Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

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

Date of assessment: 29 – 31 July 2025
Date of Council decision: 2 December 2025

Medical Council of New Zealand

Contents

Background 3

General Information 4

Programme information 4

Executive Summary 5

Summary of findings 7

Required actions ..... **Error! Bookmark not defined.**

Overall outcome of the accreditation assessment ..... **Error! Bookmark not defined.**

Accreditation standards 14

1 The context of training and education 14

2 The outcomes of vocational medical training 19

3 The vocational medical training and education framework 21

4 Teaching and learning 24

5 Assessment of learning 26

6 Monitoring and evaluation 29

7 Trainees 32

8 Implementing the programme: delivery of education and accreditation of training sites 36

9 Recertification programmes, further training and remediation 39

10 Assessment of international medical graduates for the purpose of vocational registration 42

Appendix 1 – Membership of the 2025 accreditation panel 43

Appendix 2 – NZCMM key staff 44

Appendix 3 – List of submissions on the NZCMM accreditation 45

Appendix 4 – Summary of the 2025 assessment programme 46

Background

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

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:

- 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
- respect the autonomy of the training provider, and acknowledge the expertise in, and achievements of, the training provider and its programme
- support and foster educational initiatives
- 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
- as a quality assurance mechanism, benefit prospective trainees, employers of the graduates of programmes and the New Zealand public by ensuring a highly skilled medical workforce.

Training providers are assessed against the MCNZ's *Accreditation standards for New Zealand training providers of vocational medical training and recertification programmes*.

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

General Information

Name of training provider:	The New Zealand College of Musculoskeletal Medicine (NZCMM)
Date of accreditation assessment:	29-31 July 2025
Accreditation assessment decision:	2 December 2025
Accreditation period granted:	31 August 2031
Date of last accreditation decision:	14 April 2021

Programme information

Scope:	Musculoskeletal medicine
Fellowship awarded:	Fellow of the NZ College of Musculoskeletal Medicine
Training programmes offered:	CAMM

Fellowship and membership categories	**Number**
Membership:	**18**
Associate membership:	**0**
Trainee membership:	**12**
Fellowship:	**29**
Life membership:	**1**
Fellow Emeritus	**6**

Executive summary

An accreditation panel of Te Kaunihera Rata o Aotearoa| Medical Council of New Zealand (MCNZ) has assessed the New Zealand College of Musculoskeletal Medicine (NZCMM) and its training and recertification programme against the 2022 *Accreditation standards for New Zealand training providers of vocational medical training and recertification programmes*.

The NZCMM was last accredited by MCNZ as a vocational training provider in 2021.

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

The accreditation panel recognises and acknowledges the NZCMM's essential role in the training of, and maintaining the education of, the specialist musculoskeletal workforce in Aotearoa New Zealand. The NZCMM undertakes this in the face of major societal and workforce pressures including significant demographic changes, increasing expectations as to levels of care, evolving technology capabilities, and cost of living issues. In addition, the NZCMM continues to promote the standing of vocational registration in musculoskeletal medicine in Aotearoa New Zealand.

The accreditation panel has identified several areas where the NZCMM is to be commended for the excellence of its endeavours in the provision of aspects of its training programme. Particularly noteworthy are the high levels of collegiality and the prevailing culture of the NZCMM, with prominence given to its educational role and responsibilities in the governance structure and throughout all activities of the college. Additional strengths include the flexibility of the training programme. The programme adopts a trainee-centred approach and invites substantial trainee input, and this is well received by the trainees. This will be further supported by improvements to trainee representation at governance level. The very substantive development of the curriculum and the introduction of several new assessments, including work-based assessments (WBA) and entrustable professional activities (EPA) is also to be commended. Finally, the recertification/continuing professional development (CPD) programme of the NZCMM is fit for purpose and is underpinned by Pacinian, a strong IT platform.

The accreditation panel did identify areas of vulnerability in provision of the NZCMM's training programme and has presented a number of required actions for the NZCMM's attention. In addition, several recommendations have been offered for the NZCMM's consideration, and these are also listed within the report.

Of great importance for the NZCMM will be its progress in meeting all aspects of the six-factor framework, with continued focus on the long-term viability and sustainability of the NZCMM's training programme in particular.

The NZCMM will need to continue to establish effective relationships with relevant Māori organisations including Māori health providers; and will be required to establish an effective relationship with community and consumer groups. While the NZCMM is endeavouring to embed cultural safety and health equity within the curriculum and through the vocational training programme, these key domains will be required to be consolidated within a structured and consistent approach.

The NZCMM must also:

- formally blueprint curriculum content across all major assessments and demonstrate that it uses valid methods of standard setting for determining passing scores, particularly for its multi-choice question examinations and its oral (viva voce) examination.

- clearly demonstrate formal processes to facilitate the training, support and professional development of college appointed supervisors, and establish formal evaluations of supervisors and assessors participating in the training programme.
- develop standards against which the training and graduate outcomes can be formally evaluated, and further to this, it will need to develop and implement a systematic monitoring and evaluation framework to strengthen the monitoring and evaluation approaches used in the training programme. Other aspects of monitoring and evaluation require delineation and incorporation in college processes.

In summation, the NZCMM provides for its trainees a positive and supportive environment, fostered by a close-knit college community. The attention of the NZCMM to the actions and recommendations within this report, will see the college continue to provide high quality education and training in the vocational scope of musculoskeletal medicine.

Summary of findings

Overall, the New Zealand College of Musculoskeletal Medicine has met 24 of the 35 sets of Council's 2022 *Accreditation standards for New Zealand training providers of vocational medical training and recertification programmes*.

16 required actions were identified, along with 15 recommendations and four commendations.

Standard		**2025 findings**	**Required actions**
1 – The context of training and education	1.1 Governance	Substantially met	4
	1.2 Programme management	Substantially met	
	1.3 Reconsideration, review and appeals processes	Met	
	1.4 Educational expertise and exchange	Met	
	1.5 Educational resources	Met	
	1.6 Interaction with the health sector	Substantially met	
	1.7 Continuous renewal	Met	
2 – The outcomes of vocational medical training	2.1 Educational purpose	Substantially met	1
	2.2 Programme outcomes	Met	
	2.3 Graduate outcomes	Met	
3 – The vocational medical training and education framework	3.1 Curriculum framework	Met	1
	3.2 The content of the curriculum	Substantially met	
	3.3 Continuum of training, education and practice	Met	
	3.4 Structure of the curriculum	Met	
4 – Teaching and learning	4.1 Teaching and learning approach	Met	1
	4.2 Teaching and learning methods	Substantially met	
5 – Assessment of learning	5.1 Assessment approach	Met	2
	5.2 Assessment methods	Not met	
	5.3 Performance feedback	Met	
	5.4 Assessment quality	Met	
6 – Monitoring and evaluation	6.1 Monitoring	Met	4
	6.2 Evaluation	Not met	
	6.3 Feedback, reporting and action	Substantially met	
7 – Trainees	7.1 Admission policy and selection	Met	0
	7.2 Trainee participation in training provider governance	Met	
	7.3 Communication with trainees	Met	
	7.4 Trainee wellbeing	Met	
	7.5 Resolution of training problems and disputes	Met	
8 – Implementing the programme: delivery of education and accreditation of training sites	8.1 Supervisory and educational roles	Not met	3
	8.2 Training sites and posts	Substantially met	

Standard		2025 findings	No. of required actions
9 – Recertification programmes, further training and remediation	9.1 Recertification programmes 9.2 Further training of individual vocationally registered doctors 9.3 Remediation	Met Met Met	0
10 – Assessment of specialist international medical graduates for the purpose of provisional vocational registration	10.1 Assessment framework 10.2 Assessment methods	Met Met	0

Required actions

Required action	Standard
1. The NZCMM must establish and implement a process for filling the trainee representative position on its Executive Committee.	**The context of training and education – Governance** **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.
2. The NZCMM must demonstrate its viability, in accordance with the factors in the six-factor framework.	**The context of training and education – 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 SIMGs • 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.
3. The NZCMM must establish effective relationships with community / consumer groups.	**The context of training and education – 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.

