined in the 14 learning activities that are not generally available through the completion of clinical attachments.
		3.3.2	The intern training programme ensures that interns can attend at least two thirds of formal education sessions, by structuring the formal education sessions so that barriers to attendance are minimised.
		3.3.3	The training provider ensures that all PGY2s attend structured education sessions.
		3.3.4	The formal education programme provides content on hauora Māori and tikanga Māori, and Māori health equity, including the relationship between culture and health.
		3.3.5	The formal education programme provides opportunity for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out.
		3.3.6	Interns are provided with opportunities for additional work-based teaching and training.
		3.4	**Orientation**
		3.4.1	An orientation programme is provided for interns beginning employment at the start of the

			intern year and for interns beginning employment part way through the year, to ensure familiarity with policies and processes relevant to their practice and the intern training programme.
		3.4.2	Orientation is provided at the start of each clinical attachment, ensuring familiarity with key staff, systems, policies, and processes relevant to that clinical attachment.
		3.5	**Flexible training**
		3.5.1	Procedures are in place and followed, to guide and support supervisors and interns in the implementation and review of flexible training arrangements, in line with the training organisation's policy on flexible training.

Revised standards TRAINING ORGANISATION		Revised standards TRAINING REGION		Revised standards TRAINING PROVIDER	
4	**ASSESSMENT AND SUPERVISION**	**4**	**ASSESSMENT AND SUPERVISION**	**4**	**ASSESSMENT AND SUPERVISION**
4.1	**Professional development**	**4.1**	**Professional development**	**4.1**	**Process and systems**
4.1.1	The training organisation requires staff involved in intern training to undertake professional development activities to support their teaching and educational practice and thereby improve the quality of the intern training programme.	4.1.1	The training region supports staff involved in intern training to undertake professional development activities to support their teaching and educational practice	4.1.1	There are systems in place to ensure that all interns and those involved in prevocational training understand the requirements of the intern training programme.
				4.1.2	All staff involved in intern training have access to professional development activities to support their teaching and educational practice.
				4.2	**Supervision - Prevocational educational supervisors**
				4.2.1	There is an appropriate ratio of prevocational educational supervisors in place to oversee the training and education of interns in both PGY1 and PGY2.
				4.2.2	Prevocational educational supervisors attend an annual prevocational educational supervisor meeting held by the Council.
				4.2.3	There is oversight of the prevocational educational supervisors by the CMO (or delegate) to ensure that they are effectively fulfilling the obligations of their role.
				4.2.4	Administrative support is available to prevocational educational supervisors so they can carry out their roles effectively.

		4.3	**Supervision - Clinical supervisors**
		4.3.1	Mechanisms are in place to ensure clinical supervisors have the appropriate competencies, skills, knowledge, authority, time and resources to meet the requirements of their role.
		4.3.2	Interns are clinically supervised at a level appropriate to their experience and responsibilities.
		4.3.3	Clinical supervisors undertake relevant training in supervision and assessment as soon as practicable after beginning their supervisory role. This must be within 12 months of appointment as a clinical supervisor.
		4.3.4	The training provider maintains a small group of clinical supervisors for relief clinical attachments.
		4.4	**Feedback and assessment**
		4.4.1	Systems are in place to ensure that regular, formal feedback is provided to interns and documented in ePort on their performance within each clinical attachment, including end of clinical attachment assessments. This should also cover the intern's progress in completing the goals in their PDP and the intern's self-reflections against the 14 learning activities.
		4.4.2	There are processes to identify interns who are not performing at the required standard of competence. These ensure that the clinical supervisor discusses concerns with the intern, the prevocational educational supervisor, and that the CMO (or delegate) is advised when appropriate. A remediation plan must be developed, documented, and implemented with

			a focus on supporting the intern and patient safety.
		4.4.3	There are processes in place to ensure prevocational educational supervisors inform the Council in a timely manner of interns not performing at the required standard of competence.
		4.5	**Advisory panel to recommend registration in the General scope of practice**
		4.5.1	There are established advisory panels to consider progress of each intern at the end of the PGY1 year that comprise: • a CMO or delegate (who will chair the panel) • the intern's prevocational educational supervisor • a second prevocational educational supervisor • a layperson.
		4.5.2	The panel follows the Council's Advisory Panel Guide & ePort guide for Advisory Panel members.
		4.5.3	There is a process in place to ensure that each eligible PGY1 is considered by an advisory panel.
		4.5.4	There is a process in place to ensure that all interns who are eligible to apply for registration in the General scope of practice have applied in ePort.
		4.5.5	The advisory panel bases its recommendation for registration in the General scope of practice on whether the intern has met the Council's requirements for registration in the General scope of practice.

