



Te Kaunihera
Rata o
Aotearoa

**Medical
Council of
New Zealand**

**Proposed accreditation standards for providers of recertification programmes
for vocationally-registered doctors in New Zealand**

Draft for consultation October 2020

The following standards have been drafted to align to new recertification requirements and be effective from 1 July 2022. Before this time providers would need to show evidence of progress towards implementing the requirements.

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Standard 9: Recertification programmes, further training and remediation

All recertification programmes must meet the [*Recertification requirements for vocationally-registered doctors in New Zealand*](#) by 1 July 2022. The following standards align to the new requirements and will be effective from 1 July 2022. Before this time providers need to show evidence of progress towards implementing the requirements.

9.1 RECERTIFICATION (CONTINUING PROFESSIONAL DEVELOPMENT) PROGRAMMES

- NZ 9.1.1 The training/recertification 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. (Refer to Note 'c'). The training provider publishes its recertification programme requirements and offers a system for participants to document their recertification programme activity.
- NZ 9.1.2 The training/recertification provider determines its requirements in consultation with stakeholders and designs its recertification programme to meet Medical Council of New Zealand requirements and accreditation standards.
- NZ 9.1.3 The training/recertification 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, including cultural competence, cultural safety, professionalism and ethics.
- NZ 9.1.4 The training/recertification provider determines the appropriate type of activities under each continuing professional development category. It assigns greater credit for activities that evidence shows are most effective in improving a doctor's performance.
- NZ 9.1.5 The training/recertification provider ensures that in each cycle, participants are required to undertake a mix of activities across all three continuing professional development (CPD) categories:
 - I. Reviewing and reflecting on practice
 - II. Measuring and improving outcomes
 - III. Educational activities (continuing medical education - CME).
- NZ 9.1.6 The recertification programme(s) 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. (Refer to Note 'e')
- NZ 9.1.7 The recertification programme(s) requires participants to develop and maintain a professional development plan. 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. (Refer to Note 'f'). Providers must provide a platform and template to enable these elements to be satisfied and that ensures (and records) that the participant satisfies this requirement.

- NZ 9.1.8 The training/recertification 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 programme (outlined above in standards 9.1.5, 9.1.6 & 9.1.7). The recertification programme must assist participants to meet cultural safety standards. (Refer to Note 'g')
- NZ 9.1.9 The training/recertification provider makes available a multisource feedback process for participants to voluntarily undertake, should they wish to do so. (Refer to Note 'h')
- NZ 9.1.10 The training/recertification 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.
- NZ 9.1.11 The training/recertification provider has a documented policy/process for assessing and recognising appropriate activities that are undertaken through other processes, such as fulfilling the requirements of another recertification programme or in the course of a doctor's employment, and credits these towards recertification programme requirements. (Refer to Notes 'j' and 'k')
- NZ 9.1.12 The training/recertification provider ensures there is a method by which review and continuous quality improvement of the recertification programme occurs.
- NZ 9.1.13 The training/recertification provider must have a process in place for monitoring participation and reviewing whether participants are meeting recertification requirements. The provider must define the categories of participants (for example Fellows/associates/members) and the number of participants undertaking the recertification programme.
- NZ 9.1.14 The training/recertification provider must regularly audit the records of programme participants, including completeness of evidence and educational quality. The provider must have a policy/process that addresses how non-compliance is noted, what action is taken by the provider to encourage compliance/re-engagement and the threshold for then reporting to Medical Council of New Zealand.
- NZ 9.1.15 The training/ recertification provider must inform Medical Council of New Zealand (at least annually) of those who are participating in the recertification programme and whether they are meeting requirements. This is in addition to immediately reporting known non-compliance.

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. Compliance with recertification programme requirements applies to both vocationally-registered doctors practising full-time and those practising part-time. Doctors are asked, when applying for their annual practising certificate whether they are complying with recertification programme requirements and doctors' responses may be audited.

- c. Training providers play an important role in assisting the Medical Council of New Zealand to implement recertification programmes by setting and providing practice-relevant recertification programme options and providing a recertification programme(s) that is available to all in their vocational scope of practice(s), including those who are not fellows.
- d. The recertification phase of medical education is mainly self-directed and involves practice-based learning activities rather than supervised training.
- e. 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.
- f. 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.
- g. 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/>.
- h. The provider's process for multisource feedback should include colleague feedback and patient feedback (where practicable).
- i. The MCNZ recommends that providers should offer 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.
- j. 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.
- k. Many organisations other than accredited training providers offer recertification opportunities for vocationally-registered doctors, including health care facilities, universities, the pharmaceutical and medical technological industries, community and health consumer organisations and for-profit recertification providers. Training providers are expected to have a code of ethics that covers the role of, and their relationship with, other groups that provide recertification activities that may be credited towards the training provider's recertification programme(s). In reviewing the quality of an activity, the training provider should consider whether the activity has used appropriate methods and resources, and the feedback from participants.

Note: Where the training provider seeking accreditation has delegated provision of the recertification programme, they must provide evidence that the delegated provider meets all of the recertification standards above.