



**Te Kaunihera
Rata o
Aotearoa**

Medical
Council of
New Zealand

Process for assessment and accreditation of Aotearoa New Zealand-based vocational training providers

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1. Introduction and purpose of the MCNZ accreditation process

1.1 Introduction

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (MCNZ) accredits and monitors vocational medical training and recertification providers (training providers), for doctors formally training to practise in, or practising within, recognised vocational scopes of practice.

To be granted accreditation and authorised to provide vocational training leading to registration in a vocational scope of practice, or a recertification programme for doctors practising in a vocational scope of practice, a training provider must meet the [Accreditation standards for New Zealand training providers of vocational medical training and recertification programmes, 2022](#).

This guide sets out the accreditation process for Aotearoa New Zealand-only vocational training providers that are currently accredited by MCNZ. It applies both to currently accredited providers seeking reaccreditation, as well as unaccredited providers seeking accreditation. This guide should be read in conjunction with the *Guide to preparing an accreditation self-assessment for vocational medical training and recertification providers*.

1.2 Purpose of the MCNZ accreditation process

The aim of a vocational medical training programme is to ensure that doctors further develop vocational clinical and professional skills by providing training and education to doctors within a recognised vocational scope of practice to ensure that they:

- have demonstrated the requisite knowledge, skills and professional attributes necessary for independent practice through a broad range of clinical experience and training in the relevant vocational scope of practice
- can practise unsupervised in the relevant vocational scope of practice, providing comprehensive, safe and high-quality medical care, including the general roles and multifaceted competencies inherent in all medical practice and within the ethical standards of the profession and the community they serve
- gain a high level of understanding of the scientific and evidence base of the discipline
- are able to provide leadership in the complex health care environments in which they practice, to work collaboratively with patients and their families, the range of health professionals and administrators, and to accept responsibility for the education of junior colleagues
- demonstrate knowledge and understanding of the issues associated with the delivery of safe, high quality, equitable and cost-effective health care within the Aotearoa New Zealand health system
- are able to assess and maintain their competence and performance through the associated recertification programme to meet MCNZ's requirements for recertification, the maintenance of skills and the development of new skills.

The MCNZ accreditation process provides assurance that MCNZ's accreditation standards are being met. It is intended to:

- a. encourage the organisation being accredited to review and assess its own programme; the collegial nature of accreditation supports discussion and engagement with colleagues from other disciplines, enabling the organisation to benefit from their experience
- b. respect the autonomy of the training provider, and acknowledge its expertise, achievements, and programme
- c. support and foster educational initiatives
- d. assist the training provider by identifying, in the accreditation report, both the strengths of the organisation's education, training, and recertification programmes and any areas requiring improvement
- e. act as a quality assurance mechanism, benefiting prospective trainees, employers of programme graduates, and the Aotearoa New Zealand public by supporting a highly skilled medical workforce.

2. The conduct of the assessment process

2.1 MCNZ conduct

The MCNZ will:

- a. recognise each training provider's autonomy to set its educational direction and policies in response to its specific operating environment and context
- b. in making decisions, gather and analyse information and ideas from multiple sources and viewpoints
- c. follow its documented procedures, and implement its accreditation process in an open and objective manner
- d. adopt mechanisms to ensure that panel members apply standards and procedures consistently
- e. review its processes and the accreditation standards on a regular basis
- f. gather feedback on and evaluate its performance.

In the accreditation of programmes, the MCNZ:

- focuses on the achievement of objectives, maintenance of educational standards, public safety requirements, and expected outputs and outcomes
- following accreditation of a training provider, monitors the response to required actions and other developments in the programme
- undertakes a cycle of assessments, with a full assessment of each programme at least every six years.

2.2 Accreditation panel

Each accreditation panel must include at least one member for each of the following roles:

- two medical members with experience in education, training, recertification or accreditation, with one of these members preferably holding a related vocational scope of practice
- a lay member, with experience in governance
- a trainee enrolled and actively participating in a vocational training programme accredited by the MCNZ
- a senior MCNZ staff member.

