



Te Kaunihera Rata  
o Aotearoa

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**Medical Council  
of New Zealand**

## Accreditation assessment of the Royal New Zealand College of Urgent Care for vocational medical training and recertification

Date of assessment: 15 and 16 June 2021

Date of Council decision: 10 November 2021

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## 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 MCNZ 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.

The Royal New Zealand College of Urgent Care was assessed against the MCNZ's 2020 [Accreditation standards for New Zealand training providers of vocational medical training and recertification programmes.](#)



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**Medical Council  
of New Zealand**

## The Medical Council of New Zealand's accreditation of the Royal New Zealand College of Urgent Care for vocational medical training

### General Information

<b>Name of training provider:</b>	The Royal New Zealand College of Urgent Care
<b>Accreditation assessment:</b>	15 and 16 June 2021
<b>Accreditation assessment decision:</b>	10 November 2021
<b>Accreditation period granted:</b>	December 2025
<b>Date of last accreditation decision:</b>	December 2017

### Programme information

<b>Scope:</b>	Urgent care medicine
<b>Post fellowship awarded:</b>	FRNZCUC
<b>Training programmes offered:</b>	Urgent care vocational training programme
<b>Fellowship and membership categories:</b>	<b>Number:</b>
Membership:	<b>403</b>
Honorary Fellows:	<b>2</b>
Trainee membership:	<b>172</b>
Fellowship:	<b>229</b>

## Executive Summary

The Medical Council of New Zealand has assessed the Royal New Zealand College of Urgent Care (RNZCUC or the College) and its training and recertification programme against MCNZ's 2020 accreditation standards. MCNZ has decided that overall the RNZCUC has substantially met the accreditation standards.

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

What is now the Royal College of Urgent Care (RNZCUC) was first formed in 1992 by doctors working in community clinics and hospital emergency departments. The primary aim was training of medical practitioners and a certificate course in Urgent Care was developed in 1994 in conjunction with the University of Auckland. This course achieved Diploma status in 1995. That year RNZCUC became an incorporated society, the Accident and Medical Practitioners Association (AMPA). By the mid-1990s, there were around 20 Urgent Care Centres in Auckland, and others were beginning to appear in other cities and large towns.

The MCNZ recognised AMPA as a branch of medicine in 2001, with the Diploma a compulsory component of training. In 2009 AMPA substantially revised and expanded the Urgent Care Course content and in 2011, the MCNZ approved AMPA's new training programme, in which the Urgent Care Course was now compulsory, along with three of eight diploma papers. At this time AMPA changed its name to the College of Urgent Care Physicians Incorporated and the doctor's designation to Urgent Care Physician. In 2013, the College attained royal recognition becoming the Royal New Zealand College of Urgent Care, and MCNZ approved the gazetted Branch name change to Urgent Care. Currently, Urgent Care is a recognised vocational scope of practice in New Zealand only. Urgent care is positioned between and overlaps with general practice and emergency medicine with respect to content and many Urgent Care doctors hold Fellowships with one of these colleges.

The RNZCUC was most recently accredited by the MCNZ as a vocational training provider in 2017. Since that time RNZCUC has experienced significant growth. This is therefore an appropriate time for the College to strengthen and formalise many of the structures around the vocational training programme. This includes a review of the governance structures that could be strengthened by increasing the level of collaboration with external organisations and the community.

The MCNZ is concerned that Urgent Care's current structure does not provide for engagement across all relevant stakeholder groups and this is an area that must be strengthened. It is important that the College place particular emphasis on increased collaboration and engagement with Māori, consumer groups and other medical education providers. This was particularly evidenced by the recent curriculum review which could have been strengthened with a greater level of stakeholder engagement. In addition, the College must consider integrating what appear to be disparate elements of training so it better achieves the designated programme outcomes. The current RNZCUC training programme would be enhanced by a greater level of structure.

The programme outcomes have been clearly articulated by senior staff, but these must be encapsulated in the programme documentation. In addition, while there is clear evidence of purposeful curriculum design this must be strengthened in terms of vertical integration. To do this the College will need to undertake purposeful engagement with medical schools and prevocational training providers to achieve the most effective design.

RNZCUC is to be commended for the recent appointments that have strengthened the organisation's level of educational expertise. Of concern is that RNZCUC does not appear to have any substantive relationships with consumer or public advocacy groups. Given that RNZCUC is the second largest provider for training in community-based care, this is an area that must be improved. The excellent collaboration with the University of Auckland in the joint development of the Urgent Care course is commended. It is now important that the College consider opportunities to collaborate with key stakeholders across the entire training programme.

The College is to be commended for the flexibility built into the training programme that allows trainees to complete the programme in a wide range of time frames and clinical settings. However, this flexibility does not extend to encouraging, supporting or compelling the trainees to approach the breadth of the curriculum as defined by the programme outcomes. Furthermore, there is no system in place which enables progressive judgements to be made about trainee progression on clinical practice. Although there are six meetings with supervisors over the course of the year, these are not documented to ensure a systematic approach to providing feedback to each trainee. Supervisors complete written feedback at the end of each year, but this needs to be enhanced with additional formal assessment and feedback to inform the trainee's ongoing learning. Furthermore, Urgent Care trainees do not have access to their complete record of learning.

It is important that the College review and augment its suite of workplace-based assessments, and that both trainees and their supervisors have ready and reliable access to a record of training progress to encourage teaching and learning across the full curriculum.

The specific needs of individual trainees do not appear to be linked to the educational capabilities of the various training sites. Furthermore, Urgent Care does not appear to match the needs of an individual trainee with an appropriate supervisor. While the challenges of balancing the flexibility of its training programme are acknowledged, Urgent Care must ensure that the programme meets the needs of its trainees. The failure to provide a standardised suite of assessment tools also leads to lack of consistency and comparability across the training sites. This is particularly apparent with collecting supervisor feedback and the largely informal basis of supervisor training. The RNZCUC has recognised opportunities to strengthen the process of supervisor training, however, scope for this work may need to be broadened.

Urgent Care is supportive of trainees who are in difficulty. However, there are no systems in place to collaborate with employers if there are trainee performance concerns that may impact on patient safety. While the challenges in the employer/supervisory model are acknowledged, Urgent Care is strongly urged to investigate mechanisms to improve this.

Urgent Care is to be commended on the formation of the Registrar Subcommittee and ongoing personalised assistance from the College administration, which is greatly valued by the trainees.

### Summary of findings:

Overall, the Royal New Zealand College of Urgent Care has met 26 of the 35 sets of Council's *Accreditation standards for New Zealand training providers of vocational medical training and recertification programmes*. Six sets of standards were substantially met:

- Standard 2.1 – Educational Purpose.
- Standard 2.2 – Programme outcomes.
- Standard 3.3 – Continuum of training, education and practice.
- Standard 5.1 – Assessment approach.
- Standard 6.1 – Monitoring.
- Standard 8.1 – Supervisory and educational roles.

Three sets of standards were not met:

- Standard 5.3 – Performance feedback.
- Standard 6.2 – Evaluation.
- Standard 8.2 – Training sites and posts.