4. The NZCMM must establish effective relationships with relevant Māori organisations, including Māori health providers.	**The context of training and education – Interaction with the health sector** **1.6.4 -** The training provider has effective partnerships with Māori health providers to support vocational medical training and education.
5. The NZCMM must utilise its stakeholder engagement policy to systematically engage with relevant external stakeholders, including Māori advisers and health consumers, on its definition of its educational purpose.	**The outcomes of vocational medical training – Educational purpose** **2.1.4 -** In defining its educational purpose, the training provider has consulted internal and external stakeholders.
6. The NZCMM must implement a comprehensive teaching plan for culturally safe practice in hauora Māori.	**The vocational medical training and education framework – The content of the curriculum** **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. 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.
7. The NZCMM must design and implement educational opportunities for trainees to develop their cultural safety competency and critical self-reflection, so that they may deliver culturally safe care.	**Teaching and learning – Teaching and learning methods** **4.2.5 -** The training provider has processes that ensure that trainees receive the supervision and opportunities to develop their cultural safety and reflect on their unconscious bias in order to deliver patient care in a culturally-safe manner.
8. The NZCMM must develop and implement formal blueprinting of the curriculum across all the assessments within the training programme.	**Assessment of learning – Assessment methods** **5.2.2 -** The training provider has a blueprint to guide assessment through each stage of the vocational medical training programme.
9. The NZCMM must develop and implement formalised standard setting for determining passing scores for its summative assessments.	**Assessment of learning – Assessment methods** **5.2.3 -** The training provider uses valid methods of standard setting for determining passing scores.

10. The NZCMM must develop standards against which the training and graduate outcomes can be formally evaluated.	**Monitoring and evaluation – 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.
11. The NZCMM must develop and implement a systematic monitoring and evaluation framework to strengthen its monitoring and evaluation approaches.	**Monitoring and evaluation – Evaluation** **6.2.2 -** The training provider collects, maintains and analyses both qualitative and quantitative data on its programme and graduate outcomes.
12. The NZCMM must provide evidence of external stakeholder contribution to the evaluation of programme and graduate outcomes.	**Monitoring and evaluation – Evaluation** **6.2.3 -** Stakeholders contribute to evaluation of programme and graduate outcomes.
13. The NZCMM must establish structured external stakeholder consultation and reporting processes, and ensure feedback and outcomes are shared with those stakeholders.	**Monitoring and evaluation – Feedback, reporting and action** **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).
14. The NZCMM must establish a formal process to facilitate the training, support, and professional development of instructors, supervisors and assessors.	**Implementing the programme: delivery of education and accreditation of training sites – Supervisory and educational roles** **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. **8.1.5 -** 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.

15. The NZCMM must establish a formal process to evaluate instructors, supervisors and assessors, which must include mechanisms to ensure confidentiality and manage conflicts of interest.	**Implementing the programme: delivery of education and accreditation of training sites – Supervisory and educational roles** **8.1.4 -** The training provider routinely evaluates supervisor effectiveness including feedback from trainees. **8.1.6 -** The training provider routinely evaluates the effectiveness of its assessors including feedback from trainees.
16. The NZCMM must implement formal ongoing monitoring of training sites and facilities, particularly those utilising remote instructors. Monitoring criteria should be publicly available and include explicit measures of culturally safe practice.	**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.

Accreditation decision

In November 2025, Te Rōpū Mātauranga | The Education Committee of Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) considered this report and resolved that:

- the overall outcome of the accreditation assessment of the NZCMM is **'substantially met'**, and
- the NZCMM's accreditation as a vocational medical training and recertification provider for the vocational scopes of general practice and rural hospital medicine, is extended to **31 August 2031**, subject to the following conditions:
  - the NZCMM must provide progress reports that satisfy the Council that its required actions have been addressed, by the dates specified by the Council
  - the NZCMM must provide annual reports for the period of its accreditation.

Accreditation standards

1 The context of training and education

1.1 Governance	
1.1.1	The vocational medical training provider's (training provider's) corporate governance structures are appropriate for the delivery of vocational medical specialist programmes, recertification programmes and the assessment of international medical graduates (IMGs).
1.1.2	The training provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.
1.1.3	The training provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.
1.1.4	The training provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.
1.1.5	The training provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.
1.1.6	The training provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

1.1 Governance	Met	Substantially met	Not met
Rating		X	

Summary of findings:

The NZCMM has appropriate governance arrangements for the planning and delivery of a high-quality vocational medical education and training programme. The new constitution (adopted March 2025) sets a clear and appropriate purpose; 'to encourage, foster and maintain the highest standards for medical care within the scope of musculoskeletal medicine', with specific reference to reducing health inequalities and improving access to musculoskeletal pain management and improving musculoskeletal health for New Zealand's diverse populations.

The main oversight bodies of the NZCMM are the Executive Committee (responsible for governance, policy and funding) and the Education and Training Committee, which oversees the training and continuous professional development (CPD) functions of the College. The Board of Censors is responsible for examinations and election to Fellowship and the CPD Committee is responsible for oversight of the NZCMM's CPD and recertification programme.

There is a good mix of experience and expertise on the committees, but the older age of key members and the voluntary nature of their contributions is an area of vulnerability. There is provision for a trainee member and for one or more independent community members on the Executive Committee, but these positions are not currently filled so two key groups are not currently represented in decision-making at the highest levels of the NZCMM.

The NZCMM has improved the structure and content of the training programme, with a new curriculum / syllabus (adopted June 2025) drawing on the CanMEDS model and based on attainment of entrustable professional activities (EPAs) that reflects the broad areas of required clinical expertise and workplace-based assessments (WPAs) linked to individual milestones for each EPA.

A robust strategic plan for 2024-27 is in place, with key strategic goals mapped to the six-factor framework as described in the accreditation standards, with clear actions identified for each strategic pillar. The plan is reviewed annually.

The NZCMM seeks to collaborate with groups and other organisations with skills and expertise relevant to its training and education functions. Positive developments since the 2021 accreditation include joining the Council of Medical Colleges (CMC) and some links with the Royal New Zealand College of General Practitioners, the Australasian College of Sport and Exercise Medicine, the Royal New Zealand College of Urgent Care and the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists.

There are appropriate procedures for managing conflicts of interest. However, the Conflict of Interest section of the Terms of Reference for the Executive Committee should make it clear that if a conflicted member is permitted to contribute to any discussion, they must leave after contributing and therefore abstain from the decision-making.

Commendation:

- The NZCMM is commended for engaging with and appointing a Kaumātua/Pou Herenga to its Executive leadership structure.

Recommendations:

- The NZCMM should review the terms of reference for the Executive Committee to provide for one independent / community representative (with skills and competencies to complement current membership).
- The NZCMM should include in the terms of reference for the Executive Committee a statement that makes clear that if a conflicted member is permitted to contribute to the discussion, they must leave after contributing and abstain from the decision.

Required action:

1. The NZCMM must establish and implement a process for filling the trainee representative position on its Executive Committee (standard 1.1.3).

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 SIMGs
- certifying successful completion of the training and education programmes
- reporting on the six-factor framework on the viability of the vocational training provider as part of its accreditation process.

1.2 Programme management

	Met	Substantially met	Not met
Rating		**X**	

Summary of findings:

The NZCMM has appropriate structures for planning and delivery of its education and training programme, with leadership from a highly experienced Director of Training and Censor-in-Chief, and oversight from an Education and Training Committee with appropriate expertise and a trainee member.

Designing and implementing a new curriculum has been a major focus for the NZCMM during 2023-2025 and an impressive new CPD and Training platform, Pacinian, has been implemented.

The minutes of the Executive Committee and the Education and Training Committee reflect a strong operational focus with close oversight of the training programme. The NZCMM leadership is aware of succession planning concerns, with Fellows retiring in the next five years, and the limited capacity to grow the trainee base.

Regular reporting on progress at the Executive Committee on meeting the actions identified in the Six-Factor framework strategic pillars, in particular Critical Mass and Sustainable Base, would enhance the programme oversight.

Required action:

2. The NZCMM must demonstrate its viability, in accordance with the factors in the *Six-Factor framework* (standard 1.2.1).

1.3 Reconsideration, review and appeals processes

1.3.1 The training provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.

1.3.2 The training provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

1.3 Reconsideration, review and appeals processes

	Met	Substantially met	Not met
Rating	X		

Summary of findings:

The NZCMM has a comprehensive Formal Disputes, Reconsideration and Appeals Resolution policy with guidance for trainees in the Training Manual. The advantage of having a relatively small cohort of trainees is that the Director of Training can keep a close eye on training and help resolve any issues (such as a poor fit between a trainee and supervisor). However, a risk is that it may be difficult to maintain confidentiality.