In addition, each accreditation panel must include:

- at least one current or former member of the MCNZ Council or the MCNZ's Education Committee, and
- at least one member with lived experience of Māori culture and/or be a member that holds expertise in health equity or hauora Māori.

Additional members may be added to a panel if it is deemed that their skill set will be beneficial for the accreditation assessment.

Accreditation members are expected to declare to MCNZ any personal or professional interest which may be perceived as a conflict of interest.

The accreditation panel will be supported by an MCNZ Education team staff member.

The panel is led by a chair, appointed by the MCNZ, who will be an experienced accreditation panel member.

A panel may also include an observer, for development or educational purposes. The observer will be included in the accreditation process up to, and including the site visit, but will not have a formal role during the visit.

2.3 Accreditation panel responsibilities

The accreditation panel is responsible for:

- Assessing the training provider against the accreditation standards.
- Drafting a report that assesses the provider against each of the accreditation standards and identifies strengths and areas for improvement.

2.4 Privacy

The MCNZ requires large amounts of information from training providers in accreditation applications and in subsequent progress reports. This may include sensitive information, such as honest assessment of strengths and weaknesses and commercial in-confidence material.

The MCNZ requires accreditation panel members to keep confidential the material provided by the training provider and to use such information only for the purpose for which it was obtained.

- Once the MCNZ has made a final decision on accreditation and published the accreditation report, panel members' access to accreditation documentation is removed, and they are expected to delete local copies.

2.5 Publication of accreditation reports

The training provider will be notified of MCNZ's decision, including being provided with the final report as soon as possible after the accreditation decision is made. The final report is published on MCNZ's website soon after the accreditation decision is made and after the training provider has been notified of the decision.

The following material about the training provider will be published on MCNZ's website:

- the accredited until date
- the latest accreditation report
- an update on the accreditation status.

3. The accreditation process

The process of assessment for the accreditation of a training provider includes:

1. a written self-assessment by the training provider
2. payment of the accreditation fee
3. a visit by an accreditation panel to meet with key groups.

Overview:

The accreditation process can take up to 18 months (from initial contact). It includes:

1. MCNZ appoints an accreditation panel. The proposed panel membership is provided to the training provider to ensure there are no conflicts of interest before the panel is confirmed.
2. The training provider submits a self-assessment using the *Self-assessment: Application for accreditation as a provider for vocational medical training*.
3. MCNZ conducts surveys of relevant groups associated with the provider, including trainees, supervisors, IMGs, vocationally registered doctors and other stakeholders.
4. The accreditation panel holds a pre-visit meeting to discuss the self-assessment and survey results and identify areas of focus. If further information is required from the training provider, this is requested before the site visit.
5. The accreditation panel meets with the provider's senior management, other relevant staff from the training provider or training site(s), trainees, supervisors, assessors, IMGs and fellows. MCNZ may also meet with relevant external stakeholders during the visit. At the end of the visit, the accreditation panel presents its preliminary findings to the provider's senior management.
6. The panel prepares a draft report, which is sent to the training provider to check for factual inaccuracies.
7. MCNZ's Education Committee considers the draft accreditation report and any response from the training provider. The Committee either makes decisions under delegated authority or makes recommendations to the MCNZ Council on the accreditation of the provider.
8. The final report, together with MCNZ's decision, is provided to the training provider.
9. Where a provider substantially meets the accreditation standards, MCNZ meets with the training provider to discuss due dates for any required actions.
10. The accreditation report is published on MCNZ's website.

3.1 Initial contact

Prior to the accreditation visit, an Education team member will contact the training provider to:

- a. advise the date for submission of the self-assessment
- b. propose dates and a location for the accreditation site visit
- c. request a list of external stakeholders for consultation
- d. provide the self-assessment template and related documentation.

For an accredited provider seeking reaccreditation, this will take place at least six months prior to the accreditation visit. For an unaccredited provider, the timeframes depend on existing MCNZ commitments and will be set following discussions with the applicant.

