



Te Kaunihera Rata
o Aotearoa

**Medical Council
of New Zealand**

Accreditation assessment of the New Zealand Association of Musculoskeletal Medicine for vocational medical training and recertification

Date of site visit: 18 and 19 November 2020

Date of report: 14 April 2021

Contents

General Information	4
Programme information.....	4
Executive Summary	6
Overall outcome of the accreditation assessment.....	9
Accreditation standards	11
1 The context of training and education.....	11
2 The outcomes of vocational medical training.....	16
3 The vocational medical training and education framework	18
4 Teaching and learning	21
5 Assessment of learning	23
6 Monitoring and evaluation.....	26
7 Trainees	29
8 Implementing the programme: delivery of education and accreditation of training sites	33
9 Recertification programmes, further training and remediation.....	36
10 Assessment of international medical graduates for the purpose of vocational registration	39
Appendix 1 – Membership of the 2020 accreditation team	41
Appendix 2 – NZAMM key staff.....	42
Appendix 3 – List of submissions on the New Zealand Association of Musculoskeletal Medicine.....	43
Appendix 4 – Summary of the 2020 assessment programme	44

Background

It is the Medical Council of New Zealand's (MCNZ) statutory role to monitor and promote medical education and training in New Zealand. To ensure that its standards for New Zealand-based vocational and prevocational training providers are met, the Council accredits training and recertification providers and their training programme(s).

The purpose of the accreditation process is to recognise vocational medical training and recertification programmes and their associated training providers that produce medical practitioners who:

- can practise unsupervised in the relevant vocational scope
- can provide comprehensive, safe and high-quality medical care that meets the needs of the New Zealand healthcare system
- are prepared to assess and maintain their competence and performance through recertification programmes, maintaining their skills and developing new skills.

The MCNZ accreditation process involves both accreditation (validating that standards are met) and peer review to promote high standards of medical education, stimulate self-analysis and assist the training provider to achieve its objectives. Accreditation is conducted in a collegial manner that includes consultation, advice and feedback to the training provider.

The MCNZ's accreditation of vocational medical training and recertification programmes and their associated training providers is intended to:

- a. provide an incentive for the organisation being accredited to review and to assess its own programme. The collegiate nature of accreditation should facilitate discussion and interaction with colleagues from other disciplines to benefit from their experience
- b. respect the autonomy of the training provider, and acknowledge the expertise in, and achievements of, the training provider and its programme
- c. support and foster educational initiatives
- d. assist the training provider by drawing attention in the accreditation report both to weaknesses of the organisation's education, training and professional development programmes and its strengths
- e. as a quality assurance mechanism, benefit prospective trainees, employers of the graduates of programmes and the New Zealand public by ensuring a highly skilled medical workforce.

Training providers are assessed against the MCNZ's [Accreditation standards for New Zealand training providers of vocational medical training and recertification programmes.](#)



Te Kaunihera Rata
o Aotearoa

**Medical Council
of New Zealand**

The Medical Council of New Zealand's accreditation of the New Zealand Association of Musculoskeletal Medicine for vocational medical training

General Information

Name of training provider:	New Zealand Association of Musculoskeletal Medicine
Accreditation assessment:	18 and 19 November 2020
Accreditation assessment decision:	14 April 2021
Accreditation period granted:	30 April 2027
Date of last accreditation decision:	13 September 2017

Programme information

Scope:	Musculoskeletal Medicine
Post fellowship awarded:	Certificate of Attainment in Musculoskeletal Medicine (CAMM) from the New Zealand Association of Musculoskeletal Medicine (NZAMM).
Training programmes offered:	NZAMM specialist training programme: Part A: Completion of specific papers from an approved postgraduate diploma of musculoskeletal medicine or pain medicine from an Australian or a New Zealand University. Part B: Clinical training programme. Fellowship examination.

Fellowship and membership categories	Number
Membership: Any New Zealand registered medical practitioner with an interest in musculoskeletal medicine may apply to join NZAMM.	65
Associate membership: Any provisionally registered medical practitioner or overseas medical practitioner with an interest in musculoskeletal medicine may apply for associate membership of NZAMM.	1
Trainee membership: Any member who has been applied and been accepted into the vocational training programme.	9

Fellowship: **26**
A member who has completed the vocational training programme and been awarded the Certificate of Attainment in Musculoskeletal Medicine (CAMM) is concurrently admitted to Fellowship.

Life membership or life fellowship: **4**
Is awarded by nomination and Executive Committee agreement. These awards represent exemplary service and contribution to the organisation and the practice of musculoskeletal medicine.

Executive Summary

The Medical Council of New Zealand (MCNZ)'s has assessed the New Zealand Association of Musculoskeletal Medicine (NZAMM, or the Association) and its training and recertification programme against MCNZ's [standards](#) and decided that overall the Association has substantially met the accreditation standards.

The Association was last accredited by MCNZ as a vocational training provider in 2017. Since that time the NZAMM has fully taken over the vocational training programme and the recertification programme from the Australasian Faculty of Musculoskeletal Medicine. Equally the Association has significantly advanced its strategic plan for training and recertification over this time.

The MCNZ accreditation team views the NZAMM as a highly collegial, values-based organisation that is working hard to fulfil its role as a vocational training provider. However, the context of training provided by NZAMM is inevitably impacted by the small size of the Association. While this adds strengths, especially in respect to the strong culture of the Association, there are also areas of vulnerability with limitations in capacity and resource for training.

The NZAMM is to be commended for its authentic and strong commitment to trainee involvement in the governance of its training programme, to trainee wellbeing, and to a supportive and flexible training structure. Fellows, members, and trainees themselves, are highly motivated in striving for the success of the training programme. This overt dedication provides an admirable base for the Association's endeavours however there is a need for greater formalisation of training processes, for example in relation to the quality and consistency of assessment methods and in reviews and appeals of examination results.

The accreditation team spoke with a range of external stakeholders, including organisations such as ACC, medical practitioners in other vocational scopes, and allied health professionals with close working relationships with musculoskeletal physicians. While stakeholder engagement at the practitioner and practice levels is significant, the Association is currently at risk of becoming siloed with resultant impacts on its ability to meet evolving needs and best practice. There is a need to formally advance and broaden its stakeholder engagement with a number of other relevant professional bodies, including other medical colleges (for example the Royal New Zealand College of General Practitioners, the Royal Australasian College of Physicians, and the Royal Australian and New Zealand College of Radiologists), Te ORA and Māori health providers, and other providers of medical education and training with educational expertise.

The NZAMM has not met three of the MCNZ standards. These relate to evaluation of its training programme and graduate outcomes, and its IMG assessment processes.

The accreditation team is grateful to the fellows, trainees and staff of the NZAMM for their thorough preparation for the accreditation process and for their active and willing engagement with the team throughout the visit.