The NZCMM has processes in place for evaluating de-identified appeals and complaints to determine if there are any systems issues or concerns.

The NZCMM utilises the role of instructor and mentor, alongside the supervisor role. Instructors provide clinical instruction to trainees and are responsible for administering the WPAs. Mentors provide pastoral support to trainees, and supervisors are responsible for guiding trainees through the learning and experience requirements of the training programme.

Trainees report that, if necessary, an issue with their instructor can be raised with their mentor, and an issue with their supervisor can be raised with the Director of Training. These escalation pathways appear to work, and issues are usually resolved.

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:

In 2021, the college was required to increase the educational expertise in its vocational training programme design and development. The NZCMM has now done this. The NZCMM has supplemented its internal educational expertise with external educational expertise who have been engaged as advisors

in developing the new curriculum and assessment processes. It is unclear to what extent other colleges had input into development of the new curriculum. The pre-requisite Diploma course taught by the University of Otago courses were reviewed in 2021 – as with all aspects of the training programme, this pre-requisite should be reviewed at appropriate intervals.

The NZCMM recognises that it has ongoing work to ensure that evaluation of its training and education activities are fit for purpose. This is considered further in relation to Standard 6.

The NZCMM reports that its membership of the CMC is enabling it to build collaborative relationships with other colleges.

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 NZCMM uses WikiMSK, its online education resource, which is a moderated and evidence-based reference and learning guide in musculoskeletal medicine. It also has developed Pacinian, which is the NZCMM's ePlatform for the ePortfolio record system.

The accreditation panel was impressed by the commitment of the Censor-in-Chief, Director of Training, and the Education and Training and CPD committees to the delivery of the NZCMM training and education functions, supported by an efficient Executive Officer. It will be important to continue to bring on new Fellows to sustain the delivery of training and education.

Commendation:

- The NZCMM is commended for the development of WikiMSK and Pacinian, which are excellent new educational resources for highlighting developments and best practice in musculoskeletal medicine for trainees and Fellows and, in relation to WikiMSK, other health practitioners and interested members of the public.

1.6 Interaction with the health sector

1.6.1 The training provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of vocationally registered doctors through recertification.

1.6.2 The training provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.

1.6.3 The training provider works with training sites and jurisdictions on matters of mutual interest.

1.6.4 The training provider has effective partnerships with Māori health providers to support vocational medical training and education.

1.6 Interaction with the health sector

	Met	Substantially met	Not met
Rating		**X**	

Summary of findings:

As noted above, the NZCMM has joined the CMC since the 2021 accreditation, enabling regular contact with other colleges, sharing of resources (e.g., in relation to cultural safety) and discussion of common issues. A stakeholder engagement policy is now in place. The NZCMM funds and supports members attending the Te ORA annual hui-a-tau.

The NZCMM has appropriately developed stakeholder engagement plans for key stakeholders. There is no process in place for engagement with community or consumer groups.

The NZCMM works effectively with training sites to enable clinicians to contribute to teaching, supervision, and to foster professional development. Equally the NZCMM works effectively, and often proactively, with training sites and jurisdictions on matters of mutual interest.

Public funding for education and training remains a challenge. ACC funds a high proportion of musculoskeletal medicine consultations, but feedback to the NZCMM is limited. Health New Zealand | Te Whatu Ora has been unresponsive to attempts by the NZCMM to engage thus far.

The NZCMM has not yet established effective relationships with Māori health organisations. The recent appointment of a Kaumātua / Pou Herenga for the purpose of supporting and providing the NZCMM with appropriate advice and assistance regarding Māori tikanga, cultural safety and strategic and operational developments, such as input and review of plans and policies, is a positive step that should help build links.

Recommendation:

- The NZCMM should establish a relationship with Health New Zealand | Te Whatu Ora to enable it to advocate for public funding for trainees and inclusion of musculoskeletal medicine in publicly funded pain services.

Required actions:

3. The NZCMM must establish effective relationships with community / consumer groups (standard 1.6.1).
4. The NZCMM must establish effective relationships with relevant Māori organisations, including Māori health providers (standard 1.6.4).

1.7 Continuous renewal

1.7.1 The training provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

1.7 Continuous renewal			
	Met	Substantially met	Not met
Rating	**X**		

Summary of findings:

The NZCMM regularly reviews its resource allocation to training and education functions, with Fellows providing a great deal of time and commitment to help ensure this occurs.

As part of the NZCMM's continuous quality improvement, it will be important to formally evaluate the effectiveness of the education and training programme and the new curriculum and make any necessary adjustments. This is discussed further under Standard 6.

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. 2.1.3 The training provider's purpose addresses health equity. 2.1.4 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:

The NZCMM rewrote and ratified its Constitution in 2025. Its new educational purpose is clearly defined within the constitution, which includes setting and promoting high standards of training, education, and medical practice. The educational purpose is also reiterated in the College's Strategic Plan 2024-2027 and the curriculum.

Māori health and health equity are addressed in the educational purpose, including:

- promoting solutions to health inequalities
- promoting patient-centred care that considers the patient's whānau and cultural context
- improving access to musculoskeletal health for all diverse populations of Aotearoa New Zealand.

While the NZCMM has undertaken comprehensive consultation with internal stakeholders on its definition of its educational purpose, further engagement is needed with external stakeholders, such as other colleges, Māori advisory groups, and health consumers.

Required action:

5. The NZCMM must utilise its stakeholder engagement policy to systematically engage with relevant external stakeholders, including Māori advisers and health consumers, on its definition of its educational purpose (standard 2.1.4).

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 and the achievement of health equity. 2.2.2 The programme outcomes are based on the role of the vocational scopes of practice and the role of the vocationally registered doctor in the delivery of health care.

2.2 Programme outcomes			
	Met	Substantially met	Not met
Rating	**X**		

Summary of findings:

The NZCMM has one vocational training programme in musculoskeletal medicine. The College's Curriculum has clearly defined programme outcomes, which are also set out in the Training Manual.

The programme outcomes are based on, and specific to, the vocational scope of musculoskeletal medicine. They describe combining advanced knowledge of musculoskeletal science, with specialist

clinical expertise in diagnosis and management of musculoskeletal disorders, including a specified set of clinical skills.

The programme outcomes also set out the role of a musculoskeletal medicine specialist in the delivery of health care in the community, in that it refers to providing a holistic approach to diagnosis and management of musculoskeletal issues where other forms of treatment have failed.

2.3 Graduate outcomes

2.3.1 The training provider has defined graduate outcomes for each of its vocational medical training programmes including any sub-specialty disciplines or the recognition of advanced skills programmes. These outcomes are based on the vocational scope of practice and the vocationally registered doctor's role in the delivery of health care and describe the attributes and competencies required by the vocationally registered doctor in this role. The training provider makes information on graduate outcomes publicly available.

2.3 Graduate outcomes

	Met	Substantially met	Not met
Rating	**X**		

Summary of findings:

The graduate outcomes of the NZCMM's training programme are set out in its curriculum and training manual, which are publicly available online.

These outcomes are divided into eight domains 'roles of practice', which describe the attributes and competencies required by a doctor registered in the vocational scope of musculoskeletal medicine. The minimum learning outcomes for each domain are clearly defined and include commitments to professional responsibilities, ongoing self-reflection and the delivery of culturally safe care.

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:

The NZCMM has a publicly available curriculum, based upon the CanMEDS Physician Competency Framework, with Culturally Safe Practitioner across all roles.

The curriculum clearly articulates the programme and expected outcomes for its graduates.

The curriculum has been extensively revised, representing a significant advance in curriculum description and evaluation of learning outcomes. The user group and interested party feedback is to be collated in the first half of 2026.

Commendation:

- The NZCMM is commended on developing its curriculum, which is well-structured and built on competency-based principles and work-based assessment.

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, cultural, 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, equitable 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. 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.

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 content of the curriculum aligns with the vocational training programme and expected outcomes. It describes the scientific basis for practice. Safe patient-centred practice is foremost and the importance of non-technical skills, central to competent specialist practice, is emphasised. The pivotal place of scientific enquiry is recognised along with evidence-based practice.