MCNZ staff, in consultation with the Education Committee Chair, will begin appointing accreditation panel members. The proposed panel membership will be provided to the training provider for comment, including identifying any conflicts of interest.

Before the self-assessment is received, the Education team member will liaise with the provider to discuss the draft site visit agenda, stakeholder lists, survey questions, survey respondents, and other logistical matters for the site visit. It is helpful for the provider to nominate one point of contact for the Education team member.

3.2 Development of the training provider's accreditation self-assessment

The training provider should begin preparing its self-assessment well in advance of the due date. The completed self-assessment and any required supporting documentation must be submitted to MCNZ by the specified date, usually eight weeks before the site visit, and in the required format. This timeframe allows the accreditation panel sufficient time to review the material and request any further information needed before the assessment visit.

To support completion of the self-assessment, MCNZ provides the training provider with the *Guide to preparing an accreditation self-assessment for vocational medical training and recertification providers*. The guide outlines the information that should be included in the self-assessment.

Importance of the self-assessment

The self-assessment forms the basis of the accreditation assessment. It should describe the training provider's policies, processes, and training and recertification programmes, and include an evaluation of strengths and areas for improvement. The training provider must respond to each accreditation standard.

The training provider's self-assessment is structured according to the accreditation standards. The training provider is encouraged to:

- reflect on its performance and critically analyse this against the accreditation standards
- identify strengths, challenges, and planned actions to address those challenges
- include relevant examples and supporting information as appendices
- propose actions for improvement.

3.3 Surveys of internal and external stakeholders

As part of each accreditation visit, MCNZ seeks feedback from a range of stakeholders.

For providers being reaccredited, input is sought from trainees about their educational experience with the training provider.

MCNZ also seeks feedback from other relevant groups at the provider, for example, supervisors, educators, international medical graduates (IMGs) and vocationally registered doctors participating in the provider's recertification programme.

In collaboration with the training provider, MCNZ prepares surveys for relevant groups and asks the provider to distribute the survey links. To ensure the feedback is meaningful, the training provider should encourage as many relevant individuals and groups as possible to respond. The surveys are anonymous and take approximately 10 minutes to complete.

MCNZ invites external stakeholders to provide feedback on the training and recertification programmes. The training provider will be asked to identify its external stakeholders. Stakeholders who may be invited to provide feedback are:

- other New Zealand-based and bi-national medical colleges, and the Council of Medical Colleges
- professional bodies for doctors (Association of Salaried Medical Specialists, New Zealand Resident Doctors Association, Specialty Trainees of New Zealand, Te ORA, Pasifika Medical Association)
- Ministry of Health New Zealand
- Health New Zealand – Te Whatu Ora
- HNZ district prevocational training providers
- Medical schools
- Accident Compensation Corporation
- Health Quality & Safety Commission
- the Health and Disability Commissioner

- Other relevant groups.

MCNZ provides the training provider with a copy of the de-identified survey reports before the accreditation visit.

3.4 Pre-visit accreditation panel meeting

A pre-visit meeting of the accreditation panel is held virtually before the accreditation visit. At this meeting, the panel reviews the training provider's self-assessment, prior years' annual and progress reports, anonymised survey results, and draft accreditation site visit agenda. The panel identifies key issues and may request additional information from the training provider before the site visit.

If useful, a meeting may be arranged between the accreditation panel chair and the training provider before the site visit meetings.

4. The accreditation site visit

The meetings with the training provider are a key component of the accreditation assessment. The visit usually includes a mix of in-person and virtual meetings. The Education team member will discuss the preferred structure of the visit with the training provider.

MCNZ notes that not all Aotearoa New Zealand-based vocational medical training providers will have a suitable location to hold these meetings and, in such cases, meeting rooms at the MCNZ's offices in Wellington may be used.