Thirteen required actions were identified, along with 18 recommendations and seven commendations. The required actions are:

1. The RNZCUC must devise a more robust process for consultation with external stakeholders, including consumers, Māori and Pasifika, and closely associated medical colleges, to assist with substantive changes to its vocational training programme. (2.1.3)
2. The RNZCUC must better define and clearly communicate its programme outcomes. (2.2.1)
3. The RNZCUC must develop and implement a comprehensive engagement strategy, to ensure it seeks and receives external input into the curriculum design. This must include medical schools, other vocational training providers, prevocational medical training providers and employers. (3.3.1)
4. The RNZCUC must strengthen its model of supervision, to ensure each trainee meets with their supervisor and receives feedback that is documented in a formal written supervision report on a regular basis that enables progressive judgements to be made about each trainee's preparedness for the vocational scope of urgent care. (5.1.1)
5. The RNZCUC must formalise and increase the frequency and requirement for workplace-based assessments, ensuring each trainee receives documented feedback and progressive judgements, in order to provide assurance of teaching and learning across the breadth of the curriculum and the achievement of the outcomes of the training programme. (5.1.2)
6. The RNZCUC must put in place a system to record and maintain a complete record of learning for each trainee, with access for all trainees and supervisors to facilitate transparency, clarity and reliability of information about progress in the training programme. (5.3.1)
7. The RNZCUC must ensure there are clear policies and procedures in place to inform employers where patient safety concerns arise related to a trainee. (5.3.4)
8. The College must ensure it improves supervisors' ability to contribute to programme development and monitoring of the training and education programme by standardising supervisor feedback assessment tools. (6.1.2)
9. The RNZCUC must formulate and publish its programme outcomes and then develop clear standards to evaluate these outcomes. (6.2.1)
10. The RNZCUC must ensure there is an effective system of clinical supervision to support trainees to achieve the programme and graduate outcomes. (8.1.1)
11. The RNZCUC must record a list of approved supervisors and effectively monitor supervisor training. (8.1.3)
12. The RNZCUC must take the lead in matching training needs to training sites. (8.2.2)
13. The RNZCUC must ensure that trainees have supervisors that are appropriate for their training needs. (8.2.2)

## Overall outcome of the accreditation assessment

The overall rating for the accreditation of the Royal New Zealand College of Urgent Care as a training provider for vocational medical training and recertification	<b>Substantially Met</b>
<p>MCNZ considered and approved the report titled the <i>Accreditation assessment of the Royal New Zealand College of Urgent Care for vocational medical training and recertification</i> and determined that:</p> <ol style="list-style-type: none"> <li>the overall outcome of the accreditation assessment of the Royal New Zealand College of Urgent Care is '<b>substantially met</b>', and</li> <li>the Royal New Zealand College of Urgent Care is accredited for a period of 4 years, until <b>30 November 2025</b>, subject to the Royal New Zealand College of Urgent Care meeting the required actions on its accreditation, and</li> <li>the Royal New Zealand College of Urgent Care is to provide annual reports to Council for the period of its accreditation.</li> </ol> <p>MCNZ has requested that the Royal New Zealand College of Urgent Care provide an annual and progress report that satisfies MCNZ that the following required actions have been addressed by the dates below: Council resolves that the Royal New Zealand College of Urgent Care is advised that it must provide progress reports that satisfies Council that the following required actions have been addressed by the dates below:</p> <p><b>By 30 November 2022</b></p> <ol style="list-style-type: none"> <li>The RNZCUC must devise a more robust process for consultation with external stakeholders, including consumers, Māori and Pasifika, and closely associated medical colleges, to assist with substantive changes to its vocational training programme. (2.1.3)</li> <li>The RNZCUC must better define and clearly communicate its programme outcomes. (2.2.1)</li> <li>The RNZCUC must develop and implement a comprehensive engagement strategy, to ensure it seeks and receives external input into the curriculum design. This must include medical schools, other vocational training providers, prevocational medical training providers and employers. (3.3.1)</li> <li>The RNZCUC must put in place a system to record and maintain a complete record of learning for each trainee, with access for all trainees and supervisors to facilitate transparency, clarity and reliability of information about progress in the training programme. (5.3.1)</li> <li>The RNZCUC must ensure there are clear policies and procedures in place to inform employers where patient safety concerns arise related to a trainee. (5.3.4)</li> <li>The RNZCUC must formulate and publish its programme outcomes and then develop clear standards to evaluate these outcomes. (6.2.1)</li> <li>The RNZCUC must record a list of approved supervisors and effectively monitor supervisor training. (8.1.3)</li> </ol> <p><b>By 30 November 2023</b></p> <ol style="list-style-type: none"> <li>The RNZCUC must strengthen its model of supervision, to ensure each trainee meets with their supervisor and receives feedback that is documented in a formal written supervision report on a regular basis that enables progressive judgements to be made about each trainee's preparedness for the vocational scope of urgent care. (5.1.1)</li> <li>The RNZCUC must formalise and increase the frequency and requirement for workplace-based assessments, ensuring each trainee receives documented feedback and progressive judgements, in order to provide assurance of teaching and learning across the breadth of the curriculum and the achievement of the outcomes of the training programme. (5.1.2)</li> <li>The RNZCUC must take the lead in matching training needs to training sites. (8.2.2)</li> <li>The RNZCUC must ensure that trainees have supervisors that are appropriate for their training needs. (8.2.2)</li> </ol>	



**30 November 2024**

8. The RNZCUC must ensure it improves supervisors' ability to contribute to programme development and monitoring of the training and education programme by standardising supervisor feedback assessment tools. (6.1.2)
10. The RNZCUC must ensure there is an effective system of clinical supervision to support trainees to achieve the programme and graduate outcomes. (8.1.1)

# 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:			
<p>The College's governance structure is based around an elected Executive Committee that comprises Fellows of the College and registrars in training. This Committee includes representation from Emergency Department staff, Māori and community representatives. The College's Education Committee is responsible for the implementation and evaluation of the vocational training programme. It is apparent that while the governance structure includes representatives from various groups this representation is not formalised with well-defined memoranda of understanding and to some extent the representation may be interpreted as passive and ad-hoc.</p> <p>It is therefore of considerable importance that the College formalise the relationships with the various stakeholder representatives to the extent that there are clearly defined roles and expectations. This will help more clearly define the roles, responsibilities and expectations of all those contributing to the actual teaching component of the programme. This can be achieved through well-developed memoranda of understanding and with the expectation that all stakeholders will be appropriately represented.</p> <p>The <i>Governance Policy</i> outlines the composition, terms of reference, delegations and reporting requirements for the Executive Committee and the standing Committees.</p> <p>Appropriate priority is given to the College's educational role. The Director of Clinical Training is responsible for the effective implementation and delivery of the training programme and provides support to the Board of Censors. The College's recertification programme comes under the direction of the Director of Professional Development who oversees the performance of Fellows and manages those Fellows who are underperforming.</p> <p>The College has a <i>Conflict of Interest Policy</i> which covers declaring, recording, identifying, and</p>			

managing conflicts of interest across all aspects of the College.

**Required actions:**

Nil.

**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:**

At present, the College has appropriate structures that provide the responsibility and authority to direct the key functions of the training programme with an Executive Committee that has overall control of the vocational training and recertification aspects of the programmes. This Committee has responsibility for setting policy and implementing regulations being shared between the Board of Censors, the Education Committee and the Professional Standards Committee. With the recent growth within the College it is important that appropriate steps are taken to ensure adequate capacity for these committees to effectively carry out their functions. This includes support for executive, administrative and teaching staff.

The College review of the curriculum has been particularly informative but could have been greatly enhanced by the inclusion of appropriate external medical education expertise. This would not only have provided added capability but also have provided the opportunity for further, and extremely important, relationship building with other medical education providers such as the Universities of Auckland and Otago who have a wealth of medical education experience.

RNZCUC should consider integrating the various elements of the training programme so that it more effectively achieves the programme outcomes. At present, the elements appear disparate and this can prevent a graduate from obtaining an otherwise broad and purposeful scope in Urgent Care. The training programme requires greater structure and cohesion, not just within the curriculum but also with the elements of supervision and assessment.

Irrespective of this, the College are to be commended on the flexibility within the programme but need to be cautious of increasing flexibility leading to greater risk in not being able to achieve the programme outcomes.

**Commendation:**

- The College are to be commended on the flexibility within the programme, in particular enabling trainees to complete the programme at a pace specific to their individual circumstances. (1.2.1)

**Required actions:**

Nil.

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>The College has an appropriate reconsideration, review and appeals process, which allows for impartial review of decisions across all College activities. The Executive Committee is responsible for the development and implementation of its <i>Appeals Policy</i>, and reviews occur as required and at least every four years. The policy is publicly available on the College's website. Doctors who are unsuccessful in their application to join the training programme or who fail an assessment are advised of their right to appeal.</p> <p>Committees report annually to the Executive Committee on reconsiderations and internal reviews, including an anonymised summary of each case, outcomes, and any recommended changes to policies or processes. The Executive Committee considers these reports to determine if there are any systemic problems. RNZCUC acknowledges the conflict of interest and confidentiality challenges inherent in a small College but believe these are properly managed through appropriate processes.</p> <p>The College has an appropriate process for evaluating de-identified appeals and complaints to determine if there is a systems problem.</p> <p><b>Required actions:</b> Nil.</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 College has recently appointed a new convenor to its Education Committee. The convenor has a high level of appropriate medical education expertise with a primary appointment to the Faculty of Medical and Health Sciences at the University of Auckland. The College are to be commended on this appointment and the appointment of other senior medically qualified staff to the teaching programme.</p> <p>The College is a member of the Council of Medical Colleges which provides a forum for collaboration and sharing with a number of New Zealand and Australasian colleges.</p> <p>The College is encouraged to continue its collaboration with the Faculty of Medical and Health Sciences at the University of Auckland and consider whether this collaboration should be extended across other aspects of its training programme.</p>			

**Commendation:**

- The College is to be commended for the staff appointments made to strengthen the level of educational expertise. (1.4.1)

**Required actions:**

Nil.