The new curriculum acknowledges the key importance of the determinants of Māori health inequities in achieving Māori health equity. The NZCMM recognizes "more is yet to be done" within the vocational training programme. A greater emphasis should be placed upon supporting trainees as they develop a practice that is both culturally safe and competent. Reflective practices are established within the training programme but could be developed further to allow greater awareness of one's own cultural beliefs, whilst also benefiting appropriate cultural behaviours that facilitate patient interactions.

Whilst there are now defined graduate and learning outcomes in cultural competency and safety, the implementation of a more comprehensive teaching plan is required to enable this.

Recommendation:

- The NZCMM should place more emphasis on developing greater trainee understanding of their own cultural background and that of their patients to enhance patient care.

Required action:

6. The NZCMM must implement a comprehensive teaching plan for culturally safe practice in hauora Māori (standard 3.2.9).

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 vertical and horizontal integration within the curriculum and appropriate policy supports the recognition of prior learning. Following achievement of Fellowship, extended scope training is vertically integrated but requires further practical integration with respect to training and recertification as the implementation of the new curriculum progresses.

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:

Training milestones and competence levels are clearly identified and articulated. They are progressive through training. As a community-based programme where trainees are not publicly funded, flexibility in training is both required and present. Expected progress is defined in both time and competence with four years generally expected as the time required to complete the programme and two years the absolute minimum, although further consideration of a maximum time is needed. Elective experience is both available and encouraged.

As a more culturally diverse training group is anticipated in future, it will be vital to ensure the vocational training programme remains sensitive to the cultural needs of trainees and value their contribution, but also ensure they are not overly burdened/loaded.

Recommendation:

- The NZCMM should consider setting a maximum time requirement for trainees to complete the vocational training programme.

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:			

Training in musculoskeletal medicine comprises two components.

Part A of the programme is knowledge based, involving the completion of the postgraduate diploma in musculoskeletal medicine. Trainees must have completed two papers in the diploma, MSME 701 and 709 prior to admission to the training programme.

Part B involves gaining hands-on experience at college-accredited training sites. Trainees complete workplace assessments (WPAs), entrustable professional activities (EPAs) and supervisor reports (SRs). Generally, trainees drive their own vocational education journey particularly with EPAs where they can attain and record learning activities via Pacinian.

Part A is usually completed concurrently with part B of the programme, although it can be completed in full prior.

Trainees are supported by a mentor who is usually based off-site and provides pastoral support, and a supervisor who is usually based off-site and monitors EPAs, assessments and provides academic and training guidance to trainees during their programme and an instructor who is usually on-site and provides clinical supervision, completion of WPAs and support with procedures and patient care. Trainees also complete reflective reports, structured seminars, plus annual training meetings.

Trainees shared positive experiences of the new curriculum with the accreditation panel, although some nervousness was noted as to the implementation of the new curriculum and its impact on trainees who have been used to the previous version. The teaching methods are mapped to the curriculum.

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 safety and reflect on their unconscious bias 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 methods appropriately vary, as the training programme contains a mixture of self-directed learning or can be more formally taught. Part B of the programme is practice-based and involves trainee participation in directly supervised patient care. Instructors are usually based at the same site as a trainee and will see every patient that the trainee sees. There were a few instances of remote trainees without onsite instructors however, these trainees were vocationally registered fellows of the Royal New Zealand College of General Practitioners (RNZCGP) with evidenced development of advanced competencies as measured by EPAs. In addition, a plan for weekly reports from the trainee and the remote instructor, and annual site visits by the NZCMM Education and Training Committee are required prior to their site being approved.

In addition to practice-based teaching, most formal training is delivered in person at symposia or through residential, in-person courses as part of the diploma. Instructors role model procedures to trainees at training sites and during the diploma at residential courses. Typically, immediate clinical supervision blends with progressive autonomy as competence develops.

Case-based discussions, reflective practice activities, peer review process and interdisciplinary meetings are integrated within training. Examples of these activities include journal clubs, and trainee presentations at the quarterly symposia. Activities are logged on Pacinian which is accessible to relevant parties and is an appropriate adjunct to training along with the WikiMSK site. Trainees progressively log their activities and evaluate their progress using EPAs on Pacinian, giving a high degree of autonomy with oversight from their supervisor, instructor, mentor and the NZCMM Director of Training (DoT).

The NZCMM has provided a cultural safety workshop at a weekend retreat held in the past twelve months. There are plans to provide further training in cultural safety, but these have not been formalised. These plans should utilise the documented resources within the NZCMM and the curriculum (including the recently appointed Kaumātua) to work with Trainees and Fellows, thus promoting training in hauora Māori, across the curriculum. There is also a need to explicitly incorporate reflection on bias into teaching and learning activities. Training resources have been identified within the curriculum. As the NZCMM addresses the cultural safety and competency requirements of training, emphasis should also be placed on implicit and explicit biases that impact patient centred care.

Required action:

7. The NZCMM must design and implement educational opportunities for trainees to develop their cultural safety competency and critical self-reflection, so that they may deliver culturally safe care (standard 4.2.5).

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:

The NZCMM has invested heavily in redeveloping its curriculum and now has excellent alignment with the graduate outcomes for its training programme. External independent expertise was sought in this process, and the curriculum is appropriately based on the CanMEDS framework of professional domains. In addition, the NZCMM has developed a bespoke online training platform, its e-portfolio including Pacinian, for both trainees, and their supervisors of all kinds, to guide training and to allow recording of data and interaction throughout the training programme. This application has only recently been released and continues to be developed but is clearly a product of high quality with indicators being that it will serve its purposes extremely well.

The assessments within the training programme have undergone evolution particularly in respect to the formative assessments. The entrustable professional activities (EPAs) and the workplace-based assessments (WPAs) have been thoroughly developed with strong reference to the curriculum and are being systematically incorporated within the training programme. In terms of summative assessments, the postgraduate Diploma of Musculoskeletal Medicine (Otago) is well established with certain papers mandatory for college trainees. There is also facility for trainees to pursue other subject matters and avenues in their education and training. Other summative assessments include the written multichoice question (MCQ) papers and the final exit oral examination. There have been no major changes in these summative assessments over recent years.

The NZCMM clearly documents its assessment and completion requirements for the training programme, and all documentation is accessible to all relevant parties.

The NZCMM has appropriate policies relating to special consideration in assessment. Of note are the flexible training policy and the policy addressing trainees with long-term disabilities or other short-term special needs.

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 assessment programme does contain a range of methods that are fit for purpose and most certainly assess trainee performance in the workplace.

While the NZCMM has taken extensive steps to redevelop its curriculum and to ensure that graduate outcomes relate to the curriculum, there are still shortcomings in terms of formal blueprinting to guide assessment through each stage of the training programme. The NZCMM does not have a systematic approach to blueprinting, and this will need to be addressed to provide assurance as to the coverage of the curriculum content within the assessment programme. The NZCMM should seek external expert advice to guide such development as necessary.

Where the programme's summative assessments are concerned, there is a strong reliance on the professional standards and judgement of the assessors in defining the expected standard required for trainees to pass the assessments. While professional judgement always has a place in defining standards, the NZCMM does not have substantive methods for formalised standard setting to determine passing scores for the written examinations, or for the oral exit examination. In the context of a vocational training provider, the NZCMM should consider external expert advice to help guide the development of the required level of standard setting for these summative assessments.

Required actions:

8. The NZCMM must develop and implement formal blueprinting of the curriculum across all of the assessments within the training programme (standard 5.2.2).
9. The NZCMM must develop and implement formalised standard setting for determining passing scores for its summative assessments (standard 5.2.3).

5.3 Performance feedback

5.3.1 The training provider facilitates regular and timely feedback to trainees on performance to guide learning.

5.3.2 The training provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.

5.3.3 The training provider has processes for early identification of trainees who are not meeting the outcomes of the vocational medical training programme and implements appropriate measures in response.

5.3.4 The training provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

5.3 Performance feedback

	Met	Substantially met	Not met
Rating	**X**		

Summary of findings:

The NZCMM facilitates regular and timely feedback to its trainees on performance to guide learning. The Pacinian e-portfolio is an excellent tool for facilitating this feedback.

Unsuccessful examination candidates receive feedback via a telephone call from the Censor-in-Chief within 24 hours. This should be supplemented with written feedback.

The NZCMM provides information to its supervisors as to the performance of the trainees for whom they are responsible. The NZCMM also has processes for early identification of trainees who are not meeting the expected outcomes of the programme, through its tiered system of supervision, and through its Education and Training Committee. Equally, through these mechanisms NZCMM can implement appropriate measures in response to any concerns relating to trainee progress and performance.

