Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

Accreditation assessment of the New Zealand College of Sexual and Reproductive Health for vocational medical training and recertification

Date of assessment: 6, 7 and 8 July 2022
Date of Council decision: 7 December 2022

7 December 2022
Medical Council of New Zealand

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Background

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

General Information

Name of training provider:	The New Zealand College of Sexual and Reproductive Health
Accreditation assessment:	6, 7 and 8 July 2022
Accreditation assessment decision:	7 December 2022
Accreditation period granted (as a recertification programme provider):	31 December 2023
Date of last accreditation decision:	11 July 2018

Programme information

Scope:	Family planning and reproductive health
Qualification:	Fellowship, NZCSRH
Training programmes offered:	Sexual and Reproductive Health Advanced Training Programme

Fellowship and membership categories	**Number**
Membership:	**52**
Associate membership: An associate member is a health practitioner working in sexual and reproductive health including abortion care. Our associate members can be (but are not limited to) nurses, midwives and doctors who are not eligible for membership.	**21**
Trainee membership: A trainee member is a doctor undertaking training through NZCSRH.	**0**
Fellowship: A Fellow is a doctor who has successfully completed the prescribed training program, including the Diploma in Sexual and Reproductive Health, and those "grand parented" to the scope of family planning and reproductive health, and who are undertaking the CPD program.	**29**
Affiliate membership: An affiliate member is a non-health practitioner with an interest in the area of sexual and reproductive health.	**2**

Executive summary

An accreditation team of the Medical Council of New Zealand (MCNZ) has assessed the New Zealand College of Sexual and Reproductive Health (NZCSRH) and its training and recertification programme against MCNZ's 2022 Accreditation standards for New Zealand training providers of vocational medical training and recertification programmes.

The accreditation team is grateful to the fellows, associates and staff of the NZCSRH for their preparation for the accreditation process and for their active engagement throughout the accreditation visit.

The accreditation team recognises the significant changes that the NZCSRH has made to its training and recertification programme. These include changes to the corporate governance structure, management of appeal processes, the development of well-documented and equitable recruitment and selection policies, engagement with educational expertise, development of a new curriculum and its contract with bpac^{nz} for the provision of an information system to support training. The accreditation team commends the NZCSRH for its cultural safety training programme.

In the initial years of the training programme, the NZCSRH is intending to undertake annual reviews of the quality, consistency and fairness of assessment methods, their educational impact and feasibility. This demonstrates the NZCSRH's commitment. However, the accreditation team notes that this is ambitious considering the amount of work required in the early phases of establishing a new programme. The NZCSRH has good intentions, but in many areas these intentions are not yet implemented.

The accreditation team identified many areas of vulnerability in the training and recertification programme. These are reflected in the required actions detailed in this report. There is variability in the systemisation of the training programme functions, policy and procedures. The NZCSRH currently has no accredited training sites or supervisors of training, and there are elements of the curriculum and educational purpose which require collaboration with other educational institutions. Although the NZCSRH has made progress in developing relationships with some partners in the health sector, it has not yet established sufficient partnerships and effective working relationships in areas that are required for training provision.

The accreditation team commends the fellows of the NZCSRH for the wide range of roles they undertake and recognises the importance of their roles in supporting those requiring assistance in aspects of family planning and reproductive health. However, there is concern around the viability of the NZCSRH across each dimension of the six-factor framework. Furthermore, the NZCSRH does not have a sustainable base of vocationally-registered doctors to maintain the vocational scope in the long term. There is further concern that the NZCSRH may not have the capacity to deliver the numerous functions required of a training programme.

The NZCSRH curriculum has been purposefully designed, but further developmental work must be undertaken with respect to the programme and graduate outcomes for different subspecialty topics that make up the elective component. There is also a reliance on other vocational scopes to assess the NZCSRH trainees and it is not clear how supervisors from these other scopes will deliver this training.

Summary of findings:

Overall, the NZCSRH has met 11 of the 35 sets of MCNZ's 2022 *Accreditation standards for New Zealand training providers of vocational medical training and recertification programmes.*

13 sets of standards are substantially met:

- Standard 1.1 – Governance
- Standard 2.1 – Educational purpose
- Standard 2.2 – Programme outcomes
- Standard 3.1 – Curriculum framework
- Standard 3.2 – The content of the curriculum
- Standard 3.4 – Structure of the curriculum
- Standard 5.2 – Assessment methods
- Standard 5.3 – Performance feedback
- Standard 5.4 – Assessment quality
- Standard 6.3 – Feedback, reporting and action
- Standard 8.1 – Supervisor and educational roles
- Standard 9.1 – Recertification programmes
- Standard 10.1 – Assessment framework

11 sets of standards were not met:

- Standard 1.2 – Programme management
- Standard 1.4 – Educational expertise and exchange
- Standard 1.5 – Educational resources
- Standard 1.6 – Interaction with the health sector
- Standard 2.3 – Graduate outcomes
- Standard 5.1 – Assessment approach
- Standard 6.2 – Evaluation
- Standard 7.4 – Trainee wellbeing
- Standard 8.2 – Training sites and posts
- Standard 9.2 – Further training of individual vocationally registered doctors
- Standard 9.3 – Remediation

46 required actions were identified, along with 5 recommendations and 1 commendation. The required actions are:

Required action	Standard
1. NZCSRH must establish formal partnerships with organisations that are required for training provision, specifically Family Planning New Zealand and the Australasian Chapter of Sexual Health Medicine of the RACP.	**The context of training and education – Governance** 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) (1.1.1) 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 (1.1.2). The training provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance (1.1.5).
2. The NZCSRH must put in place systems to ensure that those who are involved in the delivery of the training programme understand the structures and procedures for oversight of training and education.	**The context of training and education – Governance** 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 (1.1.2).