4.1 The visit programme

At a minimum, the accreditation panel will expect to meet with the following:

- senior management of the training provider
- other relevant staff of the training provider
- staff at training sites accredited by the training provider
- trainees (for a reaccreditation)
- supervisors
- educators
- vocationally-registered doctors participating in the provider's recertification programme (fellows)
- any other relevant external stakeholders that the accreditation panel considers will be helpful to meet with (these stakeholders will be identified by the accreditation panel through the external stakeholder survey).

In collaboration with the training provider, the Education team member drafts a site visit agenda and provides this to the training provider to review and confirm.

To ensure a robust process, the accreditation panel needs to speak to a broad group of individuals. While we do not expect that all individuals are able to attend, we appreciate the training provider's assistance in communicating to requested attendees that it is important to meet with the accreditation panel. The Education team member can provide details about the accreditation to include in correspondence to attendees.

During the meetings, the accreditation panel will:

- triangulate the evidence through a range of sources, including the self-assessment, prior reporting to MCNZ, information gathered at the site visit and surveys of relevant groups
- concentrate on major rather than minor issues or technical points
- participate in a collaborative manner.

The accreditation panel will meet with key personnel from the training provider's training sites. The aim of this is to allow the accreditation panel to:

- assess the training provider's standards and process of accreditation of training sites;
- consider if the training provider's educational goals are achievable in the training environment;
- assess the implementation of the training provider's policies and processes in a distributed training system, including assessment processes.

4.2 Presentation of preliminary statement of findings

At the end of the site visit, the accreditation panel will meet with the senior members of the training provider to deliver the panel's preliminary findings. Under each set of standards, the chair of the accreditation panel outlines the panel's view of the training provider's key strengths and areas that require improvement.

5. Accreditation report

After the visit:

- The accreditation panel drafts the accreditation report for the training provider.
- The draft accreditation report is sent to the training provider to comment on any factual inaccuracies.
- The MCNZ Education Committee considers the draft accreditation report and any response from the training provider. The Committee either makes decisions under delegated authority or makes recommendations to the MCNZ Council on the accreditation of the training provider.
- Either the MCNZ Council or the Education Committee will decide about the accreditation status of the training provider.
- The training provider is notified of the final decision.
- A meeting is held with the training provider to discuss the required action due dates.
- The final report and decision will be published on MCNZ's website.

5.1 Accreditation report – assessing each set of standards

The training provider will be provided with a draft accreditation report within **twelve working weeks** following the accreditation site visit.

If the accreditation panel considers that the training provider does not meet a standard or only substantially meets a standard, required actions for that standard will be included in the report. The required actions will specify the areas in which the training provider must improve or take further action in relation to the content, implementation or administration of its programme, in order to meet the standard.

Section assessment ratings

Each section of the accreditation report will receive a rating from the panel, which must be one of the following:

Met

All requirements of the standard are fully demonstrated. Evidence is complete, consistent, and embedded in practice, with no significant gaps or risks identified. Key characteristics:

- All sets of standards meet all essential elements of the accreditation standards in this section
- There may be recommendations for areas for improvement but no required actions.

Substantially met

- There are areas that are minor in nature that do not meet the accreditation standards in this section. However, it is likely that the training provider will be able to meet the standards within a reasonable timeframe. **OR**
- Everything is in place but not consistently applied across all aspects of the intern training programme. **OR**
- All processes are in place but are not fully documented.

There must be required actions that inform the training provider what it needs to do to meet this set of accreditation standards. There may also be recommendations on areas for improvement.

Not met

- There are major deficiencies in the set of accreditation standards and the training provider's delivery is substantively below the accreditation standards.

The report must have required actions that inform the training provider what it needs to do to meet this set of accreditation standards. There may also be recommendations on areas for improvement.

5.2 Review of the draft accreditation report by the training provider

The training provider is sent the draft accreditation report and asked to comment on any factual inaccuracies. The training provider has at least 3 weeks to review the draft accreditation report.

If there are factual inaccuracies within the draft report, these are corrected before the report is considered by MCNZ.

5.3 Accreditation report – Overall rating outcomes

MCNZ will make a decision that, overall, the training provider has either 'met', 'substantially met' or 'not met', the accreditation standards, taking into account the panel's ratings of each set of standards.