Summary of findings:

The accreditation team recommends to Council that overall, the New Zealand Association of Musculoskeletal Medicine has met 21 of the 35 sets of Council's *Accreditation standards for New Zealand training providers of vocational medical training and recertification programmes*. Eleven sets of standards are substantially met:

- Standard 1.1 – Governance (The context of training and education).
- Standard 1.2 – Programme management (The context of training and education).
- Standard 1.3 – Reconsideration, review and appeals processes (The context of training and education).
- Standard 1.4 – Educational expertise and exchange (The context of training and education).
- Standard 1.6 – Interaction with the health sector (The context of training and education).
- Standard 3.3 – Continuum of training, education and practice (The vocational medical training and education framework).
- Standard 5.2 – Assessment methods (Assessment of learning).
- Standard 5.4 – Assessment quality (Assessment of learning).
- Standard 8.1 – Supervisory and educational roles (Implementing the programme: delivery of education and accreditation of training site).
- Standard 8.2 – Training sites and posts (Implementing the programme: delivery of education and accreditation of training site).
- Standard 9.1 – Recertification programmes (Recertification programmes, further training and remediation).

Three sets of standards were not met:

- Standard 6.2 – Evaluation (Monitoring and evaluation).
- Standard 10.1 – Assessment framework (Assessment of international medical graduates for the purpose of vocational registration).
- Standard 10.2 – Assessment methods (Assessment of international medical graduates for the purpose of vocational registration).

Eighteen required actions were identified, along with seven recommendations and three commendations. The required actions are:

1. The Association, at its governance structure level, must take responsibility for developing a systematic approach to collaborating with relevant external stakeholders who can contribute to the design and delivery of the training programme (Standard 1.1.5)
2. The Association must implement the relevant intentions and actions outlined in its Strategic and Operational plan that address the six-factor framework (Standard 1.2.1).
3. The Association must ensure that reconsideration, review and appeals processes apply to examination outcomes (Standard 1.3.1).
4. The Association must increase educational expertise into its vocational training programme design and development to ensure continuous improvement of its training and education functions (Standard 1.4.1).
5. The Association must establish effective relationships with relevant Māori organisations, including Māori health providers (Standard 1.6.4).
6. Formal evidence is required indicating purposeful curriculum design that demonstrates both horizontal and vertical integration of the curriculum with undergraduate and prevocational education, and with continuing professional development as reflected within the recertification programme (Standard 3.3.1).
7. The Association must provide evidence, including data, to show that valid methodology is being used to determine pass scores (Standard 5.2.3).
8. The Association must review and formalise processes around the quality, consistency and fairness of assessment methods (Standard 5.4.1).
9. Standards must be developed against which the training and graduate outcomes can be formally evaluated (Standard 6.2.1).

10. Data on programme and graduate outcomes must be collected and analysed (Standard 6.2.2).
11. Evidence of stakeholder contribution to the evaluation of programme and graduate outcomes must be supplied (Standard 6.2.3).
12. The Association must formalise collection and evaluation of feedback on supervisors and instructors with due consideration of privacy and the potential for conflict of interest (Standard 8.1.4).
13. The Association must ensure that the accreditation criteria for training sites is publicly available. (Standard 8.2.1)
14. The Association must engage with other training providers to support common accreditation approaches and sharing of relevant information (Standard 8.2.4).
15. There should be further development of the components of the recertification programme that support doctors to reflect on cultural safety and enhance their own levels of cultural competence, in particular in respect to Māori (Standard 9.1.10).
16. The Association's framework for assessment of IMGs for the purpose of vocational registration must align with the MCNZ's requirements (Standard 10.1).
17. The Association's methods of assessment of IMGs for the purpose of vocational registration must align with the MCNZ's requirements (Standard 10.2.1).
18. The Association must have procedures in place to inform employers, and where appropriate the MCNZ, where patient safety concerns arise in an IMG assessment (Standard 10.2.2)

Overall outcome of the accreditation assessment

<p>The overall rating for the accreditation of the New Zealand Association of Musculoskeletal Medicine as a training provider for vocational medical training and recertification</p>	<p>Substantially met</p>
<p>MCNZ considered and received the report titled approved the <i>Accreditation assessment of the New Zealand Association of Musculoskeletal Medicine for vocational medical training and recertification</i> and determined that:</p> <ul style="list-style-type: none"> • the overall outcome of the assessment for accreditation of the New Zealand Association of Musculoskeletal Medicine is ‘substantially met’, and • the New Zealand Association of Musculoskeletal Medicine is accredited for a period of 6 years, until 30 April 2027, subject to the New Zealand Association of Musculoskeletal Medicine meeting the required actions on its accreditation, and • the New Zealand Association of Musculoskeletal Medicine is to provide annual reports to MCNZ for the period of its accreditation. <p>MCNZ has requested that the New Zealand Association of Musculoskeletal Medicine provide an annual and progress report that satisfies MCNZ that the following required actions have been addressed by the dates below:</p> <p>By 31 January 2022:</p> <ol style="list-style-type: none"> 1. The Association, at its governance structure level, must take responsibility for developing a systematic approach to collaborating with relevant external stakeholders who can contribute to the design and delivery of the training programme (Standard 1.1.5) 2. The Association must implement the relevant intentions and actions outlined in its Strategic and Operational plan that address the six-factor framework (Standard 1.2.1). 3. The Association must ensure that reconsideration, review and appeals processes apply to examination outcomes (Standard 1.3.1). 5. The Association must establish effective relationships with relevant Māori organisations, including Māori health providers (Standard 1.6.4). 8. The Association must review and formalise processes around the quality, consistency and fairness of assessment methods (Standard 5.4.1). 9. Standards must be developed against which the training and graduate outcomes can be formally evaluated (Standard 6.2.1). 15. There should be further development of the components of the recertification programme that support doctors to reflect on cultural safety and enhance their own levels of cultural competence, in particular in respect to Māori (Standard 9.1.10). 16. The Association’s framework for assessment of IMGs for the purpose of vocational registration must align with the MCNZ’s requirements (Standard 10.1). 17. The Association’s methods of assessment of IMGs for the purpose of vocational registration must align with the MCNZ’s requirements (Standard 10.2.1). <p>By 31 January 2023:</p> <ol style="list-style-type: none"> 7. The Association must provide evidence, including data, to show that valid methodology is being used to determine pass scores (Standard 5.2.3). 10. Data on programme and graduate outcomes must be collected and analysed (Standard 6.2.2). 11. Evidence of stakeholder contribution to the evaluation of programme and graduate outcomes must be supplied (Standard 6.2.3). 13. The Association must ensure that the accreditation criteria for training sites is publicly available. (Standard 8.2.1) 18. The Association must have procedures in place to inform employers, and where appropriate the MCNZ, where patient safety concerns arise in an IMG assessment (Standard 10.2.2) 	

By 31 January 2024:

4. The Association must increase educational expertise into its vocational training programme design and development to ensure continuous improvement of its training and education functions (Standard 1.4.1).
6. Formal evidence is required indicating purposeful curriculum design that demonstrates both horizontal and vertical integration of the curriculum with undergraduate and prevocational education, and with continuing professional development as reflected within the recertification programme (Standard 3.3.1).
12. The Association must formalise collection and evaluation of feedback on supervisors and instructors with due consideration of privacy and the potential for conflict of interest (Standard 8.1.4).
14. The Association must engage with other training providers to support common accreditation approaches and sharing of relevant information (Standard 8.2.4).