### 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:**

The College has appropriate information systems with a website that hosts the Core Skills list, details of training and recertification programmes, the curriculum and a booking system for training events. Resources include various webinars, podcasts and core skills videos. Annual continuing professional development (CPD), recertification and audits are hosted through the BPAC<sup>NZ</sup> online portal as part of an e-portfolio.

MCNZ notes that the College is shortly implementing an integrated Urgent Care College Information System to improve productivity and efficiency. It is intended that this will replace some of the manual tasks that are currently being undertaken.

The Goodfellow Unit at the University of Auckland hosts the Urgent Care Course (UCC) and supports all IT access and provisioning.

The training and education functions of the College are ably supported by a Training Programme Coordinator who provides direct support to the Director of Clinical Training and two other full-time administration staff. The College also has one casual staff member employed to assist with data entry. The College has identified that additional staffing is needed to assist with administrative tasks to assist the Director of Clinical Training (who is 0.5FTE) with his significant workload.

**Required actions:**

Nil.

### 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		
<b>Summary of findings:</b>			
<p>The College has worked assiduously at maintaining effective relationships with the health sector and government. There is very good collaboration with the University of Auckland. In particular, the University of Auckland's Goodfellow Unit makes a significant contribution to the development of the Urgent Care training programme.</p> <p>The College is to be commended on establishing an effective supervisor training course and should consider making participation in the course mandatory for new supervisors.</p> <p>Of concern is that the College does not have any formal relationships with consumer or patient advocacy groups. Acknowledging that RNZCUC is New Zealand's second largest provider of training for community-based care, appropriate formal relationships with consumer groups must be established as a priority. This relationship must not only focus on seeking consumer group feedback, but consumer groups must also provide input into governance and help inform the content and delivery of the training programme. Once established, this relationship with consumer and patient advocacy groups will greatly enhance the learning experience and should become an important component of the training curriculum.</p> <p>Additionally, the College has no established relationship with the Australasian College of Emergency Medicine (ACEM). Given trainees may work in Emergency Departments as part of their training, we recommend that the College consider strengthening its relationship with ACEM.</p> <p>Following successful engagement with the Māori Health Gains Team at Waitematā DHB, the College now provide a Tikanga Best Practice Audit for members to complete as an optional audit. This audit was written and approved specifically for RNZCUC use by Te Rūnanga o Ngāti Whātua, who have also given permission for the Tikanga Best Practice Guideline from Health Pathways to be used as a teaching resource to support the audit.</p> <p><b>Required actions:</b> Nil.</p>			
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		
<b>Summary of findings:</b>			
<p>The College's review cycle includes aspects of strategy, policy, governance and monitoring, and evaluation. Office processes, including staff capacity, which support the Board of Censors, Education Committee and Professional Standards Committee also form part of the review cycle and are reviewed annually. Some processes, which support training and recertification are not yet recorded.</p> <p><b>Recommendation:</b></p> <ul style="list-style-type: none"> <li>The College should aim to continue recording its support processes for training and recertification so that these are incorporated into the review cycle. (1.7)</li> </ul> <p><b>Required actions:</b> Nil.</p>			

## 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>In both <i>The Rules of RNZCUC</i> (The Rules) and its <i>Strategy 2019-2024</i> documents, the College confirms that its core business is training doctors and ensuring their ongoing competence. A stated strategic objective is to provide a quality Urgent Care training and recertification programme.</p> <p>The <i>Cultural Safety and Equitable Outcomes Policy</i> details the College's standards and expectations, with respect to Māori health and health equity.</p> <p>Recently RNZCUC made substantive changes to <i>The Rules</i> document to strengthen and better reflect the College's educational purpose. These changes were primarily for the purposes of clarity.</p> <p>Attempts were made at obtaining external stakeholder input into the proposed changes including a variety of New Zealand and binational medical colleges and four urgent care clinics. It is unclear whether the College consulted with trainees, consumers or the Māori and Pasifika communities in this process. At times of substantive changes to strategy, policy or process the College needs to consider a more robust method of consultation with groups that may be affected by any changes and that can help direct the College. Engagement and ongoing collaboration with other medical colleges, the health sector and consumers would be valuable to the RNZCUC in much of its ongoing work.</p> <p><b>Required actions:</b></p> <ol style="list-style-type: none"> <li>1. The RNZCUC must devise a more robust process for consultation with external stakeholders, including consumers, Māori and Pasifika, and closely associated medical colleges, to assist with substantive changes to its vocational training programme. (2.1.3)</li> </ol>			
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:			
<p>In discussion with the accreditation team, the College was able to clearly articulate its desire to produce vocationally trained specialists who could work in a broad scope of practice, managing a wide variety of</p>			

acute patients both injured and medically unwell, with a degree of uncertainty, in both large urban teams and small isolated practices.

This provided a clear and distinct description of the role of a graduate of the RNZCUC, and this description should be better encapsulated in the College documents. These programme outcomes could then provide a clearer direction to curriculum objectives, assessment aims, supervision and other College structures. Currently in the curriculum document the programme outcomes are listed as five broad statements and the graduate outcomes are derived from these statements. By separating out and publishing the programme outcomes discussed during the accreditation visit, this may also provide strength for growth of the College, especially in more challenging areas.

The College is at a stage of its development where it is considering whether to consolidate or expand its position in the provision of health care for New Zealanders. The vocational training programme could benefit from better integration of all of its components, and an improved structure to ensure safe robust processes underpin the training of all urgent care fellows.

**Required actions:**

2. The RNZCUC must better define and clearly communicate its programme outcomes. (2.2.1)

**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	<b>X</b>		

**Summary of findings:**

RNZCUC recently reviewed its graduate outcomes when it updated its curriculum.

It has clearly defined graduate outcomes for its vocational training programme. These are published in the *RNZCUC Curriculum*, which is publicly available on the RNZCUC website. The Board of Censors is responsible for setting and assessing graduate outcomes, as detailed in the *Governance Policy*.

The trainees know what they should learn and what they should be able to do by the end of training. The graduate outcomes are mapped to the domains of learning and detail the attributes including knowledge, skills and values, expected of a Fellow in Urgent Care.

**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 College has recently revised its curriculum detailing the curriculum domains and the core capabilities required for each domain.</p> <p>Although the training programme has a clear framework and the curriculum is readily available on the College website, the College is encouraged to integrate what appear to be disparate elements of training so it is better able to achieve the programme outcomes. As set out at 2.2, the programme would be enhanced by a greater level of structure.</p> <p>The curriculum is publicly available on the website.</p> <p><b>Required actions:</b> 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 meets the needs of trainees as they advance through the training programme. It aligns well with the vocational training programme. The five curriculum domains (Urgent care context, Hauora Māori and cultural safety, clinical expertise and scholarship, professionalism, and leadership and management) are taken from the CanMEDs framework and been adapted to apply to urgent care practice in the New Zealand context. The 16 subject area statements are clearly mapped to the curriculum domains.

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

Reference is included on the scientific foundations of the specialty and all the necessary skills to be developed to enable safe patient care. Cultural competence and safety is embedded in the training programme with a devoted module on Hauora Māori, which includes subsections on Te Tiriti o Waitangi and inequalities and inequities in healthcare and improving health through communication.

Domain 5 of the curriculum (leadership and management) is supported with a number of examples, such as trainees' presenting their research projects at the Bootcamp and Goodfellow symposium, trainee representation on College committees, and the College developing a supervision role for new fellows. However, there may be scope for this domain to be further developed within the curriculum. In particular, the College could consider opportunities for trainees to contribute to outsourced teaching to enhance their learning opportunities.