The NZCMM has procedures to inform the Medical Council of New Zealand if there are concerns as to patient safety arising within trainee assessments. Likewise, the NZCMM has procedures to inform employers within programme training sites of any such concerns.

Recommendation:

- The NZCMM should provide written feedback, as well as the current oral feedback to unsuccessful examination candidates, to enable them to exercise their reconsideration and appeal rights, should they choose to do so.

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 NZCMM has systems to review the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. Mechanisms include a robust electronic portfolio, central oversight committees and continuous quality improvement activities. The NZCMM will, however, need to consider how it puts in place systematic and regular review of the quality, consistency and fairness of its assessment methods.

The NZCMM maintains comparability of its assessment practices and standards across its training sites. The recently introduced e-portfolio will provide further opportunity to cement and confirm such comparability across training sites. In addition formal blueprinting of the curriculum across all assessments will further strengthen comparability across sites.

Recommendation:

- The NZCMM should consider how it puts in place systematic and regular review of the quality, consistency and fairness of its assessment methods.

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:

The NZCMM has both formal and informal review processes for its training and education programme, with reporting through their governance structures. This includes policy and committee terms of reference reviews, incident reporting, surveys, and direct and indirect feedback.

The NZCMM has recently undertaken a substantive review and renewal of the curriculum which will now be subject to continuous renewal. This included a more limited review and mapping of content of the University of Otago's Diploma of Musculoskeletal Medicine. The NZCMM reviews its college-led training activities and has recently implemented a regular review of trainee progress, which will be facilitated by reporting from the new Pacinian e-portfolio.

There was clear evidence of changes to the training programme because of review processes, including the new curriculum, a remote supervision initiative, and workplace-based assessments to be introduced in 2026. The panel noted that trainees were supportive of the process by which the new curriculum requirements were introduced and did not feel disadvantaged. The NZCMM has plans to monitor, evaluate and report on these significant changes.

Supervisors and instructors contribute to monitoring and programme development, often directly at a governance level or more informally via the Director of Training.

Trainees are encouraged to contribute to monitoring and programme development, including changes to the training programme. Mechanisms to do so include direct feedback to the Education and Training Committee via the trainee representative, surveys after college-led training and education activities, and at quarterly supervision meetings. A recent Small Group Instructional Feedback workshop with an external provider resulted in development of a quality plan for education and training.

The panel noted that although trainees have opportunities to provide feedback on the quality of supervision provided by their instructors, the NZCMM does not routinely seek feedback about supervisors.

The NZCMM is responsive to trainee feedback and provided examples whereby trainee feedback on negative marking led to a significant change in assessment processes, and remote supervision was implemented.

Commendation:

- The NZCMM is commended on its implementation of Small Group Instructional Feedback workshop with an external consultant to gather trainee feedback.

Recommendation:

- The NZCMM should consider implementation of a regular and formalised feedback mechanism for trainees across all levels of supervision.

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 NZCMM does not have standards against which its programme and newly defined graduate outcomes are evaluated.

In addition, the NZCMM does not formally collect data on new Fellows to ascertain training gaps, although the panel noted the NZCMM's intention to implement practice visits 18 months after Fellowship. As such, the fitness of purpose of the training programme has not yet been established. Similarly, the NZCMM does not explore whether the needs of graduates, such as their preparedness to practise, or community needs and expectations, are being understood and met.

The NZCMM does not have a systematic process or clearly defined evaluation cycles for the review of its training policies, procedures and changes to the training programme. The NZCMM must develop and implement a monitoring and evaluation framework to guide meaningful monitoring, evaluation and reporting.

The panel noted that data from the new Pacinian e-portfolio and further internal (i.e., membership) engagement will likely aid analysis of programme and graduate outcomes. However, the NZCMM needs to ensure a wide group of external stakeholders, including consumers, can also provide input and perspectives on programme and graduate outcomes.

Required actions:

10. The NZCMM must develop standards against which the training and graduate outcomes can be formally evaluated (standard 6.2.1).
11. The NZCMM must develop and implement a systematic monitoring and evaluation framework to strengthen their monitoring and evaluation approaches (standard 6.2.2).
12. The NZCMM must provide evidence of external stakeholder contribution to the evaluation of programme and graduate outcomes (standard 6.2.3).

6.3 Feedback, reporting and action

6.3.1 The training provider reports the results of monitoring and evaluation through its governance and administrative structures.

6.3.2 The training provider makes evaluation results available to stakeholders with an interest in programme and graduate outcomes, and considers their views in continuous renewal of its programme(s).

6.3.3 The training provider manages concerns about, or risks to, the quality of any aspect of its training and education programmes effectively and in a timely manner.

6.3 Feedback, reporting and action

	Met	Substantially met	Not met

Rating		X	

Summary of findings:

The Executive Committee reviews monitoring and evaluation reports related to the training programme and the information is shared with members in quarterly newsletters, email, at symposia or training days and in the NZCMM's annual report.

The NZCMM has acknowledged ongoing difficulty in external engagement and plans to mitigate this, including more targeted consultation on the continuous renewal of the curriculum. As the NZCMM's new stakeholder engagement plans are utilised the NZCMM must develop a structured process by which the outcomes are reported back to those who have provided input to the monitoring process.

The NZCMM has a risk register and a well-established incident reporting system for incidents that may impact the training and recertification programmes. This process is reviewed, evaluated and reported. Trainees were aware of the process for notifying concerns.

Required action:

13. The NZCMM must establish structured external stakeholder consultation and reporting processes, and ensure feedback and outcomes are shared with those stakeholders (standard 6.3.2).

7 Trainees

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 and can be consistently applied. These policies are publicly available.
7.1.2	The processes for selection into the vocational medical training programme: • use the published criteria and weightings (if relevant) based on the training provider's selection principles • are evaluated with respect to validity, reliability, feasibility • are transparent, rigorous and fair • are free from discrimination and bias • are capable of standing up to external scrutiny • include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.
7.1.3	The training provider ensures equitable recruitment and selection of trainees who identify as Māori.
7.1.4	The training provider publishes the mandatory requirements of the vocational medical training programme, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.
7.1.5	The training provider monitors the consistent application of selection policies across training sites and/or regions.

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

Summary of findings:

The NZCMM has clear, documented selection policies and principles that guide admission of trainees, and these are available on their website. The processes for selection into training are appropriate. Candidate applications are first reviewed by the Education and Training Committee, led by the Director of Training, then potential trainees are invited to Auckland for an in-person interview. The application process is centralised and currently takes place once per year although there are informal plans to increase this to two intakes per year. Monitoring and evaluation of the application process does not yet formally occur.

The curriculum and training manual are also publicly available via the website and contain information on exemption processes. Individualised training plans are devised once a trainee is accepted, enabling trainees to meet requirements with minimal disruption to their lives. Unsuccessful candidates can appeal a decision under the formal disputes, reconsideration and appeals policy. Trainees shared positive experiences of the application process citing that it was straightforward to apply.

Trainees are recruited primarily by word of mouth. The NZCMM allows doctors including specialist general practitioners developing a special interest in musculoskeletal medicine to become members. Once doctors become members they are able to access college training and educational events. The NZCMM allows interested doctors to attend weekend symposia, held bi-annually, to gain exposure to musculoskeletal medicine. One year's free membership of the NZCMM may be offered to interested doctors who are considering a career in musculoskeletal medicine and demonstrate some form of hardship.

Representatives of the NZCMM have been attending Te Ora Hui-ā-Tau annually as part of their recruitment strategy and to engage with Māori health professionals. However, it does not yet have a

recruitment strategy for trainees who identify as Māori. Of note however, regular college activities are furthering recruitment of a diverse range of medical practitioners to the vocational discipline of musculoskeletal medicine that aims to reflect the diversity of Aotearoa New Zealand society.

Recommendation:

- The NZCMM should explore potential strategies to recruit trainees who identify as Māori.

7.2 Trainee participation in training provider governance

7.2.1 The training provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

7.2 Trainee participation in training provider governance			
	Met	Substantially met	Not met
Rating	**X**		

Summary of findings:

There is an elected position for a trainee representative on the Education and Training Committee. This trainee is included in relevant discussions and reported that their input was valued in meetings. There is a standing agenda item for trainee issues at the Education and Training Committee meetings where the trainee representative has enough allocated time to speak.