Accreditation standards

1 The context of training and education

1.1 Governance	
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 international medical graduates (IMGs).
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.

1.1 Governance			
	Met	Substantially met	Not met
Rating		X	

Summary of findings:

The Association has a strong commitment to ensuring high quality training for its trainees.

Appropriate governance arrangements are in place. There is a formalised governance structure which includes the Executive Committee and other committees and sub committees, all with defined areas of focus. Trainee representation is included in the governance structure, and trainee participation is valued.

The Education and Training Committee report to the Executive Committee which has overarching oversight of the Association's education and training programmes. Practice based training within the vocational training programme is carried out in various privately owned community based practices and therefore are not under the governance of the Association. Instructors in these practices report to NZAMM on each trainee. Trainees also provide feedback on their experience in reports that are reviewed through the Education and Training Committee. Recertification is managed through a contract with bpac^{nz}.

While there is significant engagement with the University of Otago School of Medicine Christchurch (UOC), there is opportunity to seek further educational expertise into the design and delivery of the training programme. There is longstanding collaborative work with ACC on matters of mutual interest, including joint working groups.

Due to the small size of the NZAMM, conflicts of interest can pose a significant risk but there is high awareness of this vulnerability and potential conflicts are well managed.

Required actions:

1. The Association, at its governance structure level, must take responsibility for developing a systematic approach to collaborating with relevant external stakeholders who can contribute to the design and delivery of the training programme (Standard 1.1.5)

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 IMGs
 - 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.

1.2 Programme management

	Met	Substantially met	Not met
Rating		X	

Summary of findings:

The NZAMM has a range of appropriate structures and processes for the planning, implementation and evaluation of the education and training programme. Alongside the overall governance function, specific roles such as the Education and Training Committee, the Director of Training, Board of Censors, supervisors, mentors and instructors all play key roles in programme implementation and evaluation. There are also many opportunities for programme participants to provide feedback to inform programme development.

The Association needs to take care to ensure its structure allows sufficient direction of key policy areas. In particular, the team notes that policy and procedures relating to IMGs require review as the Association's current IMG policy does not align with the MCNZ's requirements. We address this matter in more detail in Standard 10.

The Association is well aware of the viability concerns that arise from its small size, capacity limitations, and the fact that trainees are self-funded. It has developed a strategic plan to increase the workforce over the coming years, and some growth in the number of trainees is now occurring compared to previous periods. While the small size of the Association brings advantages in terms of collegiality and culture, nonetheless there are threats to viability that will require constant vigilance and full implementation of the intentions outlined in its Strategic and Operational Plan 2020-2025.

Required actions:

2. The Association must implement the relevant intentions and actions outlined in its Strategic and Operational plan that address the six-factor framework (Standard 1.2.1).

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.

1.3 Reconsideration, review and appeals processes			
	Met	Substantially met	Not met
Rating		X	
Summary of findings:			
<p>An incident reporting process has been developed to identify and address any aspect of the training or reaccreditation programme that is seen as unsatisfactory, and this process can be used to further escalate any concerns to the governance structure.</p> <p>The Association has a range of relevant policies and processes for the management of appeals, although these do not specifically refer to the ability to reconsider, review or appeal examination results.</p> <p>Particular care is taken to ensure trainee confidentiality as the Association is very mindful that its small size and whānau culture can pose risks in this regard. The maintenance of confidentiality is one of the specific guiding principles identified for any appeal or dispute.</p> <p>Required actions:</p> <p>3. The Association must ensure that reconsideration, review and appeals processes apply to examination outcomes (Standard 1.3.1).</p>			
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.		
1.4 Educational expertise and exchange			
	Met	Substantially met	Not met
Rating		X	
Summary of findings:			
<p>The vocational training programme is primarily reliant on the Association's internal educational expertise. There is extensive involvement with the University of Otago, Canterbury, and some Association fellows also hold clinical senior lecturer teaching positions. In the longer term, the Association hopes to work with the University of Otago to establish a Chair in Musculoskeletal Medicine. Much of the input of educational expertise into the training programme is dependent on informal connections and processes, and the Association recognises the need for these processes to be more formalised and consistent.</p> <p>An external educational consultant undertook a review of training programme processes in 2017 and a proposal to seek further external review and input is currently under consideration. For a range of reasons, efforts to link with other vocational training providers have as yet proved unsuccessful.</p> <p>External contributors do participate in the Association's retreats and are sought out to provide training opportunities.</p> <p>Required actions:</p> <p>4. The Association must increase educational expertise into its vocational training programme design and development to ensure continuous improvement of its training and education functions (Standard 1.4.1).</p>			

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.		
1.5 Educational resources			
	Met	Substantially met	Not met
Rating	X		
Summary of findings:			
<p>The Association works hard to implement its commitment to training and education. An annual budget is approved, and the education and training function is also supported through specialists contributing their time and practice resource to support trainees. Trainees report that training sites are well equipped and resourced.</p> <p>To date the Association has been unsuccessful in its efforts to secure publicly funded vocational training positions and consequently all trainees fund their own training.</p> <p>A part time administrative role was introduced in 2017 and provides valued support to the programme.</p> <p>Active succession planning is in place for the Director of Training role.</p> <p>Required actions: Nil.</p>			
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.		
1.6 Interaction with the health sector			
	Met	Substantially met	Not met
Rating		X	
Summary of findings:			
<p>The Association has a longstanding relationship with ACC (for example, there is ongoing collaboration on evidence based interventions), and while this relationship is important and valued, it tends to be exclusively on matters of mutual interest as ACC does not have a specific interest in vocational training and also has a contractual relationship with individual practitioners.</p> <p>At a practice level, it is evident that trainees and musculoskeletal practitioners actively engage with a range of relevant health professionals, taking an integrated approach and frequently acting as the coordinator of a patient's management plan. Multidisciplinary and stakeholder engagement is quite extensive.</p> <p>However, at an Association level this is less evident. The Association is committed to collaborating where it sees it can add value, yet there is relatively little engagement with other external key stakeholders such</p>			

as medical colleges, other training providers, and Māori health providers. The challenge to the Association is that it may risk becoming siloed in a health sector environment that is placing increased emphasis on integrated approaches to health service delivery. While the accreditation team understands that engagement and collaboration with some health sector organisations has been affected by perceptions of competition and a reluctance to recognise musculoskeletal medicine as a speciality in its own right, it is essential that there is wider strategic collaborative engagement with health sector stakeholders.

Required actions:

5. The Association must establish effective relationships with relevant Māori organisations, including Māori health providers (Standard 1.6.4).