#### Recommendation:

- The College should consider strengthening its focus on the role of teaching and supervision in the curriculum (3.2.7)

#### 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:

There is evidence of thoughtful curriculum design but this needs to be strengthened in terms of vertical integration. There is no evidence that the College undertook any meaningful engagement with medical

schools, prevocational training providers and allied colleges to ensure their input into the design of its April 2021 curriculum.

Engagement goes beyond written communication and must include meetings with key stakeholders and may extend to the establishment of an expert advisory group that includes key external stakeholders. Engagement at the start of the curriculum review and ongoing involvement during the development process may have significantly assisted the College in producing a well-integrated and cohesive curriculum.

Horizontal integration in the curriculum design has been demonstrated. There are a number of educational components in the programme but these lack evidence of integration to demonstrate attainment of programme outcomes.

The College should consider its expectations of the depth of knowledge that a new trainee should have. The current eligibility criteria are limited to registration and completion of PGY1 year or its equivalent.

There is documented and well-thought out policy recognising prior learning that is overseen by the Board of Censors. The regulations and policy are very detailed, and appear to produce bespoke solutions for the range of applicants to the programme. The College might consider how this will be managed as the trainee numbers grow, and how they may continue to conduct a fair and transparent process to unequivocally achieve the programme outcomes.

**Required actions:**

3. The RNZCUC must develop and implement a comprehensive engagement strategy, to ensure it seeks and receives external input into the curriculum design. This must include medical schools, other vocational training providers, prevocational medical training providers and employers. (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 viewed by trainees as a meaningful and relevant document.

The completion of the first year of training has compulsory requirements but it is noted that progression through the training programme is not dependent on passing the end of the first year Urgent Care Examination (UCPEX). The programme duration is four years but there is flexibility to complete the programme over a maximum 10-year period.

It is not clearly defined as to what is expected between commencement of year two and the completion of training. The structure and requirements for progression at each stage of the training programme should be more clearly defined and mapped to learning outcomes.

The programme allows ample flexibility. Trainees may learn at their own pace and the programme is largely trainee driven with respect to timeframes. Trainees may complete components in an order that suits them. While the College is commended for its flexibility, this should not come at the expense of setting clear expectations for trainee progression following the first year of training.

**Recommendation:**

- The College is encouraged to define progression points during the training programme to guide learning and supervision. (3.4.1)

**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>Training in Urgent Care is practice-based, apprentice-style and must occur in a RNZCUC-approved training facility. Training requires a minimum of four years and 3000 hours, during which the first 1000 hours must be directly supervised.</p> <p>To complement the practical component, trainees are also assessed on and signed off on a list of core skills, attend a variety of in-person courses, complete three university courses, submit research and case-based learning assignments, attend peer group meetings, participate in quality improvement audits and complete a cultural competency module.</p> <p>The newly developed curriculum dated April 2021 clearly details the subject areas and within these the learning outcomes and associated knowledge and skills to meet them.</p> <p>The curriculum details the five key programme domains and associated graduate outcomes that demonstrate the breadth of knowledge expected to be gained by a trainee. However, the graduate outcomes are not mapped to the learning outcomes, which then in turn are not linked to the teaching and learning approaches designed to address them.</p> <p><b>Commendation:</b></p> <ul style="list-style-type: none"> <li>The College is to be commended for the work put into the new curriculum document. The trainees appreciate the clear logical order of the document. (4.1.1)</li> </ul> <p><b>Recommendation:</b></p> <ul style="list-style-type: none"> <li>The College should map the graduate outcomes to the learning outcomes, which could then be linked to the teaching and learning approaches designed to address them. (4.1.1)</li> </ul> <p><b>Required actions:</b> 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:**

Training in Urgent Care must be completed in an accredited Urgent Care clinic or emergency department. Alongside this, all trainees must have a supervisor who is expected to provide formal supervision meetings, assist with core skills list signoff, provide clinical advice and supervise direct patient care as required. The first 1000 hours of training must be directly supervised.

Alongside recommended textbooks, the training programme includes compulsory practical skills courses such as a skills weekend and university paper-based courses. In addition to this there is an increasing number of optional resources such as the ECGweekly and RNZCUC podcasts. RNZCUC is looking to further develop these resources to include point of care ultrasound. The practical skills courses include teaching and interaction in a wide variety of medical specialists.

The first 1000 hours of training are subject to stringent supervisory requirements. However, after this any increase in responsibility is not well delineated and is intimated by the yearly supervisor report. While it likely occurs, mechanisms to record this would make progression clearer.

Since the last accreditation the College has strengthened its information resources related to cultural competence, with an online module specific to cultural competence and communication. There are also options to do university papers or audits around Hauora Māori. The College has discussed moving its teaching resources from cultural competence to cultural safety but this has not yet been implemented. Including Māori representation in its governance structures will help the College develop in this area.

**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 College has aligned the outcomes and curriculum of the vocational training programme to the five domains. They are Clinical context; Hauora Māori/Cultural safety; Clinical expertise/scholarship; Professionalism, self-reflection and learning; Leadership/Management.</p> <p>The College aligns the assessment programme to the outcomes and curriculum of the training programme and assessment is mapped to the five domains. There is a high stakes examination at the end of the first year, and then lower stakes assessments over the next three years, or until the training programme is completed.</p> <p>Assessment in the training programme takes place throughout training, using a wide range of methods. The assessment programme includes the UCC and UCPEX; communications, trauma, Paediatric Advanced Life Support (PALS), skills, cases, Medical Literature Project, university, clinical and supervision reports. Despite the range of assessment methods, there is no mechanism in place to ensure that each trainee is assessed across the breadth the curriculum as defined by the programme outcomes.</p> <p>There are six meetings with supervisors over the course of the year, however these are not documented. Therefore, there is no systematic approach to providing feedback to each trainee. Supervisors complete written feedback and submit that to the College at the end of each year. However, there is no system in place which enables progressive judgements over the course of each year to be made about trainee progression in their learning and clinical practice and there is no system to ensure that ongoing development is informed by supervisor feedback. There does not appear to be any oversight or control that would provide assurance of the quality of the supervision.</p> <p>The College must strengthen its model of supervision, to ensure each trainee meets with their supervisor regularly and receives feedback that is documented in a formal written supervision report that enables progressive judgements to be made about each trainee's preparedness for the vocational scope of urgent care.</p> <p>Although workplace-based assessment may take place, this is ad hoc, and not systematic and does not include documented feedback to the trainee. The College must formalise and increase the frequency and requirement for workplace-based assessments, ensuring each trainee receives documented feedback and progressive judgements, in order to provide assurance of teaching and learning across the breadth of the curriculum and the achievement of the outcomes of the training programme.</p> <p>Furthermore, trainees do not have access to their complete record of learning. The College relies on a central staff member to maintain records of learning and ensure the progression of trainees through the programme. Trainees report they can contact the central staff member and receive updates about their</p>			

progress. However, it is important that trainees and their supervisors have ready and reliable access to a complete record of training that demonstrates their progress.

Assessment and completion requirements of the training programme are published and accessible on the College website and in its *Examination and Assessment Policy*.

The College has a policy that covers special consideration in assessments, *Cultural safety and Equitable Outcomes Policy*. This policy outlines the approach to equitable training and disability. Applicants to the RNZCUC training programme are invited to outline their plan for completing the programme. It is at this time the applicant can highlight any specific challenges in meeting the assessment or programme requirements can be raised and discussed. Any physical or other disability would not impact on the applicants score. The College would work with the trainee to find appropriate solutions to facilitate the completion of the programme, including assessments.