Overall accreditation decision – Met or Substantially met

The Committee, under delegation, can make a decision that the training provider has met, or substantially met the accreditation standards.

The Committee will grant accreditation if it is satisfied that the provider's training programme (or recertification programme):

- meets the accreditation standards OR
- substantially meets the accreditation standards, subject to completion of required actions within a reasonable timeframe to ensure the provider's training programme meets the standards.

If the Committee resolves that the overall rating of the accreditation report is:

'Met'

MCNZ will grant accreditation for a period of six years for a vocational training provider.

'Substantially met'

MCNZ will grant accreditation for a period of up to six years for vocational training providers, subject to the provider satisfactorily addressing the required actions outlined in MCNZ's decision through progress reports, within the period set by MCNZ..

A provider that is not currently accredited, which achieves a 'substantially met' outcome, may have a shorter period of accreditation, additional conditions or monitoring requirements in the initial period of its accreditation, as trainees commence.

Overall accreditation decision – Not met

In this case, for a currently accredited provider, MCNZ will do the following:

- accredit the training provider for a limited period (interim accreditation period), and
- impose conditions on the accreditation, and
- give notice that the accreditation will not be approved past a specific date unless specified required actions are met, and
- require a further accreditation assessment and site visit within a specified period, which will be no longer than 12 months.

In addition, if there are immediate concerns regarding patient safety or trainee safety, these will be raised directly with Council as soon as practicable.

If the nature of the accreditation report is of sufficient concern, it may be considered straight away by Council.

An approximate timeline for the further accreditation assessment and site visit will be proposed within the letter to the training provider outlining MCNZ's decision. The date for the further accreditation site visit will be during the interim accreditation period.

The further accreditation assessment and site visit may follow the same process as outlined in earlier sections of this policy, or a tailored assessment focusing on specific concerns raised. The accreditation panel is likely to comprise at least one member from the original accreditation panel and at least one new member.

If the outcome of the further accreditation is not met, then an extension to accreditation will only be granted for the purpose of a managed transition for trainees and doctors participating in the provider's recertification programme. Council will work with the training provider and other stakeholders on this transition. Council may set a stand-down period before the applicant can reapply.

In the case that a provider that is not currently accredited receives a 'not met' outcome, then Council may set a stand-down period before the applicant can reapply.

6. Evaluation of accreditation standards and procedures

MCNZ seeks written feedback from both the training provider and the accreditation panel members following the completion of the accreditation assessment.

This contributes to MCNZ's continuous improvement of its accreditation process.

Appendix 1 - Key steps and responsibilities

Process	Task and person(s) responsible
<p>Initial contact 6-9 months prior to the visit (reaccreditation)</p> <p>6-9 months</p>	<p>Education Team member:</p> <ul style="list-style-type: none"> contacts training provider with self-assessment template and proposes initial/approximate dates and location for site visit requests a list of external stakeholders for consultation. <p>Training provider:</p> <ul style="list-style-type: none"> confirms date of accreditation site visit provides a list of external stakeholders begins work on self-assessment.
<p>Surveys and draft agenda</p> <p>3 months before the site visit</p>	<p>Education Team member:</p> <ul style="list-style-type: none"> sends survey questions to training provider to review collaborates with provider to draft a site visit agenda and who should attend meetings provides list of confirmed panel members to training provider creates surveys and sends link to provider to distribute creates external stakeholder survey and sends out link to agreed groups confirms logistics of site visit with provider i.e. venue, meeting room, Mihi Whakatau, catering, IT etc. <p>Training provider:</p> <ul style="list-style-type: none"> sends out survey link to the relevant groups and encourages completion collaborates with Education team member to draft site visit agenda sends meeting invites to attendees for the site visit comments on any conflicts of interest with panel members.
<p>Self-assessment submission</p> <p>8 – 10 weeks before the site visit</p>	<p>Training provider:</p> <ul style="list-style-type: none"> returns completed self-assessment. <p>Education Team member:</p> <ul style="list-style-type: none"> collates training provider self-assessment with other documentation for the accreditation panel sends accreditation panel the documentation requests accreditation panel to read and make initial comments on the training provider self-assessment. <p>Accreditation panel members:</p> <ul style="list-style-type: none"> read the collated self-assessment work through the initial review of the self-assessment identifies key issues and gaps in self-assessment - to either request further information from training providers before the visit, or to develop interview questions for the visit.
<p>Preliminary accreditation panel meeting</p>	<p>Accreditation panel:</p> <ul style="list-style-type: none"> discusses self-assessment and survey results and notes areas of strength and areas of improvement in the training and recertification programmes