Trainees felt well informed about the training programme, decision making structures and college governance. Trainees used WhatsApp and other acceptable methods of communication to raise issues with their representative to be taken to the Education and Training Committee. However, trainees were unaware that there is a position on the Executive Committee for a trainee representative, and expressed interest in running for this vacant position.

7.3 Communication with trainees

7.3.1 The training provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.

7.3.2 The training provider provides clear and easily accessible information about the vocational medical training programme(s), costs and requirements, and any proposed changes.

7.3.3 The training provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

7.3 Communication with trainees			
	Met	Substantially met	Not met
Rating	**X**		

Summary of findings:

The NZCMM has key governance structures of the Education and Training Committee and the College Executive Committee. The college has one staff member who sits as a non-voting, Executive Officer on the Executive Committee. The staff member as well as members of the Executive and Education and Training Committees take an active role in reporting back to trainees by email, by phone, in-person and through WhatsApp. The trainee representative on the Education and Training Committee specifically uses WhatsApp while other communication channels are employed by all. Trainees were satisfied with methods of communication, openness and transparency from the college.

The NZCMM provides clear and easily accessible information about training including costs involved, requirements and proposed changes. These are accessible on the college website and Pacinian. The college staff member is readily accessible as is the Director of Training. Additionally, trainees are aware of their training status and complete quarterly reports with their supervisors. These reports are signed off by trainees and monitored by the Education and Training Committee and the Director of Training.

7.4 Trainee wellbeing

7.4.1 The training provider promotes strategies to enable a supportive learning environment.

7.4.2 The training provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

7.4.3 The training provider ensures a culturally-safe environment for all trainees, including those who identify as Māori.

7.4.4 The training provider recognises that trainees who identify as Māori may have additional cultural obligations, and has flexible processes to enable those obligations to be met.

7.4 Trainee wellbeing

	Met	Substantially met	Not met
Rating	**X**		

Summary of findings:

The NZCMM creates a supportive learning environment, with trainees supported by their instructor, supervisor and mentor. Generally, trainees see patients in the clinic where their instructor works. Every patient that a trainee has contact with, is also seen by their instructor. Pastoral support is provided in the first instance by their mentor, with the trainee calling upon their mentor when issues with training arise. The trainee and their mentor meet regularly. The supervisor provides regular and ongoing academic and training process guidance as does the Director of Training, and a core responsibility of their role is proactively ensuring trainee wellbeing.

The NZCMM provides training days, biannual symposia and biennial conferences for trainees. Trainees are expected to attend all of these activities however, there is flexibility taking into account trainee circumstances. Financial assistance to attend compulsory training activities has been provided by The Musculoskeletal Medicine Foundation (TMMF). Trainees reported that funding from TMMF was accessible and well utilised. However, there is a lack of ongoing funding.

The NZCMM is developing collaboration with other stakeholders, including employers and university staff, in preparation of scenarios of a struggling trainee. The college does not employ trainees and does not have a specific health and safety policy or a process regarding workplace premises. There is an expectation for the instructor of a trainee to facilitate an employment arrangement with the trainee, but the NZCMM should further formalise its responsibilities and expectations of instructors in this regard.

The NZCMM provides access to its Trainee Assistance Programme (TAP) for all trainees. Trainees can access TAP through their mentor or the college's executive officer to maintain a degree of confidentiality and separation from training. The trainees were aware of the TAP, and supervisors and mentors also spoke of the programme. However, reference to TAP should be included in the "Welcome to Training" letter to ensure it is formally documented as well.

The NZCMM is in the process of creating a culturally safe environment for future Māori trainees. Trainees are aware that this is an area of focus and that progress needs to be made. Additionally, while the NZCMM does have flexible training processes that are individualised for each trainee, there is currently limited Te Ao Māori cultural awareness, explicitly stated, that acknowledges the obligations of Māori trainees to their iwi, hapū, whānau and whakapapa.

There are currently no Māori trainees or Fellows of the NZCMM. The college has one Pacific member and one Māori member who are affiliated and have attended college educational events in the past. There is one Māori doctor on the waitlist to become a trainee, and the progression of their application is dependent upon an appropriate training site becoming available. Continuing to further this work without culturally loading prospective trainee(s) and the Kaumātua will rely on a collective approach.

Recommendation:

- The NZCMM should continue to implement the Council of Medical Colleges Cultural Safety Training Plan for Vocational Medicine in Aotearoa (2023) as a collective, thus avoiding cultural loading and seeking support from external Māori experts when needed.

7.5	Resolution of training problems and disputes
7.5.1	The training provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The training provider's processes are transparent and timely, and safe and confidential for trainees.
7.5.2	The training provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the training provider.

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

Summary of findings:

Trainees conveyed to the panel that the NZCMM was responsive to their issues and addressed their concerns in a timely manner. There were a variety of procedures and protocols for resolving training disputes which were acknowledged by trainees to be appropriate. A new measure initiated this year by the college is to discuss two trainees at each Education and Training Committee meeting with respect to their progress and reports, with the supervisors of the trainees attending the meeting online. During the discussion the trainee representative leaves the room to ensure confidentiality is maintained. Given the small size of the college, maintaining confidentiality is an ongoing concern. The NZCMM continues to assess its conflicts of interest policy and how processes can best maintain trainee safety in dispute resolution between trainees, trainees and supervisors, trainees and instructors, or trainees and the training provider.

A variety of different reporting mechanisms are used by the NZCMM. There are incident forms on the college website. If trainees are uncomfortable filling these out, they can call the college executive officer who will compete the form on their behalf, enabling their anonymity to be maintained. There is an email inbox for issues with Pacinian which is checked regularly. If issues arise with the mentor there is a direct line of contact to the Director of Training. These processes were felt to be timely, transparent, easy to use and safe by trainees.

8 Implementing the programme: delivery of education and accreditation of training sites

8.1	Supervisory and educational roles
8.1.1	The training provider ensures that there is an effective system of clinical supervision to support trainees to achieve the programme and graduate outcomes.
8.1.2	The training provider has defined the responsibilities of hospital and community doctors who contribute to the delivery of the vocational medical training programme and the responsibilities of the training provider to these doctors. It communicates its programme and graduate outcomes to these doctors.
8.1.3	The training provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.
8.1.4	The training provider routinely evaluates supervisor effectiveness including feedback from trainees.
8.1.5	The training provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.
8.1.6	The training provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

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

Summary of findings:

The NZCMM provides an effective and well-structured system of clinical supervision to support its trainees. Each trainee is assigned a supervisor, who oversees their educational progress across the training programme through the Pacinian e-portfolio platform, case-based discussions (CBDs), and regular reviews of clinical practice and future plans; an instructor, who provides clinical instruction either in-person or remotely at a specific training site to support the completion of workplace-based activities and entrustable professional activities (WPAs/EPAs), but does not provide longitudinal supervision; and a mentor, who offers additional peer support and pastoral care throughout the training programme. These roles are overseen by the Director of Training and the Education and Training Committee, and they are not remunerated by the NZCMM.

A substantial proportion of Fellows are actively engaged in supervision and instruction, supported by the recently developed Pacinian e-portfolio platform. Trainees consistently report that supervision is delivered within a positive and supportive environment, reinforced by the close-knit culture of the NZCMM. The mentorship programme is regarded as effective. The supervision process is clearly documented and adaptable to a wide range of trainee backgrounds, levels of experience, and individual needs. A recent initiative has introduced remote instructors to improve access for trainees in sites without a suitable on-site instructor.

The College has clearly defined the responsibilities of supervisors and instructors within a range of resources, including the *Toolbox for Supervisors and Instructors* and SharePoint materials. Supervisors and instructors are appropriately selected based on capability, with requirements outlined in the *Requirements for Fellows to Act as a Supervisor and/or Instructor*, readily available on the College's website. Programme requirements and outcomes are effectively communicated to these roles.

Opportunities for supervisors and instructors to discuss training issues are available during symposia, peer review sessions, and other collegial support networks. However, structured professional development for supervisors, instructors and assessors, and systematic evaluation of their performance, remain limited. Oversight is provided by the Director of Training, the Board of Censors, and the Education

and Training Committee, but further formal training and calibration would strengthen the roles of instructors, supervisors and assessors. There is currently no mechanism for external peer review by instructors and supervisors from other colleges.