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.

1.7 Continuous renewal

	Met	Substantially met	Not met
Rating	X		

Summary of findings:

The strategic planning process that resulted in the 2020-2025 Strategic Plan helpfully enabled the Association to analyse sector trends, and prioritise its strategic actions. This Plan is intended as the pathway to sustainability, both from a workforce and funding perspective.

The proposed educational review and input to the programme, along with enhanced stakeholder engagement, will be important strategies in ensuring the Association has the capability to meet evolving needs and best practice.

Required actions:

Nil.

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 and health equity.		
2.1.3	In defining its educational purpose, the training provider has consulted internal and external stakeholders.		
2.1 Educational purpose			
	Met	Substantially met	Not met
Rating	X		
Summary of findings:			
<p>NZAMM's educational purpose, including setting and promoting high standards of training, education and medical practice is set out in its Strategic and Operational Plan for 2020-2025 including its mission statement and values.</p> <p>The Association has recently developed policy statements addressing cultural safety and Māori health, and there are some positive intentions set out in its strategic actions for 2020-2022. These include developing resources to support cultural competency and equity in practice and seeking to appoint a Māori member on its Executive Committee by early 2021. However, the Association recognises that it has more to do to firmly embed Māori health and health equity as part of its educational purpose.</p> <p>In defining its educational purpose in its revised Strategic plan, the Association has consulted closely with its internal stakeholders, including trainees, instructors and supervisors. However, it is not apparent that the Association has systematically consulted with relevant external stakeholders such as the RNZCGP or Te ORA. The team notes that the Association is planning to develop a collaboration with an identified DHB and College and as a result will engage more formally with the health care needs of the New Zealand community.</p> <p>The Association's commitment to working with its trainees to define its educational purpose includes trainees' active involvement on the Education and Training Committee and monthly Executive meetings.</p> <p>Required actions: Nil.</p>			
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.		
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.		
2.2 Programme outcomes			
	Met	Substantially met	Not met
Rating	X		
Summary of findings:			
The Association has one training programme with clearly defined programme outcomes set out in the training manual, curriculum and syllabus. The overarching goal is to produce doctors with competence			

and skills in managing musculoskeletal pain problems. The training curriculum is divided into five domains, which cover the attributes that the Association expects the trainee to obtain during the training period. These include communication, clinical expertise and professionalism and ethical practice.

Required actions:

Nil.

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.

2.3 Graduate outcomes

	Met	Substantially met	Not met
Rating	X		

Summary of findings:

The graduate outcomes are set out in the curriculum, which is available on the Association’s website and readily accessible to all fellows and trainees.

From the Association’s self-assessment and interviews it is clear that there were changing views on manual therapy and its role within the vocational training programme. For some fellows/supervisors, it was noted that manual therapy was a key part of their treatment approach, while for others the focus was on technologically led treatment.

Required actions:

Nil.

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.		
3.1 Curriculum framework			
	Met	Substantially met	Not met
Rating	X		
Summary of findings:			
<p>The NZAMM has a single training programme with the framework for the curriculum appropriately organised to reflect programme and graduate outcomes. The framework, the training manual and curriculum are publicly available on the association’s website, along with relevant policy statements.</p> <p>The NZAMM’s curriculum is extremely well structured. It clearly meets the needs of trainees as they advance through the training programme incorporating a high level of flexibility for those completing the training programme.</p> <p>Required actions: Nil.</p>			
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, 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 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, including the relationship between culture and health. 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 and cultural competence.

- 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.

3.2 The content of the curriculum

	Met	Substantially met	Not met
Rating	X		

Summary of findings:

The curriculum content is clearly written and structured and aligns well with the vocational training programme. All necessary aspects of the Association's curriculum, as detailed within the MCNZ's standards, are satisfactorily met. This includes the required reference to the scientific foundations of the specialty and all the necessary skills to be developed to enable safe patient care.

The NZAMM curriculum embraces a patient-centred and goal-orientated care model.

Although the curriculum addresses formal learning relating to Māori health inequities and the relationship between culture and health, more attention is needed to ensure this focus is embedded throughout the training programme.

Recommendation:

The NZAMM needs to continue its work to incorporate Māori health inequities into the practicalities of the training programme.

Required actions:

Nil.

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.

3.3 Continuum of training, education and practice

	Met	Substantially met	Not met
Rating		X	

Summary of findings:

The team notes that there are a number of informal mechanisms in the curriculum design that partially demonstrate horizontal and vertical integration. However, there is a need for more formal demonstration of both horizontal and vertical integration of the curriculum in respect to the continuum of training, education and practice. This applies both before doctors enter the vocational training programme and subsequently in terms of continuing professional development as evidenced within the recertification programme.

Exemptions on training requirements may be granted dependent on applicants' prior learning and clinical experience, at the discretion of the Association's education faculty. The process for requesting a training exemption is outlined in the Training Prerequisites, Merit Based Selection and Recognition Prior Learning policy statement.

Required actions:

6. Formal evidence is required indicating purposeful curriculum design that demonstrates both horizontal and vertical integration of the curriculum with undergraduate and prevocational education, and with continuing professional development as reflected within the recertification programme (Standard 3.3.1).

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.

3.4 Structure of the curriculum

	Met	Substantially met	Not met
Rating	X		

Summary of findings:

The curriculum is well structured. It is seen by trainees as a meaningful and highly useable document.

There is clear delineation of flexibility for trainees within the training programme and the Association is to be commended for this.

Part B (of the clinical training programme) must be completed within 4 years of continuous training with each trainee focused on completing their individualised training goals.

Required actions:

Nil.

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.		
4.1 Teaching and learning approach			
	Met	Substantially met	Not met
Rating	X		
Summary of findings:			
<p>The training programme employs a range of teaching and learning approaches, appropriately mapped to the curriculum content to meet the programme and graduate outcomes, and documented in the NZAMM Training Manual and curriculum.</p> <p>Part A includes university papers with lecturers from medical specialists in varying vocational branches of medicine. Part B of the training programme is largely self-directed based on feedback and evaluation from university lecturers and supervisors, and involves written and clinical examinations.</p> <p>The NZAMM curriculum document has been mapped to the content of both Parts A and B.</p> <p>Required actions: Nil.</p>			
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 competence in order to deliver patient care in a culturally-safe manner.		
4.2 Teaching and learning methods			
	Met	Substantially met	Not met
Rating	X		
Summary of findings:			
<p>Part B of the training programme is predominantly practice based and occurs in a range of accredited community settings which are mainly musculoskeletal medicine clinics. Depending on identified training deficits, the trainee may also attend DHB specialist outpatient clinics, such as rheumatology, pain or orthopaedic clinics. There is a well-documented and valued process of supervision for the trainee as they progress from observation to independent, not directly supervised practice as their skills, knowledge and experience grow.</p> <p>Within the clinical settings the trainees have access to appropriate adjuncts to learning, including relevant textbooks, a OneNote document repository developed by the Education and Training</p>			

Committee, and training files. An impressive musculoskeletal wiki (known as WikiMSK) has been developed by a current trainee and is highly regarded by the trainees and members of the Association.