**Commendation:**

- The College is commended for its *Cultural safety and Equitable Outcomes Policy* that demonstrates its commitment to equitable training for those who may be experiencing cultural loading as well as those who may have other learning challenges. (5.1.3)

**Recommendation:**

- The College should strengthen the collection of qualitative as well as quantitative feedback, which would encourage supervisors to identify areas for the trainee’s further development. (5.1)

**Required actions:**

4. The RNZCUC must strengthen its model of supervision, to ensure each trainee meets with their supervisor and receives feedback that is documented in a formal written supervision report on a regular basis that enables progressive judgements to be made about each trainee’s preparedness for the vocational scope of urgent care. (5.1.1)
5. The RNZCUC must formalise and increase the frequency and requirement for workplace-based assessments, ensuring each trainee receives documented feedback and progressive judgements, in order to provide assurance of teaching and learning across the breadth of the curriculum and the achievement of the outcomes of the training programme. (5.1.2)

**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:**

The RNZCUC utilises a range of summative and formative assessments in its vocational training programme. Over the course of the four-year training programme, trainees must maintain a professional development plan and resuscitation certification. They have the four years to complete the required case studies, core skills lists, communication, trauma and PALS courses. In the lead up to sitting the UCPEX at the end of the first year, trainees complete the UCC, a clinical note audit and a patient satisfaction survey. After passing the UCPEX, trainees have the remaining three years to complete university courses. Trainees also need to complete a minimum of 400 clinical hours per year.



Supervision is a requirement of the training programme. However, the specific needs of individual trainees do not appear to be linked to the educational capabilities of the various training sites and more importantly there does not appear to be a process in place to match the needs of an individual trainee with an appropriate supervisor. While the challenges of balancing the flexibility of its training programme are acknowledged, the College must ensure that the programme meets the needs of its trainees.

There is suite of summative and formative assessments in place, however the assessment tools are not standardised in their application. Much of the assessment depends on the motivation of the trainee, with little structure in place to ensure progress through the training programme. This lack of standardisation leads to lack of consistency and comparability across the training sites. This is particularly apparent with collecting supervisor feedback and the largely informal basis of supervisor training which is available but not mandatory.

Appointment of supervisors is largely dependent on the trainee finding employment and a Fellow at that employment site who agrees to act in the supervisory role. There is no College process for assessment and appointment of supervisors and there does not appear to be any oversight or control that would provide assurance of the quality of the supervision.

It is recommended that the College consider a process for assessing and appointing supervisors.

The College put in place a range of measures in response to the impact of COVID-19. The response included clear communication with the registrars, who found this reassuring. The College is commended for its agile approach in response and its transparent, consistent and timely communication with the trainees.

A blueprint to guide assessment throughout each year of the training programme can be found within the *Curriculum*.

To allow flexibility in the training programme dates are not formalised, however, the College encourages trainees to progress through the requirements in a logical order. Trainees appreciate the flexibility the College provide trainees to complete the programme. However, this flexibility poses challenges to the College in terms of ensuring the trainees are assessed across the breadth of the curriculum as defined by the programme outcomes. The training programme duration is four years but there is flexibility to complete the programme over a maximum 10-year period. There is a lack of clarity around expectations after the end of the first year, when the trainee sits the examination and for other key progression points over the course of the training and the satisfactory completion of the training programme.

The UCPEX uses valid methods of standard setting for determining passing scores. However, it is not clear what standard setting, if any, is in place for workplace-based assessment and supervision.

**Recommendation:**

- It is recommended that the College put in place a process to assess and appoint supervisors and provide assurance on the quality of supervision. (5.2)

**Required actions:**

Nil.

### 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:

Although there are six meetings with supervisors over the course of the year, only one supervision report is completed every 12 months and this report is not clearly focused on identifying areas for progression and areas for the trainee to focus on for development.

It is recommended that the College review the supervision form, to strengthen the collection of qualitative and well as quantitative feedback, and to encourage supervisors to identify areas for the trainee's further development. This will facilitate regular and timely feedback to trainees on performance to guide learning.

Informal pathways are in place to check on trainee progress, that is the supervisor or trainee must phone the college staff to seek information about their progress. The College does not have a reliable or transparent system for providing the assessment performance of the trainees and the supervisors and trainees do not have access to their complete record of learning.

The College must put in place a system to record and maintain a complete record of learning for each trainee, with access for all trainees and supervisors to facilitate transparency, clarity and reliability of information about progress in the training programme.

Two processes are used by the College to identify trainees who are not meeting the outcomes of the training programme. The first is a training programme summary that is manually updated and maintained by the Training Programme Coordinator; however, this is only accessible to the College staff and is released to the trainee annually, or on request. The second is the record of compliance with its recertification programme. These processes appear satisfactory; however, they are compromised by the lack of regular supervision reports. Given supervision reports are only completed once per year, it could take some time for unsatisfactory progress to come to light.

The College is supportive of trainees who are in difficulty. There are procedures in place to notify the MCNZ if significant competence concerns about a trainee are identified.

However, there are no systems in place to collaborate with employers if there are trainee performance concerns that may impact on patient safety. While the challenges in the employer/supervisory model are acknowledged, the College needs to put in place mechanisms to address this. The College must ensure there are clear policies and procedures in place to inform employers where patient safety concerns arise related to a trainee.

#### Recommendation:

- The College should review the supervision form, to encourage supervisors to identify areas for the trainee's further development. This will facilitate regular and timely feedback to trainees on performance to guide learning. (5.3)

#### Required actions:

6. The RNZCUC must put in place a system to record and maintain a complete record of learning for each trainee, with access for all trainees and supervisors to facilitate transparency, clarity and reliability of information about progress in the training programme. (5.3.1)

7. The RNZCUC must ensure there are clear policies and procedures in place to inform employers where patient safety concerns arise related to a trainee. (5.3.4)

#### 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:

The College has a comprehensive process in place for post-exam review of the UCPEX examination each year. This is documented in the *Governance Policy*. Data from post exam surveys, examiner feedback and other methods inform the development of the exam. The annual review process considers the quality, consistency and fairness of the examination.

However, the College has conducted a curriculum review that appears to be in isolation from other components of the programme. There is no apparent corresponding review of the assessment framework or methods and the curriculum does not appear to have been integrated into all aspects of assessment, or the training programme as a whole.

It is recommended that the assessment framework is reviewed to ensure the quality, consistency and fairness of assessment methods and their educational impact, with specific focus on ensuring the new curriculum is integrated across the training programme.

Processes are in place to ensure consistency and comparability of some assessment processes, for example the exam, audit and written work. However, an important component of the training programme is the supervision and assessment that take place in the workplace. The College does not have a robust method of maintaining consistency of assessment methods and practices across its training sites, specifically the quality of workplace-based assessment, supervision and feedback. This is in part due to the paucity of the workplace-based assessment tools and the largely informal basis of supervisor training.

#### Recommendation:

- The College should review the assessment framework to ensure the quality, consistency and fairness of assessment methods and their educational impact, with specific focus on ensuring the new curriculum is integrated across the training programme.

#### Required actions:

Nil.

## 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 College regularly reviews key aspects of its training and education programme. A curriculum content review was undertaken early in 2021 (as detailed in 3.1.1). Two modules were added to UCC (a one-year course jointly developed by the College and the Goodfellow Unit, which prepares trainees for the UCPEX), in 2019. A major update of the UCC course material took place in 2019-2020.</p> <p>RNZCUC has correctly identified that its structures to support supervisors and feedback loops to ensure supervisor effectiveness require review and clarification. Monitoring of supervisor training should be improved. The College intends to convene a supervision review group to review supervision requirements and processes.</p> <p>The College has recently formed a Registrar Subcommittee to enable trainees to formally contribute to monitoring and development of the training programme at governance level. The Registrar Subcommittee reports to the Education Committee and there is also a Trainee representative on the Executive Committee. Feedback from Trainees is sought in the RNZCUC Annual survey where assessment and course evaluation data is collected. The College has evidenced several examples where Trainee feedback has resulted in changes to the training programme, for example removing the specialist clinic attendance component from the training programme in February 2021.</p> <p><b>Required actions:</b></p> <p>8. The College must ensure it improves supervisors' ability to contribute to programme development and monitoring of the training and education programme by standardising supervisor feedback assessment tools. (6.1.2)</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 College does not have clearly articulated programme outcomes and so it is not yet able to evaluate these outcomes. Although the Curriculum articulates current requirements of clinical knowledge and practice, these are not standards that are clearly mapped to programme and graduate outcomes.

When formulating its programme and graduate outcomes, the College is encouraged to consider how it could better reflect community needs through engagement with community groups and/or community representation on its governance structures.

The College uses feedback from its exit interviews with trainees to obtain feedback on the training programme and supervision including preparedness for practice. Surveys with Fellows also provide information on how well new Fellows feel prepared for Fellowship

While the College has communicated with specialists and others about trainees attending the specialist training clinics, it needs to consider broadening its stakeholder groups, so these groups are able to make a meaningful contribution in assisting the College to evaluate its programme and graduate outcomes. This is especially the case in light of specialist clinic attendance no longer being a mandatory component of the training programme.