		4.6	**End of PGY2 - removal of endorsement**
		4.6.1	There is a process in place to ensure that all eligible PGY2s have applied to have the endorsement removed from their practising certificates.
		4.6.2	There is a process in place to ensure that prevocational educational supervisors have reviewed the progress of interns who have applied to have their endorsement removed.

Revised standards TRAINING ORGANISATION		Revised standards TRAINING REGION		Revised standards TRAINING PROVIDER	
5	**MONITORING OF INTERN TRAINING PROGRAMMES**	**5**	**MONITORING OF INTERN TRAINING PROGRAMMES**	**5**	**MONITORING AND EVALUATION OF THE INTERN TRAINING PROGRAMME**
5.1	**Monitoring of the intern training programmes**	**5.1**	**Monitoring of the intern training programmes**	**5.1**	**Monitoring and evaluation**
5.1.1	The training organisation has processes to manage matters escalated to organisational leadership from the training region and training provider governance levels.	5.1.1	The training region has clear lines of reporting and escalation processes from the training provider governance level through to those responsible at the regional and organisational level.	5.1.1	Processes and systems are in place to monitor the intern training programme with input from interns and supervisors.
5.1.2	There is a process to address any matters raised by the Council in relation to training oversight, including: Matters arising from provider site accreditation visits Training provider or region issues escalated to the training organisation	5.1.2	There is a process to address any matters raised by the Council in relation to training oversight, including: Matters arising from provider site accreditation visits Training provider issues escalated to the training region	5.1.2	There are mechanisms in place that enable interns to provide anonymous feedback about their educational experience on each clinical attachment.
				5.1.3	There are mechanisms that allow feedback from interns and supervisors to be incorporated into quality improvement strategies for the intern training programme.
5.1.3	The training organisation reports to the Council any changes that may significantly impact the delivery of prevocational training at regional and/or provider level.	5.1.3	The training region reports to the Council any changes that may significantly impact the delivery of training programmes as they occur.	5.1.4	There are mechanisms in place that enable interns to provide anonymous feedback on their prevocational educational supervisors, RMO unit staff and others involved in intern training.
				5.1.5	The training provider routinely evaluates supervisor effectiveness taking into account feedback from interns
				5.2	**Liaison with Council**
				5.2.1	There are clear procedures to notify the Council of changes in a health service or the intern training programme that may have a significant effect on intern training.
				5.2.2	There is a process to address any matters raised by the Council in relation to training, including those arising from accreditation visits.

		5.2.3	The training provider reports to Council annually, or at the Council's request, updating on progress against the standards and notifying any significant changes to the intern training programme.

Revised standards TRAINING ORGANISATION	Revised standards TRAINING REGION	Revised standards TRAINING PROVIDER	
		6	**IMPLEMENTING THE EDUCATION AND TRAINING FRAMEWORK**
		6.1	**Establishing and allocating accredited clinical attachments**
		6.1.1	Processes and mechanisms are in place to ensure the currency of accredited clinical attachments.
		6.1.2	The training provider has processes for establishing new clinical attachments.
		6.1.3	The process of allocation of interns to clinical attachments is transparent and fair.
		6.1.4	There is a system to ensure that interns' preferences for clinical attachments are considered, taking into account the 14 learning activities and the intern's individual PDP goals in the context of available positions.
		6.2	**Welfare and support**
		6.2.1	The duties, rostering, working hours and supervision of interns are consistent with the delivery of high-quality training and safe patient care.
		6.2.2	The training provider ensures a safe working and training environment, which is free from bullying, discrimination, and sexual harassment.
		6.2.3	The training provider ensures a culturally safe environment.
		6.2.4	Interns have access to personal counselling, and career advice. These services are publicised to interns and their supervisors.

		6.2.5	The procedure for accessing appropriate professional development leave is published, fair and practical.
		6.2.6	Interns are actively encouraged to maintain their own health and welfare and to register with a general practitioner.
		6.2.7	Applications for annual leave are dealt with fairly and transparently.
		6.2.8	There are procedures in place to consider leave applications that relate to additional cultural obligations for Māori interns and implements these procedures as per the training organisation's policy document.
		6.3	**Communication with interns**
		6.3.1	Clear and easily accessible information about the intern training programme is provided to interns.
		6.4	**Resolution of training problems and disputes**
		6.4.1	There are processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality.
		6.4.2	There are formal processes for timely resolution of training-related disputes, that implement best practice principles. These are documented and reference the training organisation's policy on review and resolution of training-related disputes.
Revised standards TRAINING ORGANISATION	**Revised standards TRAINING REGION**	**Revised standards TRAINING PROVIDER**	
		7	**FACILITIES**
		7.1	**Facilities**

		7.1.1	Interns have access to appropriate educational resources, facilities, and infrastructure to support their training.