Trainee learning occurs by a variety of teaching and learning methods. Apprenticeship style learning occurs during clinical placements, and the trainees attend regular peer group meetings, not only with other musculoskeletal trainees, but also in the context of fulfilling their recertification requirements for additional medical colleges. The academic retreats and scientific meetings run by the NZAMM also provide invaluable learning and teaching opportunities. Interdisciplinary team exposure is ensured by attendance at musculoskeletal radiology meetings and DHB chronic pain service team meetings, and trainees attend a compulsory residential course, as a University requirement, which involves two days of teaching by allied health clinicians, along with students from other allied health fields.

Processes are in place to ensure that trainees develop their cultural competence in order to practice in a culturally safe manner. Formal processes include cultural competency training requirements, retreats focusing on health equity, and relevant policies from both the NZAMM and the MCNZ.

Required actions:

Nil.

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.		
5.1 Assessment approach			
	Met	Substantially met	Not met
Rating	X		
Summary of findings:			
<p>The NZAMM has a programme of assessment which is aligned to the outcomes and curriculum of the vocational training programme and enables progressive judgements to be made about trainees' preparedness for the vocational scope of practice.</p> <p>Assessment and completion requirements are documented within the NZAMM policies, the curriculum, and Training Manual, which are published on the NZAMM website. Trainees feel well informed of the requirements and are provided with copies of the relevant documentation during their selection interview.</p> <p>The NZAMM has policies for special consideration in assessment for trainees with disabilities and special needs, and the impaired physician.</p> <p>Required actions: Nil.</p>			
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.		
5.2 Assessment methods			
	Met	Substantially met	Not met
Rating		X	
Summary of findings:			
<p>The NZAMM utilises a range of summative and formative assessments in the vocational training programme. Part A assessments are embedded within the pre-requisite university papers. Part B requirements are largely based around clinical attachments and include a Log of Clinical Proficiency with supervisor reports; clinical assessments; and clinical history, examination and skills checklists. Self-reflection is encouraged. The fellowship examination includes two written papers and a clinical examination.</p> <p>A blueprint to guide assessment throughout each stage of the training programme can be found within the curriculum document.</p> <p>The methods used to set standards for determining pass scores in the fellowship examination are subjective. These are largely based on the institutional knowledge of the Board of Censors Assessment</p>			

and Examination Committee as results are compared with previous years and then scaled according to the difficulty of the exam. Of note, recent candidates have required several attempts to pass these final examinations.

Required actions:

7. The Association must provide evidence, including data, to show that valid methodology is being used to determine pass scores (Standard 5.2.3).

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.

5.3 Performance feedback

	Met	Substantially met	Not met
Rating	X		

Summary of findings:

Feedback on trainee performance is both formal and informal and occurs in a range of clinical and academic retreat settings. The trainees have regular meetings with their instructors and supervisors and meet with the Director of Training up to twice a year. Improvements to the timeliness of formal feedback have recently been addressed by new online systems, and a monthly Education and Training Committee meeting to review trainee progress. With trainee representation on the Education and Training Committee, the trainees feel informed and appreciate the regular feedback.

Feedback to supervisors on the performance of their trainees has been facilitated by the more regular Education and Training Committee meetings. This includes feedback about those trainees who are not meeting the outcomes of the training programme and any proposed remediation plan. Supervisors feel these processes are robust.

If notified of a concern about a colleague, the NZAMM plays a supportive role only and would direct the notifier to relevant MCNZ standards on conduct, professionalism and fitness to practice.

Required actions:

Nil.

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.

5.4 Assessment quality

	Met	Substantially met	Not met
Rating		X	

Summary of findings:

Although the NZAMM has a range of assessment methods it appears that use of some of these methods, such as checklist based tools, is variable in content and reporting format. In addition, the recent need for several trainees to re-sit their final examinations indicates that processes around the quality, consistency and fairness of assessment methods should be reviewed and formalised.

Objective evidence of comparability in the scope and application of the assessment practices and standards across the training sites has been difficult to gauge given variability in use of assessment tools. While there are no formal systems to minimise variation, discussion at retreats and the regular practice reviews required of all fellows has ensured ongoing reflection and recognition of the importance of comparability.

Required actions:

8. The Association must review and formalise processes around the quality, consistency and fairness of assessment methods (Standard 5.4.1).

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.		
6.1 Monitoring			
	Met	Substantially met	Not met
Rating	X		
Summary of findings:			
<p>The training and education programmes are regularly reviewed. An external education adviser consultation occurred in 2017 and a review of the curriculum and syllabus is planned for 2021, with a particular focus on Māori Health and cultural safety, and pain medicine. External input to this review is yet to be confirmed.</p> <p>Supervisor feedback is used in monitoring and programme development. This is an informal process as, due to the small size of the Association, the Education and Training Committee members are all in supervisory roles. Consideration should be given to instituting a formal, systematic review.</p> <p>Trainees report that their opinions and feedback are valued by the NZAMM, that they are able to contribute to monitoring and programme development and are consulted on proposed changes to the vocational training programme.</p> <p>Recommendation: The NZAMM should consider implementing a formal, systematic review of supervisor feedback to assist in monitoring and programme development.</p> <p>Required actions: Nil.</p>			
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.		
6.2 Evaluation			
	Met	Substantially met	Not met
Rating			X
Summary of findings:			
The Association largely depends on informal processes that rely on the institutional knowledge and memory of the Education and Training Committee members when developing standards against which			

the programme and graduate outcomes are evaluated. The accreditation team’s view is that the Association should implement a formal evaluation process that collects, maintains and analyses a broader range of qualitative and quantitative data.

Collection and analysis of data on programme and graduate outcomes is in its infancy and will be slow due to the low trainee numbers. While previous processes have been informal, the NZAMM has recently introduced some new initiatives including an exit interview which will survey preparedness for practice. The Association should collect and analyse this data to assess whether its fellows are performing at the expected level.

The Association should also consider a broader range of data when evaluating its programme and graduate outcomes. This should include the number of attempts by its trainees to pass the clinical exam, the reasons for multiple attempts, and the overall exam pass rates.

Despite several attempts there has been no meaningful stakeholder engagement with respect to evaluation of programme and graduate outcomes. A collaboration plan for working with stakeholders is a current strategic action for the NZAMM.

Required actions:

9. Standards must be developed against which the training and graduate outcomes can be formally evaluated (Standard 6.2.1).
10. Data on programme and graduate outcomes must be collected and analysed (Standard 6.2.2).
11. Evidence of stakeholder contribution to the evaluation of programme and graduate outcomes must be supplied (Standard 6.2.3).

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.