#### Recommendation:

- When formulating and evaluating its programme and graduate outcomes, the College is encouraged to consider how it could better engage with community groups and/or community representation on its governance structures. (6.2)

#### Required actions:

9. The RNZCUC must formulate and publish its programme outcomes and then develop clear standards to evaluate these outcomes. (6.2.1)

### 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:

Existing information such as feedback following UCPEX is provided to the Board of Censors and then to the Executive Committee. Feedback from trainees, College and external assessors, which may influence the training programme, is reported to the Education Committee. The current process for reporting through the College's governance processes is transparent however its effectiveness is limited by the lack of broader stakeholder feedback.

The College's annual survey results are made available to members and posted on the College website. The College should consider making its survey results and relevant programme reviews available to stakeholders who have an interest in programme and graduate outcomes.

It is not clear that the College has adequately considered risks to the quality of its training and education programme. Although the College took effective steps to manage issues that emerged from the Medical

Literature Project and specialist clinic component of the training programmes, there is no recognition of the potential risks associated with the outsourced educational components of its training programme. It would be timely for the College to consider memoranda of understanding or formal contractual arrangements with its key education providers, which includes training sites.

**Recommendation:**

- The RNZCUC should consider formalising its relationships with its key education providers to ensure that any concerns that arise about any aspect of the College's training and education programme are dealt with effectively and in a timely manner. (6.3)

**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"> <li>• use the published criteria and weightings (if relevant) based on the training provider’s selection principles</li> <li>• are evaluated with respect to validity, reliability and feasibility</li> <li>• are transparent, rigorous and fair</li> <li>• are capable of standing up to external scrutiny</li> <li>• include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.</li> </ul>		
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:			
<p>The College has clear, documented selection policies and processes detailed in the <i>Urgent Care Training Programme Selection Policy</i> which is easily accessible on the College website. The process is centralised within the College to ensure consistency.</p> <p>These policies and processes were revised in 2017 to make new trainee numbers more sustainable and to support doctors with Māori or Pacific Island heritage and/or those who intend to work in under-served locations enter the training programme. Between 2018 and 2020, 16 applicants out of 129 were declined due to low scoring against the selection criteria, which could include lack of demonstrable commitment to urgent care and concerns over past academic performance and ability to complete the training programme.</p> <p>There is an intention from the College to increase recruitment of Māori doctors by increasing awareness and this is encouraged. Currently 9 (4.4%) of Urgent Care trainees identify as Māori.</p> <p>The only requirement for trainees is that they must work within an approved training facility. There is no requirement for them to rotate through different training sites.</p> <p><b>Required actions:</b> Nil.</p>			
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		
<b>Summary of findings:</b>			
<p>The College supports and facilitates the involvement of trainees in the executive and educational governance of their training.</p> <p>Two of the Executive Committee's eleven members are trainees and two of the Education Committee's five members are trainees, one of which must be the convenor of the newly formed Registrar Subcommittee.</p> <p>The Registrar Subcommittee was set up in response to the 2021 trainee survey, which showed that trainees had limited awareness of their trainee representatives on the Executive and Education Committees. This Subcommittee reports feedback from trainees to the Education Committee. The Curriculum Subcommittee that was recently formed to oversee the curriculum review also had trainee representation.</p> <p><b>Required actions:</b> Nil.</p>			
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		
<b>Summary of findings:</b>			
<p>The College and its Registrar Subcommittee communicate with trainees using email, newsletters, social media and the College website. Feedback from trainees suggests that these methods are largely effective.</p> <p>The trainees speak highly of the Training Programme Coordinator and contact her with any training related queries. Trainees are notified in a timely manner about decisions which impact training and education. Information about the training programme, costs and requirements, and any proposed changes, is shared on the College website.</p> <p>Currently, individual trainee progress is tracked using a progress chart, which is manually updated by the Director of Clinical Training and made available to the trainee and supervisor when requested. The College is in the process of developing an online platform to manage this in future. This should be a priority for the College. The trainees and supervisors should be able to readily access a timely and accurate record of training progress.</p> <p><b>Recommendation:</b></p> <ul style="list-style-type: none"> <li>The College should continue developing an online platform where trainees and supervisors can access their training progress and requirements. (7.3)</li> </ul>			



<b>Required actions:</b> Nil.			
<b>7.4 Trainee wellbeing</b>			
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.		
<b>7.4 Trainee wellbeing</b>			
	Met	Substantially met	Not met
Rating	X		
<b>Summary of findings:</b>			
<p>The College recognises that a supportive learning environment requires effective and accessible supervision at a suitable facility. Currently a trainee chooses their own supervisor, however this choice is limited by where they can gain employment. The College does not actively match trainees to supervisors, and this model could hamper the supervisor’s pastoral role as a trainee advocate if organisational issues arise within the clinic. Furthermore, it does not ensure that a trainee who may be needing additional support has the most appropriate supervisor.</p> <p>The trainee’s employer has no obligation to advise the College of a trainee’s personal or professional difficulties, nor does the College contact the employer directly in the event of performance concerns. While in practice, due to the supervision arrangement outlined above, communication between employer and the college does occur it creates a grey area that could compromise trainee wellbeing and ultimately patient safety.</p> <p>Currently, trainees who have experienced professional or personal difficulty report feeling extremely well supported by the College. Within its website and bootcamp weekend the College provides resources and information sessions around wellbeing and burnout.</p> <p>The College works to provide a culturally safe environment for all trainees by including this as a requirement for clinics to be accredited. It ensures clinic staff have participated in cultural safety training. The College is also cognisant of the risks of cultural loading. Trainees who identify as Māori reported feeling supported in their training and any cultural obligations.</p>			
<b>Recommendations:</b>			
<ul style="list-style-type: none"> <li>• The College should establish clear reporting requirements between itself and the employer for the trainee in difficulty. (7.4)</li> <li>• The College should consider taking an active role in ensuring trainees are matched to an appropriate supervisor, especially when the trainee may have increased needs. (7.4)</li> </ul>			
<b>Required actions:</b> Nil.			
<b>7.5 Resolution of training problems and disputes</b>			
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 College has an *Appeals Policy*, which involves reappraisal of the original decision by the decision maker followed by internal then external review. This policy incorporates the principles of fairness, transparency, confidentiality, anonymity and freedom from bias.

Trainees are made aware of the processes and policy during their entrance interview. Trainees’ report that they understand this policy and have confidence in the College process should a problem or dispute arise.

**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:			
<p>Trainees of the RNZCUC express appreciation at having ready access to supervisors for most of their day-to-day work. The apprenticeship model works well in day-to-day clinical practice in Urgent Care.</p> <p>The College administration is a strong, accessible support for training related queries for both trainees and supervisors and is prompt in responding to enquiries. The Director of Clinical Training and the College administrative staff collate and review all the documents pertaining to a trainee's progression through training. While most of this work is done manually, some is computerised.</p> <p>For a College that has been small in numbers this informal arrangement has been effective. With an expanding number of trainees this centralised resource for all training-related queries could be difficult to maintain.</p> <p>The College requires that its trainees have a clinical supervisor in the location in which they work. The College provides a <i>Supervisor Policy</i>, a <i>Supervisor Agreement</i>, and an annual Supervisor Report form to support this arrangement.</p> <p>These documents lack the ability to ensure that a trainee has robust ongoing support in the workplace to clearly progress through training towards achieving the programme outcomes.</p> <p>The College could improve this by definitively stating their programme outcomes and have these embedded in their training. They also need to identify which aspects of their programme a trainee can achieve in any of their approved training facilities and provide a system of educational tools to support the supervisor and trainee to achieve these.</p> <p>The challenges the College faces in ensuring effective clinical supervision include the College's lack of identification and matching of training sites to training needs, and of the potential conflict of a trainee's clinical supervisor also being their employer.</p>			

Clinical supervisors appear to be selected by trainees. The trainee applies to an employer for a job, then when they apply to the College for their work to be approved for vocational training the College assess whether the trainee's nominated supervisor fits the College's criteria. It can also be up to the trainee to inform the supervisor what is required of them.