Concluding the process of accreditation	Education Team member: <ul style="list-style-type: none">• publishes report and accreditation period update on MCNZ website soon after the training provider receives MCNZ's decision• sends a feedback survey to accreditation panel to evaluate MCNZ's process of accreditation.
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Glossary of terms

Term	Explanation / Definition
<i>Accreditation</i>	<p>Accreditation occurs in a legal framework as prescribed by the Health Practitioners Competence Assurance Act 2003.</p> <p>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.</p> <p>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.</p>
<i>Continuing professional development (CPD)</i>	<p>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.</p> <p>Also see <i>Recertification</i> and <i>Recertification programme</i>.</p>
<i>Cultural safety</i>	<p>MCNZ defines cultural safety as:</p> <ul style="list-style-type: none"> • 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. <p>The full <i>Statement on Cultural safety</i> is found at: https://www.mcnz.org.nz/our-standards/statements-definitions-and-publications/</p>
<i>Curriculum</i>	<p>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.</p>

<i>De-identified</i>	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.
<i>Education institution (as used by the MCNZ)</i>	<p>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.</p> <p>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.</p> <p>The MCNZ use the term ‘training provider’ to be consistent across the medical profession. Also see <i>Training provider</i>.</p> <p>Historically the MCNZ used ‘education provider’ or ‘education organisations’.</p>
<i>Executive members of the training provider</i>	Members of the training provider who are in governance and key management roles.
<i>International medical graduate (IMG)</i>	<p>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.</p> <p>Previously also referred to as an ‘overseas trained doctor’.</p>
<i>MCNZ</i>	The Medical Council of New Zealand. The Medical Council of New Zealand is governed by the MCNZ Council.
<i>MCNZ Council</i>	The board of the Medical Council of New Zealand, comprising medical practitioner and lay members.
<i>Recertification</i>	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.
<i>Recertification programme</i>	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.
<i>Registration within a vocational scope of practice</i>	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 and practising in a vocational scope must participate in an approved recertification programme to maintain competence.
<i>Supervision</i>	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.
<i>Supervisor</i>	In the 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 several supervisory roles (see standard 8.1.)
<i>Trainee</i>	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.
<i>Training provider</i>	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: <ul style="list-style-type: none"> • prevocational medical training, the MCNZ uses 'prevocational medical training provider' and • vocational medical training, the MCNZ use 'vocational medical training provider', or a 'recertification training provider' In these standards, the 'training provider' refers to the vocational medical training provider / college. A term previously used for accredited training providers was vocational education and advisory bodies (VEABs).
<i>Training sites</i>	The workplace in which the trainee works and undertakes supervised workplace-based training and education. Training sites include health services and facilities such as public and private hospitals, general practices, or private/community-based health facilities.
<i>Vocational medical training programme</i>	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 that certifies completion of the training programme. Also referred to as a 'programme of study', or 'training programme'. Previously 'educational programme' was used.
<i>Vocational medical training provider</i>	The training provider (as defined above) offering the vocational medical training and/or recertification programme. Training providers that identify

	<p>as a 'college' (i.e. the word 'college' appears in its title) are referred to as 'Medical colleges'.</p> <p>Previously referred to as vocational education and advisory bodies (VEABS).</p>
<i>Vocational scope of practice</i>	<p>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.</p> <p>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 practice¹.</p>

¹ *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>