6.3 Feedback, reporting and action

	Met	Substantially met	Not met
Rating	X		

Summary of findings:

The results of monitoring and evaluation are reported through the governance and administrative structures of the NZAMM. Historically, this has been informal. Recent changes to formalise the process have been enacted and include a monthly training programme review at the Education and Training Committee meeting, and regular reporting from this meeting to the Executive Committee.

To date there has been no stakeholder interest in programme and graduate outcomes. NZAMM has signalled its willingness to engage with relevant stakeholders in the event of future interest.

The NZAMM has mechanisms in place to effectively manage any quality concerns of the training programme. The Register of Incidents policy encourages trainees and members to document any issues or potential issues with the training programme on an incident reporting form, which is then reviewed by the Executive Committee at its monthly meeting.

Recommendation:

It is important that the NZAMM remain future focused with its strategic aims of improved stakeholder engagement to improve evaluation of its training programme.

Required actions:

Nil.

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, can be consistently applied and prevent discrimination and bias. These policies are publicly available.
7.1.2	The processes for selection into the vocational medical training programme: <ul style="list-style-type: none"> • use the published criteria and weightings (if relevant) based on the training provider’s selection principles • are evaluated with respect to validity, reliability and feasibility • are transparent, rigorous and fair • 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 facilitates and supports recruitment and selection of Māori trainees.
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.

7.1 Admission policy and selection			
	Met	Substantially met	Not met
Rating	X		

Summary of findings:

The NZAMM currently receives a small number of applications for vocational training and has one centralised site where the selection process occurs. Admission and selection processes are outlined in the Training Manual and policy statements which are published on the Association’s website.

Admission eligibility criteria are standardised and include completion of undergraduate and postgraduate medical training as well as postgraduate papers specific to musculoskeletal medicine. Selection into the training programme is based on a points system consisting of previous clinical experience, a structured interview and references. In the instance of excess applicants to training positions, there is further merit-based weighting through an examination assessing theoretical knowledge and clinical skills. A formal review process for unsuccessful applicants is clearly documented in the Training Manual.

Trainees felt the selection criteria were transparent, easily accessible and that the selection process followed the Association’s published criteria. The Association reports that the criteria for selection into training is open to review by the faculty; however, to date it has not experienced excess applicants for the available training places.

The Association has made it a clear priority to recruit Māori trainees through the development of its Strategic Plan for 2020 – 2025 which includes a plan to create scholarships for Māori doctors.

The Association offers both urban and rural training sites; however, posts are limited by the number and geographical location of musculoskeletal medicine specialists. This will be strengthened through ongoing engagement with stakeholders in hauora Māori and rural health, alongside growth of trainee and fellow numbers.

The Association provides information on the compulsory components of the training programme in the Training Manual, and Summary of NZAMM Training Programme and Curriculum documents, both of which are publicly available on the Association’s website.

Recognition of prior learning may result in exemptions on training requirements and this process is well documented.

Recommendation:

With the potential for growth in the number of applicants to vocational training, the Association should explore strategies to evaluate the validity, reliability and feasibility of its selection processes.

Required actions:

Nil.

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.

7.2 Trainee participation in training provider governance

	Met	Substantially met	Not met
Rating	X		

Summary of findings:

The Association’s commitment to trainee involvement in the governance of the vocational training programme is reflected in the Trainee Representation and Clinical Governance of Training and CPD policy statements. Trainee input into the training programme occurs throughout and at completion of training, including during an exit interview.

Trainees annually elect one of their peers to sit on the Education and Training Committee and act as a liaison between trainees and faculty. This process is supported by the Association’s Administrator. The Education and Training Committee’s agenda allocates specified time to the trainee representative in Education and Training Committee meetings.

Trainees are encouraged to give verbal and written feedback on the training programme following each learning experience and activity. The Association has noted difficulty in obtaining formal written feedback from trainees; however, both fellows and trainees reported that informal discussions occur frequently between trainees and their supervisors, instructors and mentors, and the Director of Training.

While there is no specific trainee committee, the trainees regularly communicate about training issues, with the retreat providing a further opportunity for this to occur.

Commendation:

The Association is commended on the authentic and influential representation of trainees in its governance structure.

Required actions:

Nil.

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.

7.3 Communication with trainees

	Met	Substantially met	Not met
Rating	X		

Summary of findings:

The Association's Executive and the Administrator hold key roles in communicating with trainees on training updates from the Education and Training Committee. The Association places emphasis on in-person communication at training events, which is an advantage of being a small vocational training provider. Updates to the training programme are published on the Association's website.

Information about the training programme including the curriculum, fees, requirements, and training options are also available on the website. In addition, a Welcome to Training Pack which outlines the training programme requirements and costs is given to each trainee at the start of training.

Trainee feedback on proposed changes to the training programme is regularly sought and any changes are communicated via email by the Administrator, or in person at training days.

Trainees reported that they receive regular, constructive updates on their individual training status. This includes updates from the Administrator and meetings with the Director of Training to discuss their progress in training and supervisor and instructor reports.

Required actions:

Nil.

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 Māori trainees may have additional cultural obligations, and has flexible processes to enable those obligations to be met.

7.4 Trainee wellbeing

	Met	Substantially met	Not met
Rating	X		

Summary of findings:

The NZAMM promotes trainee wellbeing through the provision of a supportive learning environment. Each trainee has a supervisor and a mentor whose role is to provide pastoral care and advocacy in training-related issues. Trainees appreciate the support they receive from their training provider and were aware of resources they could access to enhance wellbeing. They also expressed a strong sense of collegiality amongst the small group of trainees.

The Association liaises with employers and supervisors of musculoskeletal medicine training posts to identify and support trainees in difficulty. Details of the mentoring programme are published on the Association's website. The Association is working to expand its current approach which may involve collaborating with external stakeholders.

The Association provides a safe and inclusive training scheme with policies that outline flexible learning options and that consider scenarios where amendments to training may be beneficial, for example for trainees with either long-term or short-term disabilities or special needs. Trainees provided examples where these processes have assisted them significantly in continuing with their training. There are also clear policies and processes to assist with navigating training issues and disputes, which are accessible on the Association’s website.

Cultural safety is emphasised in the Association’s curriculum and policies. The trainee group felt that their teaching on cultural competence, including biennial workshops, assists them in providing culturally safe care, especially in rural areas with high populations of Māori and Pasifika patients. The Association recognises that Māori trainees may have cultural obligations requiring amendments to training and has clear processes in support of this outlined in its Flexible Training policy statement.

Commendation:

The Association is to be commended on its focus on trainee wellbeing, and the supportive training structure and environments it provides for trainees.

Required actions:

Nil.

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.

7.5 Resolution of training problems and disputes			
	Met	Substantially met	Not met
Rating	X		

Summary of findings:

The Association has well documented policies that clarify the procedures for addressing training-related issues in a timely manner.

The small size of the Association imposes limitations to confidentiality in reporting issues involving other Association members. However, the trainees were satisfied that the disputes resolution process is effective, were aware of who they could approach, and were confident in doing so.