If a doctor is no longer able to fulfil the role of a clinical supervisor, the trainee may be unable to continue vocational training until they themselves find a new supervisor.

The College does not have a robust actively managed record of current clinical supervisors, nor does it record and monitor whether the supervisors have been trained for their role.

Any clinical supervisor approved by RNZCUC should satisfy the MCNZ requirement for supervision under the Urgent Care training programme. This would include supervisors working at an Approved Training Facility that is not an Urgent Care facility, for example a hospital emergency department, and remove the need for a trainee to also have a collegial relationship formalised directly with MCNZ.

The College's direct relationship with its clinical supervisors is currently variable and review of supervisor selection, training and support should be undertaken. The College does not directly appoint supervisors, or provide them with a formalised orientation to the role with the College, nor does it monitor which supervisors access supervisor training or online resources. There is no supervisor network for peer support, and supervisors do not appear to, as a group, contribute to developments within the College. In addition, clinical supervisors have no access to trainees' record of training.

The College has identified issues in this area. It is developing resources to support clinical supervisors including the recently convened Supervisor Working Group, and online resources for clinical supervisors to learn about aspects of the role of a supervisor. The RNZCUC has recognised opportunities to strengthen the process of supervisor training including directly communicating with new supervisors about the learning opportunities available.

RNZCUC is planning a new online system, which will facilitate the supervisor's role in providing guidance and support. It will enable monitoring of a trainee's progress, improve access to documented outcomes of supervision meetings and maintain an up-to-date overview of assessment results.

RNZCUC evaluates supervisor effectiveness through surveys, and registrar feedback about their supervision is sought routinely at the exit interview at the end of vocational training. With the registrar's consent this information is reported to the supervisor. The College needs to consider the potential conflicts here with a supervisor possibly also being the trainee's employer. Currently the College holds no responsibility for ensuring a trainee has a supervisor nor does it assist trainees in finding a training site appropriate to their training needs.

The *Examination and Assessment Policy* defines the required capabilities for RNZCUC assessors, who are appointed by the Board of Censors. RNZCUC Fellows come from a variety of clinical backgrounds and training. The College's current approach is to utilise Fellows' subspecialty experience to examine their area of expertise. Care needs to be taken that the subspecialty experience and knowledge of one assessor does not skew the assessment of candidates. Their knowledge should contribute to the setting of questions and marking schedule, but it should not demand more of a candidate in any one area than every fellow should be able to demonstrate.

There is no formal training for assessors. RNZCUC has identified this as an area for review and it is anticipated this will occur following the 2021 examination process. There are processes in place to evaluate the effectiveness of the assessors.

**Commendation:**

- The RNZCUC trainees value their supervisors as role models, mentors and teachers. Both supervisors and trainees are supported by a dedicated, hard-working, accessible and enthusiastic group of College officers and staff. (8.1)

**Recommendations:**

- The College should consider mandating supervisor training. (8.1.3)
- The College should consider options for ensuring that trainees can provide feedback about their supervisors within a safe process. (8.1.4)

**Required actions:**

10. The RNZCUC must ensure there is an effective system of clinical supervision to support trainees to achieve the programme and graduate outcomes. (8.1.1)
11. The RNZCUC must record a list of approved supervisors and effectively monitor supervisor training. (8.1.3)

**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			<b>X</b>

**Summary of findings:**

The College owns the Urgent Care Standard (UCS) by which it audits Urgent Care facilities. Audits are undertaken every three years, with surveillance audits every 18 months.

The College assesses Urgent Care facilities according to the *Approved Training Facility Policy* when a prospective trainee is employed in a facility and wants to commence vocational training. It also approves, as training sites, workplaces which are not subject to the UCS when a trainee or prospective trainee is employed there. The Facility Audit Committee (FAC) are responsible for accrediting training sites and are responsible directly to the Executive Committee.

Approved Training Facilities (ATFs) are audited annually only with respect to their adherence to the UCS. There is no monitoring of the education role of ATFs incorporated into the UCS. For those ATFs that do not fall under the UCS, regular monitoring occurs via hospital accreditation by ACEM in the case of emergency departments, or direct audit by the FAC.

The *Approved Training Facility Policy* sets out accreditation standards with respect to the facility and the quality of patient care and supervision, however it does not clearly state the requirements of an ATF with respect to clinical experience, assessment capabilities, and education and teaching resources. There is no requirement for a training facility to support the health and welfare of their trainees.

The College maintains a list of ATFs however there does not appear to be a process for identification of the training capabilities of each site. Nor are trainees' needs matched to a training site.

The trainee self-selects their training site and may remain in one site for the entirety of training. There is no clear recording of which learning outcomes, including clinical experience and non-clinical skills, or volumes of practice that the trainee accrues at their training site, and notably no acknowledgement of which learning outcomes they do not achieve towards the breadth of the programme outcomes.

Of note the trainee selection process gives specific weighting to those applicants who intend to work in high needs or regional centres. Whilst the College is to be commended for incentivising rural and high need areas it needs to consider whether this should be a component of training for all trainees. Increasing the diversity of training settings will improve the range of experience for trainees if they are rotated to these sites.

The College accredits some training sites that are seasonal or variable in their ability to maintain accreditation. The College needs to consider the vulnerability of these training sites and the impact uncertainty may have on their trainees. The addition of a maximal duration of training in accredited facilities may provide structure and guidance for proactive planning, as may linking networks of training sites.

The College now has a large number of trainees, but it does not have a method of tracking the clinical experience its trainees attain. Consideration must be given to documenting training site capabilities and accrual of clinical experience of its trainees and aligning this with its stated programme outcome of providing high quality vocational training to future urgent care specialists.

While the programme is flexible in terms of accrual of outsourced training requirements, working hours and places each trainee might train, the College takes no lead in ensuring the workplace environment has any flexibility for trainees to move around to experience the breadth of the specialty. It is acknowledged that the College has some challenges in balancing the flexibility of its workplaces with ensuring that it meets the training needs of its trainees.

The training provider has opportunities to engage with other training providers in sharing training opportunities and educational practice.

**Recommendations:**

- The College is encouraged to work on a robust and ongoing accreditation process for all training facilities that is fit for purpose and prioritises the education and learning experience for vocational training. (8.2.2)
- The College should work with health care providers to ensure that trainees experience the breadth of the discipline. (8.2.3)
- The College should consider whether high-needs and regional training should be a component of training for all trainees. (8.2.3)

**Required actions:**

12. The RNZCUC must take the lead in matching training needs to training sites. (8.2.2)
13. The RNZCUC must ensure that trainees have supervisors that are appropriate for their training needs. (8.2.2)

## 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>The College has identified recertification requirements, which comprise five compulsory continuing professional development activities and these are published on the College website. Recertification covers a three-year cycle. The required minimum 120 hours per cycle, when combined with the annual resuscitation course/refresher and time involved meeting professional development plan commitments, exceeds the current MCNZ requirement of 50 hours per annum.</p> <p>There is currently no mandatory requirement regarding cultural safety. However, the proposed revised recertification programme that comes into effect from 1 July 2022 prioritises cultural safety and health equity and aims to embed cultural safety across all recertification activities. The College is committed to meeting the MCNZ's strengthened recertification requirements. The proposed programme has been</p>			



under development since 2019 and has involved internal and external consultation. The Director of Professional Development has engaged with the Royal New Zealand College of General Practitioners with the intention of improving alignment between the recertification programmes of both colleges. Consultation with Māori has largely been reliant on internal input, and more external engagement would further strengthen this aspect of the recertification programme. The proposed programme outlines four recertification pathways.

Recertification activities, reflections and associated documentation are recorded on an online individual ePortfolio. BPAC<sup>NZ</sup> has been contracted by the College to provide and manage the system. Further IT infrastructure development is proposed by the College.

Governance responsibility for recertification sits with the Professional Standards Committee whose responsibilities include setting continuing professional development requirements, ongoing review and updating, and checking compliance with recertification. Monitoring is linked to the annual practice certificate renewal system. At the time of the annual practising certificate renewal a recertification compliance report is generated and any compliance concerns are reported to the Director of Professional Development. An “ICU” system has been developed by the College to address non-compliance. Any non-compliance flagged as red results in an individualised plan being developed identifying required actions by a certain date, while the orange category results in an email notification of deficits. Typically, Fellows have 3 months to comply. Further escalation to the Professional Standards Committee about non-compliance occurs on an as needed basis, and notification to the MCNZ if required. The Memorandum of Understanding (MoU) that the College has with MCNZ also specifies requirements regarding recertification.