Formal processes exist on the Pacinian platform for providing feedback on instructors and training sites, and incident reporting is available for major concerns. However, no structured process exists to obtain and evaluate feedback on instructors, supervisors and assessors, particularly regarding their effectiveness in examinations. Concerns remain regarding whether confidentiality can be assured in such processes, given the small size of the NZCMM. This may reduce the willingness of trainees and fellows to provide candid feedback.

Required actions:

14. The NZCMM must establish a formal process to facilitate the training, support, and professional development of instructors, supervisors and assessors (standards 8.1.3 and 8.1.5).
15. The NZCMM must establish a formal process to evaluate instructors, supervisors and assessors which must include mechanisms to ensure confidentiality and manage conflicts of interest (standards 8.1.4 and 8.1.6).

8.2 Training sites and posts

8.2.1 The training provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The training provider:

- applies its published accreditation criteria when assessing, accrediting and monitoring training sites
- makes publicly available the accreditation criteria and the accreditation procedures
- is transparent and consistent in applying the accreditation process.

8.2.2 The training provider's criteria or standards for accreditation of training sites link to the outcomes of the vocational medical training programme and:

- promote the health, welfare and interests of trainees
- ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner
- support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Māori
- ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.
- inform the MCNZ with reasonable notice of any intention to limit or withdraw the accreditation of any training site.

8.2.3 The training provider works with health care providers to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.

8.2.4 The training provider actively engages with other training providers to support common accreditation approaches and sharing of relevant information.

8.2 Training sites and posts

	Met	Substantially met	Not met
Rating		**X**	

Summary of findings:

The NZCMM has a clear and documented process for accrediting training sites and facilities at the time of initial approval, as outlined in the *Host Teaching Practice Facility Audit* form. Training occurs predominantly in private practice settings, with evidence of deliberate efforts to broaden access to rural and remote regions. The accreditation criteria align well with programme outcomes and support a breadth of educational opportunities across diverse training contexts. The NZCMM makes publicly available its accreditation criteria and the accreditation procedures.

The NZCMM has recently introduced remote training sites without on-site instructors. These are approved using defined criteria set out in *Remote Supervision for Musculoskeletal Medicine Trainees in Rural and Underserved Areas*. Suitable trainees are selected on a case-by-case basis, depending on their progress in the programme and their pre-existing qualifications (e.g. vocational registration as a GP).

Access to educational resources has improved through the implementation of the Pacinian e-portfolio platform and the WikiMSK online knowledge base, both valued by trainees for supporting standardised progress. Nonetheless, access to other resources remains practice-specific (e.g., ultrasound, journals research databases) and is limited by the absence of public funding. Trainees report strong peer support across training sites through online communication channels and regular peer review sessions. The training opportunities reviewed provide a wide range of clinical experiences, with practices demonstrating integration with General Practice, Radiology, and Allied Health services.

However, there is limited evidence of systematic monitoring of training sites once initially accredited. Māori input into training site accreditation remains underdeveloped, particularly in evaluating and embedding culturally safe practice. While the NZCMM has taken initial steps to increase Māori consultation in policy development more broadly, further action is required to ensure consistent and meaningful engagement in site accreditation. Similarly, engagement with other training providers regarding accreditation processes remains in the early stages and would benefit from further development.

Required action:

16. The NZCMM must implement formal ongoing monitoring of training sites and facilities, particularly those utilising remote instructors. Monitoring criteria should be publicly available and include explicit measures of culturally safe practice (standard 8.2.1).

9 Recertification programmes, further training and remediation

9.1	Recertification programmes
9.1.1	The recertification programme provider provides a recertification programme(s) that is available to all vocationally registered doctors within the scope(s) of practice, including those who are not fellows. The training provider publishes its recertification programme requirements and offers a system for participants to document their recertification programme activity.
9.1.2	The recertification programme provider determines its requirements in consultation with stakeholders and designs its recertification programme to meet Medical Council of New Zealand requirements and accreditation standards.
9.1.3	The recertification programme provider's recertification programme(s) requirements define the required participation in activities that maintain and develop the knowledge, skills and performance required for safe and appropriate practice in the relevant scope(s) of practice, this must include the areas of cultural safety, professionalism and ethics.
9.1.4	The recertification programme provider determines the appropriate type of activities under each continuing professional development (CPD) category. It assigns greater weight to activities that evidence shows are most effective in improving a doctor's performance.
9.1.5	The recertification programme provider ensures that in each cycle, participants are required to undertake a mix of activities across all three CPD categories: I. Reviewing and reflecting on practice II. Measuring and improving outcomes III. Educational activities (continuing medical education - CME).
9.1.6	The recertification programme requires participants to undertake a structured conversation, at least annually, with a peer, colleague or employer. Providers must offer a process and guidance to support this activity to ensure the greatest benefit is gained from this process.
9.1.7	The recertification programme requires participants to develop and maintain a professional development plan.
9.1.8	The recertification programme provider ensures that cultural safety and a focus on health equity are embedded within and across all of the three CPD categories and all other core elements of the recertification programme. The recertification programme must support participants to meet cultural safety standards.
9.1.9	The recertification programme provider makes available a multisource feedback process for participants to voluntarily undertake, should they wish to do so.
9.1.10	The recertification programme provider makes available a process for collegial practice visits (sometimes referred to as Regular Practice Review) for participants to voluntarily participate in, should they wish to do so.
9.1.11	The recertification programme provider has a documented process for recognising and crediting appropriate and high-quality recertification activities that are undertaken through another organisation.
9.1.12	The recertification programme provider ensures there is a method by which review, and continuous quality improvement of the recertification programme occurs.
9.1.13	The recertification programme provider has a process in place for monitoring participation and reviewing whether participants are meeting recertification requirements. The provider defines the categories of participants (for example Fellows/associates/members) and the number of participants undertaking the recertification programme.
9.1.14	The recertification programme provider regularly audits the records of programme participants, including completeness of evidence and educational quality. The provider has a process to address participants' failure to satisfy programme requirements. This must include action taken by the provider to encourage compliance/re-engagement, and the threshold and process for reporting continuing non-participation to the Medical Council of New Zealand.

9.1.15 The recertification programme provider reports to the Medical Council of New Zealand as soon as practicable when a participant fails to re-engage and satisfy programme requirements and gives immediate notification of any participant who withdraws from their programme.

9.1 Recertification programmes			
	Met	Substantially met	Not met
Rating	X		

Summary of findings:

The NZCMM provides a recertification programme that is available to all vocationally registered doctors within the musculoskeletal medicine scope of practice, whether or not they are Fellows of the NZCMM. The programme offers a functional IT system – Pacinian e-portfolio CPD - for participants to document their recertification programme activity. The NZCMM publishes its recertification programme requirements.

The NZCMM recertification programme is designed and constructed to meet the requirements of the Medical Council of New Zealand. It reached its current configuration in consultation with an appropriate array of stakeholders to ensure it was member-centric and fit-for-purpose.

The NZCMM recertification programme satisfactorily defines the required participation of members in activities across the range of skills, and the necessary knowledge and performance required for a musculoskeletal medicine specialist to practice safely and appropriately in their scope of practice.

The NZCMM recertification programme clearly determines the appropriate types of activities under each of the CPD categories described within the CPD framework. The programme satisfactorily considers extra weighting of activities where there is evidence that such activities are more effective in improving a doctor's performance.

The NZCMM recertification programme ensures, that in each recertification cycle, participants undertake a mix of activities across all three CPD categories. The recertification programme endeavours to include cultural safety and health equity across the CPD categories and all other core elements of the recertification programme, however ongoing efforts to embed these key domains are required. Formal inclusion of reflection on professionalism and ethical practice would further strengthen the recertification programme.

The NZCMM recertification programme requires participants to undertake a structured conversation on an annual basis with a peer, colleague or employer. High levels of compliance with this requirement are evident. In addition, the recertification programme requires participants to fully engage in the generating and maintenance of a professional development plan on an annual basis.

The NZCMM recertification programme makes available a multisource feedback process that participants can undertake if they so wish. It appears that it is fit for purpose.

The NZCMM recertification programme offers a process for collegial practice visits / regular practice reviews. Such visits are available for participants to use if they so wish. This tool is fit for purpose and there are helpful resources and guidance to assist with the visit for both the member and the reviewer.