Recommendation:

The Association should continue to be mindful of the need to maintain confidentiality and manage conflicts of interest when dealing with training problems or disputes.

Required actions:

Nil.

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.

8.1 Supervisory and educational roles			
	Met	Substantially met	Not met
Rating		X	

Summary of findings:

The Association has a supportive and thorough clinical supervision arrangement that caters to the varying backgrounds and level of experience of trainees, and is valued by the trainees. Supervisors and assessors are appointed based on their skillset and suitability as facilitators of training. The minimum requirements to act as a supervisor, instructor and/or assessor are detailed in the Supervisor Instructor Requirement and Choosing Examiners policy statements, which are published on the Association's website.

The Training Manual clearly delineates the components and processes of delivery of the training programme, and the Association's expectations of supervisors and their roles and responsibilities. Supervisors have access to the trainees' Log of Clinical Proficiency and the programme curriculum which outline the training programme's learning requirements.

The Association provides opportunities during retreats for supervisors to discuss any training issues. Supervisors also meet regularly via a video conferencing platform. The Association is considering ways it can support its clinical supervisors in their professional development.

The Association is in the process of increasing the number of its assessors, with established assessors supporting and facilitating the progression of new assessors.

The process of obtaining and evaluating feedback on supervisor and assessor effectiveness is limited. Although trainees provide verbal feedback directly to their supervisors they are much less likely to complete the more formal written feedback forms at the end of their placements. These forms, which are viewed by their instructors, include a trainee rating of the training post and the abilities of their instructor. Following their Part B clinical examination, recent fellows are asked to complete a feedback form regarding the assessment process and to take part in an interview with an independent assessor.

Required actions:

12. The Association must formalise collection and evaluation of feedback on supervisors and instructors with due consideration of privacy and the potential for conflict of interest (Standard 8.1.4).

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.

8.2 Training sites and posts

	Met	Substantially met	Not met
Rating		X	

Summary of findings:

The Association selects training sites based on standards outlined in its Teaching Practice Facility Audit checklist which reflect the training programme outcomes. The checklist includes criteria related to facilities for trainees, instructors and patients, equipment, trainee support, and opportunity for assessment and treatment. The checklist is completed by the host site and is audited during a visit by Association faculty. The process for accrediting a training site is outlined in the Training Manual which is published on the Association's website; however, the checklist is not publicly available.

At the completion of training placements, trainees are invited to give feedback on the site's facilities via the Instructor's Report. Although trainees did not recollect this feedback process they reported that training sites were suitable for fulfilling their training needs.

The Association offers a range of training posts including with complementary health disciplines and allied health professionals in both hospital and community settings.

The Association has been unsuccessful in its attempts to engage and collaborate with other training providers, including the RNZCGP, and acknowledges that this is an area for improvement.

Recommendation:

The Association should consider making explicit in its accreditation criteria that training sites ensure trainees are able to develop their ability to practise in a culturally safe manner.

Required actions:

13. The Association must ensure that the accreditation criteria for training sites is publicly available. (Standard 8.2.1)
14. The Association must engage with other training providers to support common accreditation approaches and sharing of relevant information (Standard 8.2.4).

9 Recertification programmes, further training and remediation

9.1 Recertification programmes			
9.1.1	The training provider publishes its requirements for its recertification programme(s) for its vocationally registered doctors within the scope(s) of practice(s).		
9.1.2	The training provider determines its requirements in consultation with stakeholders and shows evidence of progress towards the Medical Council of New Zealand's strengthened recertification requirements for vocationally-registered doctors practising in New Zealand.		
9.1.3	The training provider's recertification programme(s) requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant scope of practice(s), including for cultural competence, professionalism and ethics.		
9.1.4	The training provider requires participants to select recertification activities relevant to their learning needs, based on their current and intended scope of practice(s). The training provider requires vocationally registered doctors to complete a cycle of planning and self-evaluation of learning goals and achievements.		
9.1.5	The training provider provides a recertification programme(s) and a range of educational activities that are available to all vocationally registered doctors within the scope of practice(s).		
9.1.6	The training provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its recertification programme(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.		
9.1.7	The training provider provides a system for participants to document their recertification activity. It gives guidance to participants on the records to be retained and the retention period.		
9.1.8	The training provider monitors participation in its recertification programme(s) and regularly audits recertification programme participant records. It counsels participants who fail to meet recertification cycle requirements and takes appropriate action.		
9.1.9	If the training provider seeking accreditation is not the direct provider of the recertification programme then evidence is required that the delegated provider meets the accreditation standards.		
9.1.10	The training provider must demonstrate that its recertification programme continues to develop doctors' cultural competence in order to deliver culturally safe care. It should identify formal components of the recertification programme that support doctors to reflect on cultural safety and enhance their own levels of cultural competence.		
9.1.11	The training provider must have a process in place for reviewing whether doctors participating in the recertification programme are meeting the requirements, including a process to escalate those doctors not participating to the MCNZ.		
9.1 Recertification programmes			
	Met	Substantially met	Not met
Rating		X	
Summary of findings:			
<p>Since 2016 the NZAMM has engaged bpac^{nz} to provide, host and administer the recertification programme for the organisation. The bpac^{nz} process has been well received by fellows and members, as well as by the Association itself.</p> <p>Governance via the Association's CPD committee is entirely satisfactory. The CPD programme is well aligned with MCNZ requirements and there is evidence of ongoing assessment of the programme. The NZAMM and the CPD committee have started making changes to the ePortfolio to align with MCNZ's strengthened recertification process. The Association will need to ensure that it engages with stakeholders as it progresses in implementing changes based on MCNZ's strengthened recertification requirements.</p>			

The accreditation team notes that regular practice reviews have been embraced by the Association and its membership, and that all existing practices have been visited in the past three years. The Association is to be commended for this.

Within its recertification programmes the NZAMM includes elements for developing doctors' cultural competence in order to deliver culturally safe care. However, there is a need for further enhancement of the recertification programme, particularly in respect to Māori health, to be sure that it reflects appropriately on cultural safety and attainment of cultural competence.

Doctors participating in the NZAMM's recertification programme are required to provide an annual summary of their participation, unless they have provided an explanation that is approved by the CPD Committee. If a doctor does not submit an annual summary, or if a doctor has been absent from practice for more than a year, they are required to enter a retraining programme. bpac^{nz} automatically notifies the NZAMM and the MCNZ of any non-participation, including a failing to report on a single element of the programme.

Commendation:

The Association is to be commended for ensuring that a high proportion of its fellows and members have undertaken regular practice reviews.

Recommendation:

The Association should consult with stakeholders when implementing the MCNZ's strengthened recertification requirements.

Required actions:

15. There should be further development of the components of the recertification programme that support doctors to reflect on cultural safety and enhance their own levels of cultural competence, in particular in respect to Māori (Standard 9.1.10).

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).