**Commendation:**

- The College, in particular its Director of Professional Development, is to be commended for the work undertaken in revising the recertification programme. (9.1)

**Required actions:**

Nil.

**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:**

A range of College processes facilitate the currency of a doctor’s practice. These include the recertification programme itself, the work of the Professional Standards Committee in reviewing and updating requirements, and the various educational activities and resources made available by the College.

The Board of Censors has a key role in assessing applications for re-joining the training or recertification programmes. The Board of Censors also approves entry and exit from these programmes. Day to day monitoring is delegated to the Director of Professional Development.

College documentation includes an example of a doctor’s re-entry to practice that required a learning development plan, notes review and supervised practice, and was implemented after consultation with MCNZ.

**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:**

The College conducts its own recertification compliance checks on a quarterly basis and checks information against the MCNZ register.

*The Fellows' Performance Policy* identifies possible predictors of poor performance. The policy describes the various processes in place to identify poor performance including compliance with recertification, randomised audit of CPD records, and clinical notes audit through a practice visit.

Any notification of concern from the MCNZ to the College would be referred to the Professional Standards Committee and a suitable remediation plan developed, implemented and monitored. The policy outlines when the College would notify MCNZ and the employer.

**Required actions:**

Nil.

## 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>There is a MoU between the MCNZ and the RNZCUC, which outlines the College's role and responsibilities regarding the regulation of doctors who are in vocational training, applying for provisional vocational registration or are vocationally registered. The MoU includes the process for assessing an International Medical Graduate (IMG) applying for registration within a provisional vocational scope of practice, approval of employment and supervisors, accreditation of the College, and recertification.</p> <p>The College has worked with the MCNZ to ensure its <i>Assessment of International Medical Graduates Policy</i> covers all requirements. The policy includes processes, timeframes, and a template to support analysis of training programme components. To date, the MCNZ has not requested IMG assessment advice from the College.</p> <p><b>Required actions:</b> Nil.</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:			
Approaches to assessment of IMGs for the purposes of vocational registration are outlined in various documents including the <i>Assessment of IMG's Policy, Fellowship Regulations</i> , and the MoU with the			

MCNZ. The College has processes through its governance structure to notify MCNZ of any concerns. College documentation indicates employers may be notified.

**Required actions:**

Nil.

## Appendix 1 – Membership of the 2021 accreditation team

Professor John Nacey (Chair of accreditation team)  
*Former Chair of MCNZ Education Committee and MCNZ board member*

Dr Sarah Nicolson  
*MCNZ Education Committee member*

Dr Warren Groarke  
*MCNZ Accreditation team member*

Ms Kath Fox  
*MCNZ board member*

Dr Andrew Curtis  
*Trainee, former MCNZ Education Committee member*

Ms Joan Simeon  
*Chief Executive, MCNZ*

Ms Emily Douglas  
*Manager – Accreditation and Standards, MCNZ*

Ms Krystiarna Jarnet  
*Senior Education Adviser, MCNZ*

## Appendix 2 – The Royal New Zealand College of Urgent Care key staff

<b>General Manager</b>	Mr Adrian Metcalfe
<b>Training Programme Coordinator</b>	Ms Alex Cristea
<b>Director of Clinical Training</b>	Dr David Sorrell
<b>Director of Professional Development</b>	Dr Guy Melrose
<b>Executive Committee member/ Chair</b>	Dr Kelvin Ward
<b>Board of Censors member</b>	
<b>Executive Committee member/ Secretary</b>	Dr Jasmine MacKay
<b>Convenor of Board of Censors</b>	
<b>Executive Committee member/ Treasurer</b>	Dr Stephen Adams
<b>Education Committee member</b>	
<b>Board of Censors member</b>	
<b>Professional Standards Committee member</b>	
<b>Executive Committee member</b>	Dr Ainsley Goodman
<b>Education Committee member</b>	
<b>Executive Committee member</b>	Dr Rain Lamdin
<b>Convenor of Education Committee</b>	
<b>Executive Committee member</b>	Dr Jude Walsh
<b>Convenor of Professional Standards Committee</b>	
<b>Executive Committee member</b>	Dr Alistair Sullivan
<b>Education Committee member</b>	
<b>Executive Committee member</b>	Dr Stephanie Claxton
<b>Executive Committee member</b>	Dr Matt Wright
<b>Executive Committee member</b>	Dr Dinesh Deonarain
<b>Executive Committee member</b>	Dr Sarah Gardiner
<b>Education Committee member</b>	
<b>Education Committee member</b>	
<b>Convenor Registrar Subcommittee</b>	
<b>Education Committee member</b>	Dr Tae Young Yoon
<b>Registrar Subcommittee member</b>	
<b>Registrar Subcommittee member</b>	Dr Adrienne Pimentel
<b>Registrar Subcommittee member</b>	Dr Kirin Tan

## Appendix 3 – List of submissions

The Australasian College of Emergency Medicine (ACEM)  
The Australian and New Zealand College of Anaesthetists (ANZCA)  
The Royal College of General Practitioners (RNZCGP)  
Primary Health Care Ltd  
White Cross  
General Practice  
University of Auckland  
Whanganui Regional Primary Health Organisation  
Hawke's Bay DHB  
Pasifika Medical Association Group

## Appendix 4 – Summary of the 2021 assessment programme

### 24 May – via Zoom

<b>Trainee meeting:</b>	Dr Megan Bailey Dr Emily Cole Dr Anand Parekh
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### 8 June – via Zoom

<b>Trainee meeting:</b>	Dr Alison Hamilton Dr Zilah Hamden Dr Helena Haggie Dr Rachel Lee
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### 14 June – via Zoom

<b>Education Committee Convenor:</b>	Dr Rain Lamdin
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<b>Past Education Committee Convenor:</b>	Dr William Kim
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<b>Director of Professional Development:</b>	Dr Guy Melrose
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<b>MLP Assessor:</b>	Dr Stephen Adams
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<b>Stakeholder meeting:</b>	<p>ACEM:</p> <ul style="list-style-type: none"> <li>• President</li> <li>• Executive Director – Education and Training</li> <li>• NZ Manager</li> </ul> <p>RNZCGP:</p> <ul style="list-style-type: none"> <li>• Manager CPD</li> </ul>
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### 15 June 2021 – via Zoom

<b>Opening meeting with Executive team:</b>	Mr Adrian Metcalfe, General Manager Dr Kelvin Ward, Chair Dr Ainsley Goodman, Executive Committee member Dr David Gollogly, Past Chair Dr Jasmine Mackay, Board of Censors Convenor Dr Rain Lamdin, Education Committee Convenor Dr David Sorrell, Director of Clinical Training Dr Guy Melrose, Director of Professional Development
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<b>Supervisor meetings:</b>	Dr Andy Dixon Dr Pip Story Dr Belinda Van Gruting Dr Gustav Fourie Dr Jude Walsh Dr Claire Russell Dr Selim Kabir Dr Peggie Naicker Dr Alistair Sullivan
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<b>Trainee meeting:</b>	Dr Sarah Gardiner, Executive Committee, Convenor RegSc, EdC Dr Tae Young Yoon, EdC, RegSc Dr Steph Claxton, ExC Dr Adrienne Pimentel, RegSc Dr Kirin Tan, RegSc Dr Antonio Calvo Castro (Irish trainee)
<b>Māori support group members</b>	Dr Sarah Gardiner, ExC, Convenor RegSc, EdC Dr Helena Haggie
<b>Stakeholder meeting:</b>	RNZCGP President
<b>16 June 2021 – at RNZCUC offices and via Zoom</b>	
<b>Meeting with Executive team</b>	Dr Kelvin Ward Dr Rain Lamdin Dr Ainsley Goodman Dr David Gollogly Mr Adrian Metcalfe Dr Guy Melrose Dr David Sorrell Office staff (for welcome)
<b>Meeting with Executive team (to feedback findings)</b>	Dr Kelvin Ward Dr Rain Lamdin Dr Ainsley Goodman Mr Adrian Metcalfe