The NZCMM recertification programme has a clearly documented process for recognising and accrediting, appropriate and high-quality certification activities that are undertaken through other organisations. The functionality and flexibility inherent in this process and policy is confirmed by fellows and other parties involved with the programme.

There has been a recent review of the recertification programme, and via the CPD Committee there are methods for continuous quality improvement of the programme. As noted under Standard 6 formalised methods for ensuring review are required across many college processes.

The NZCMM recertification programme has comprehensive processes in place for monitoring participation in the programme and review of whether participants are meeting the recertification requirements.

The NZCMM recertification programme regularly audits the records of programme participants to an appropriate standard. Equally, the NZCMM has satisfactory processes to address participants failing to satisfy programme requirements, including means and methods to encourage compliance and re-engagement. There are clear thresholds and processes for reporting ongoing non-participation to the Medical Council of New Zealand.

The NZCMM recertification programme reports to the Medical Council of New Zealand in a timely fashion in respect to participants who fail to re-engage or satisfy programme requirements.

Recommendations:

- The NZCMM should continue to embed cultural safety and health equity within its recertification programme.
- The NZCMM should consider how it can formally include reflection on professionalism and ethical practice within the recertification programme.

9.2 Further training of individual vocationally registered doctors

9.2.1 The training provider has processes to respond to requests for further training of individual vocationally registered doctors in its vocational scope of practice(s).

9.2 Further training of individual vocationally registered doctors			
	Met	Substantially met	Not met
Rating	**X**		

Summary of findings:

The NZCMM has processes to respond to requests for further training of individuals in the vocational scope of musculoskeletal medicine - whether these requests come from doctors themselves, from employers, or the Medical Council of New Zealand. The NZCMM responds to member queries for further training by guiding them to an extensive array of information and training options. The processes are satisfactory and appropriate to allow for practice re-entry and desired training in new scopes of practice for such doctors.

Recommendation:

- The NZCMM should consider mechanisms to ensure ongoing continuous professional development in the areas of advanced scopes of practice held by some fellows, for example in use of ultrasound or spinal diagnostic and treatment injections.

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 NZCMM has not been required to institute processes for remediation of fellows or members, however the policies it has in place are appropriate and have been recently reviewed and evaluated. In addition, the governance and operational structures of the college are robust, and are seen to be able to respond appropriately should there be a need for remediation of a fellow or member.

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 a specialist international medical graduate's (SIMG) qualifications, training and experience (QTE) which is designed to satisfy MCNZ's requirements.
10.1.2	The training provider bases its assessment on the comparability of an SIMG's QTE to a New Zealand vocationally trained doctor registered in the same vocational scope of practice, taking into account the vocational medical training programme outcomes.
10.1.3	The training provider provides advice to MCNZ within an agreed timeframe.

10.1 Assessment framework	Met	Substantially met	Not met
Rating	**X**		

Summary of findings:

The NZCMM has a detailed process for assessing SIMGs in accordance with the Medical Council's requirements, which is set out in NZCMM's 'Policy Statement on International Medical Graduate'.

The NZCMM also have processes in place which describes the requirements of a supervisor for a provisionally registered SIMG, for the purpose of assessing full vocational registration in Musculoskeletal Medicine.

The NZCMM's policy states that it will provide advice to MCNZ following a paper-based assessment within 3 weeks. For interview assessments, the NZCMM will arrange an interview within 2 months, and will provide advice to the Council within 3 weeks of the interview.

10.2	Assessment methods
10.2.1	The methods of assessment of SIMGs, while they are practising under their provisional 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:

The NZCMM's processes and methodologies of assessing SIMGs have previously been reviewed and approved by the Medical Council of New Zealand.

NZCMM's SIMG Policy outlines procedures to inform the Medical Council of New Zealand where patient safety concerns arise in assessment. There is similarly a NZCMM 'Policy on Impaired Physician and Unprofessional Behaviour' (which applies to SIMGs) that describes a triage process for determining when to notify the Medical Council about safety concerns regarding a SIMG's practice.

Recommendation:

- The NZCMM should ensure that the notification procedures set out in the 'SIMG'; and 'Unprofessional Behaviour' policies are consistent with each other.

Appendix 1 – Membership of the 2025 accreditation panel

Dr Ken Clark (Chair of accreditation panel)
Medical member

Dr Ainsley Goodman
Medical member

Dr Phil Morreau
Medical member

Dr Luke Sutherland
Medical member

Prof Ron Paterson
Lay member

Dr Hemi Enright
Trainee member

Ms Lizzie Masters
Senior staff member MCNZ

Appendix 2 – NZCMM key staff

President	Dr Stuart Thomson
Director of Training	Dr Lucy Holtzhausen
Censor-in-chief	Dr Mark Johnston
Head of Recertification: CPD Committee Chair	Dr Peter McKenzie
Curriculum Review Committee Chair	Dr Gary Collinson
Academic Co-ordinator Musculoskeletal Medicine Programmes	Dr John Robinson
Intern BoC, Member of Reaccreditation Working Group	Dr Jason Chin
Trainee Representative, Education and Training Committee	Dr Gregory Taylor
Executive Officer	Ms Amanda Graham

Appendix 3 – List of submissions on the NZCMM

Royal New Zealand College of Urgent Care (RNZCUC)
Australasian College of Sport & Exercise Physicians (ACSEP)
The University of Auckland
The University of Otago
Health New Zealand
Royal New Zealand College of General Practitioners (RNZCGP)
Australian and New Zealand College of Anaesthetists (ANZCA)
Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG)

Appendix 4 – Summary of the 2025 assessment programme

29 July 2025 – in person and via Zoom	
Opening meeting with Executive leadership	President NZCMM – Stuart Thomson Director of Training – Lucy Holtzhausen NZCMM Kaumātua/Pou Herenga – Tau Huirama Curriculum review Committee Chair – Gary Collinson Censor in Chief – Mark Johnston Immediate Past President – Jenny Keightley Fellow, Intern BoC – Jason Chin Fellow, Executive Committee – Ting Wang Executive Officer – Amanda Graham
Trainee representative on Education and training committee	Trainee representative – Greg Taylor
NZCMM Trainees	
External stakeholder meetings	NZCMM role with ACC RACP – Rheumatology New Zealand Orthopaedic Association Faculty of Pain Medicine RACP – Rehabilitation Medicine Royal New Zealand College of Urgent Care
30 July 2025 – in person and via Zoom	
Education Committee and Director of Training	Director of Training – Lucy Holtzhausen Curriculum review Committee Chair – Gary Collinson Censor in Chief – Mark Johnston Immediate Past President – Jenny Keightley Fellow, Intern BoC – Jason Chin Fellow, Education and Training Committee – Jeremy Steinberg
Supervisor and instructor meeting	
Mentor meeting	
Training site meetings	
Board of Censors	Censor in Chief – Mark Johnston Board of Censors – Peter McKenzie Executive Committee member – Gary Collinson Executive Committee member – Lucy Holtzhausen
Assessors	Assessor – Mark Johnston Assessor – Gary Collinson Assessor - Peter McKenzie Assessor - Stuart Thomson Intern for assessors – Jeremy Steinberg
Demonstration of Pacinian and WikiMSK	
31 July 2025 – in person and via Zoom	
University of Otago Christchurch Postgraduate Musculoskeletal and Pain Management Programme	Academic coordinator – John Robinson Fellow – Stuart Thomson Emeritus Fellow – Peter McKenzie
SIMG assessors and staff involved in supporting SIMG assessment	President NZCMM – Stuart Thomson Fellow, Executive Committee – Gary Collinson Executive Officer – Amanda Graham
Fellow meeting	

CPD Committee and staff involved in supporting CPD	Chair CPD Committee – Peter McKenzie Immediate Past President – Jenny Keightley Lead for Pacinian - Jeremy Steinberg Academic coordinator – John Robinson Executive Officer – Amanda Graham
NZCMM staff member who manages monitoring and evaluation, admission policy and selection and communication with trainees	Director of Training – Lucy Holtzhausen Immediate Past President – Jenny Keightley Executive Officer – Amanda Graham
Meeting with senior leadership and staff to feedback findings	President NZCMM – Stuart Thomson Director of Training – Lucy Holtzhausen Curriculum review Committee Chair – Gary Collinson Censor in Chief – Mark Johnston Immediate Past President – Jenny Keightley Fellow, Intern BoC – Jason Chin Fellow, Executive Committee – Ting Wang Executive Officer – Amanda Graham