9.2 Further training of individual vocationally registered doctors

	Met	Substantially met	Not met
Rating	X		

Summary of findings:

The Association provides a pathway for re-entry to practice that aligns to MCNZ requirements. This is set out in its Policy statement titled Retraining a Musculoskeletal Physician who has been absent from practice.

This policy clearly sets out the steps for re-entry to practice following a period of absence for NZAMM fellows. Although there had been no formal requests under the policy, NZAMM has a clear process to ensure that a musculoskeletal fellow is fit to return to unsupervised practice after a period of absence.

Required actions:

Nil.

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.		
9.3 Remediation			
	Met	Substantially met	Not met
Rating	X		
Summary of findings:			
<p>The Association has processes to respond to a remediation request from the MCNZ for any of its doctors who have been identified as underperforming. There are also policies for ‘Retraining a Musculoskeletal Physician’ and for the ‘Impaired Physician Unprofessional Behaviour’.</p> <p>To date, there has been no need to utilise these processes.</p> <p>Required actions: Nil.</p>			

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 the relative equivalence of the International Medical Graduate's (IMG) qualifications, training and experience (QTE) against the standards of a New Zealand vocationally trained medical practitioner registered in the same vocational scope of practice.		
10.1.2	The training provider's process for assessment of IMGs for the purpose of vocational registration is designed to satisfy the process and timeline requirements set and communicated by Council.		
10.1.3	The training provider bases its assessment of an IMG's QTE on the vocational medical training programme outcomes.		
10.1.4	The training provider has a process for clearly identifying differences between the IMG's qualification (fellowship), whether there are any deficiencies or gaps in training, and whether subsequent experience has addressed these, and if not, what type of experience, supervised practice and assessment would address the deficiencies or gaps in qualifications, training, to inform MCNZ in making a decision.		
10.1 Assessment framework			
	Met	Substantially met	Not met
Rating			X
Summary of findings:			
<p>The NZAMM has a process for assessing International Medical Graduates (as set out in its International Medical Graduates Policy).</p> <p>However, the policy does not meet the MCNZ's current requirements in a number of areas, including the registration status of IMGs, fees process and how the NZAMM will assess paper-based applications, meet timeframes, and ensure consistency.</p> <p>The accreditation team acknowledges that some of these deficiencies may have arisen due to the lack of a current memorandum of understanding with the Association.</p> <p>The team notes from the NZAMM's submission that it has not yet received an application for assessing the relative equivalence of an international medical graduate so it has not yet implemented its own process. MCNZ staff are willing to assist the NZAMM in aligning its policy with the MCNZ's requirements.</p> <p>Recommendation: That the Association work with MCNZ to agree a memorandum of understanding that includes specifying the process for the Association to assess IMGs training, qualification and experience.</p> <p>Required actions:</p> <p>16. The Association's framework for assessment of IMGs for the purpose of vocational registration must align with the MCNZ's requirements (Standard 10.1).</p>			
10.2 Assessment methods			
10.2.1	The methods of assessment of IMGs for the purpose of 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.		

10.2 Assessment methods			
	Met	Substantially met	Not met
Rating			X
Summary of findings:			
<p>It is unclear what assessment method the NZAMM would use when assessing IMGs. Although the process it would follow is addressed in its International Medical Graduates Policy, additional information is needed to ensure the methods of assessment are fit for purpose.</p> <p>The IMG Policy does not cover procedures to inform an employer or the MCNZ if patient safety concerns arise in assessment.</p> <p>Required actions:</p> <p>17. The Association’s methods of assessment of IMGs for the purpose of vocational registration must align with MCNZ’s requirements (Standard 10.2.1).</p> <p>18. The Association must have procedures in place to inform employers, and where appropriate the MCNZ, where patient safety concerns arise in an IMG assessment (Standard 10.2.2)</p>			

Appendix 1 – Membership of the 2020 accreditation team

Dr Ken Clark (Chair of accreditation team)
Chair of MCNZ Education Committee
MCNZ board member

Dr Ainsley Goodman
MCNZ board member

Ms Kath Fox
MCNZ board member

Dr Bryony Nicholls
Trainee, former MCNZ Education Committee member

Ms Emily Douglas
Manager – Accreditation and Standards, MCNZ

Ms Krystiarna Jarnet
Senior Education Adviser, MCNZ

Appendix 2 – NZAMM key staff

Executive Manager:	Ms Brenda Evitt
President	Dr Jenny Keightley
Director of training/Secretary	Dr Lucy Holtzhausen
Treasurer	Dr Brigid Borowczyk
Censor-in-chief	Dr Mark Johnston
Education and Training Committee member	Dr Gary Collinson
Education and Training Committee member	Dr John Gyenge
Education and Training Committee member	Dr Diane Jones
Education and Training Committee member	Dr David Roselt
Trainee Committee member	Dr Patricia Watkins (until December 2020)
	Dr Jordan Davis (from January 2021)

Appendix 3 – List of submissions on the New Zealand Association of Musculoskeletal Medicine

Accident Compensation Corporation
The Australian and New Zealand College of Anaesthetists
The Office of the Health and Disability Commissioner
The Office of the Health Quality and Safety Commission
The New Zealand Rheumatology Association
The Royal New Zealand College of General Practitioners
The Royal New Zealand College of Urgent Care

Appendix 4 – Summary of the 2020 assessment programme

12 November 2020 – via Zoom

Stakeholder meeting:	Neurosurgeon (Christchurch)
-----------------------------	-----------------------------

16 November 2020 – via Zoom

Trainee meeting	Dr Julie Milmine
------------------------	------------------

18 November 2020 – via Zoom

Opening meeting with Executive leadership:	Ms Brenda Evitt (Executive Manager) Dr Jenny Keightley (President) Dr Mark Johnston (Censor-in-Chief) Dr Lucy Holtzhausen (Director of Training) Dr Gary Collinson (Education and Training Committee member)
---	--

Supervisor meetings:	Dr Gary Collinson Dr Charlie Ng Dr Mark Johnston Dr Lucy Holtzhausen Dr Ian Wallbridge Dr Iain Bell Dr John Robinson Dr Zoe Quinn Dr Jonathan Kuttner Dr Grant Thompson
-----------------------------	--

Trainee meeting:	Dr Jeremy Steinberg Dr Patricia Watkins Dr Emma Stanley Dr Jordan Davis Dr Morné Pienaar
-------------------------	--

Stakeholder meetings:	ACC Relationship Manager Musculoskeletal Medicine Australian colleague
------------------------------	---

19 November 2020 – via Zoom

Supervisor meeting:	Dr Peter McKenzie Dr Keith Laubscher
----------------------------	---

Stakeholder meeting:	Physiotherapist (Christchurch) Physiotherapist (Blenheim)
-----------------------------	--

Meeting with Executive leadership: (to feedback findings)	Ms Brenda Evitt (Executive Manager) Dr Jenny Keightley (President) Dr Mark Johnston (Censor-in-Chief) Dr Lucy Holtzhausen (Director of Training) Dr Gary Collinson (Education and Training Committee member)
---	--