Required action	Standard
3. The NZCSRH must demonstrate that it has the capacity to perform all the functions expected of a vocational training and recertification programme provider, across the breadth of the vocational scope of family planning and reproductive health.	**The context of training and education – Programme management** 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 (standard 1.2.1).
4. The NZCSRH must demonstrate evidence of collaboration with other educational institutions, such as on the development and evaluation of the curriculum	**Educational expertise and exchange** The training provider collaborates with other educational institutions and compares its curriculum, vocational medical training programme and assessment with that of other relevant programmes (1.4.2).
5. The NZCSRH must demonstrate that it has compared its curriculum, vocational medical training programme and assessmentwith that of other relevant educational institutions.	**Educational expertise and exchange** The training provider collaborates with other educational institutions and compares its curriculum, vocational medical training programme and assessment with that of other relevant programmes (1.4.2).
6. The NZCSRH must demonstrate that it has accredited training sites and trained supervisors in place to deliver all aspects of its training programme to provide certainty for new trainees.	**Educational resources** The training provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions (1.5.1).
7. The NZCSRH must demonstrate how the functions of the director of training role will be fulfilled.	**Educational resources** The training provider's training and education functions are supported by sufficient administrative and technical staff (1.5.2).

Required action	Standard
8. The NZCSRH must establish effective working relationships with external organisations in areas that are needed for training provision.	**Interaction with the Health Sector** 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 (standard 1.6.1).
9. The NZCSRH must work with potential and accredited training sites, to enable clinicians to contribute to high quality teaching and supervision, foster professional development, and matters of mutual interest.	**Interaction with the Health Sector** The training provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development (standard 1.6.2). The training provider works with training sites and jurisdictions on matters of mutual interest. (standard 1.6.3).
10. The NZCSRH must establish effective partnerships with Māori health providers to support vocational training and education.	**Interaction with the Health Sector** The training provider has effective partnerships with Māori health providers to support vocational medical training and education (standard 1.6.4).
11. The NZCSRH must consult with external stakeholders to seek input in defining its educational purpose.	**Educational purpose** In defining its educational purpose, the training provider has consulted internal and external Stakeholders (standard 2.1.4).
12. The NZCSRH must develop sufficiently detailed programme outcomes for all subspecialty topics in the vocational training programme.	**Programme outcomes** 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 (standard 2.2.1)

Required action	Standard
13. The NZCSRH must develop sufficiently detailed graduate outcomes for all subspecialty topics in the vocational training programme.	**Graduate outcomes** 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 (standard 2.3.1).
14. The NZCSRH's curriculum framework must include sufficient detail for the subspecialty topics that make up the elective component of the vocational training programme.	**Curriculum framework** 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 (standard 3.1.1).
15. The NZCSRH's curriculum content must include sufficient detail for the subspecialty topics that make up the elective component of the vocational training programme.	**The content of the curriculum** The curriculum content aligns with all of the vocational medical training programme and graduate outcomes (standard 3.2.1).
16. The NZCSRH must articulate in its curriculum what is expected of trainees at each stage of the vocational training programme, including for subspecialty topics that make up the elective component of the vocational training programme.	**Structure of the curriculum** The curriculum articulates what is expected of trainees at each stage of the vocational medical training programme (standard 3.4.1).
17. The NZCSRH must provide a documented programme of progressive assessment and completion requirements for topics that make up the elective component of the vocational training programme.	**Assessment approach** 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 (standard 5.1.1). The training provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees (standard 5.1.2)

Required action	Standard
18. The NZCSRH must have policies related to special consideration in assessment.	**Assessment approach** The training provider has policies relating to special consideration in assessment (standard 5.1.3).
19. The NZCSRH must provide a blueprint that guides assessment for subspecialty elective topics.	**Assessment methods** The training provider has a blueprint to guide assessment through each stage of the vocational medical training programme (standard 5.2.2).
20. The NZCSRH must establish valid methods of standard setting for determining pass scores.	**Assessment methods** The training provider uses valid methods of standard setting for determining passing scores (standard 5.2.3).
21. The NZCSRH must develop procedures to inform employers and the regulators where patient safety concerns arise in assessment.	**Performance feedback** The training provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment (standard 5.3.4).
22. The NZCSRH must establish processes that maintain comparability in the scope and application of the assessment practices and standards across in training sites.	**Assessment quality** The training provider maintains comparability in the scope and application of the assessment practices and standards across its training sites (standard 5.4.2).
23. The NZCSRH must develop standards against which its programme and graduate outcomes are evaluated.	**Evaluation** 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 (standard 6.2.1).
24. The NZCSRH must involve relevant external stakeholders in evaluating programme and graduate outcomes.	**Evaluation** Stakeholders contribute to evaluation of programme and graduate outcomes (standard 6.2.3).
25. The NZCSRH must develop a process for making evaluation reports available to stakeholders and considering stakeholders' views in continuous renewal of its programme.	**Feedback, reporting and action** 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) (standard 6.3.2).

Required action	Standard
26. The NZCSRH must develop a quality improvement and risk management framework which enables the management of concerns about, or risks to, the quality of any aspect of its training and education programme effectively and in a timely manner.	**Feedback, reporting and action** 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 (standard 6.3.3).
27. The NZCSRH must promote strategies to enable a supportive learning environment through its training supervisors and training sites.	**Trainee wellbeing** The training provider promotes strategies to enable a supportive learning environment (standard 7.4.1).
28. The NZCSRH must develop a process for collaborating with other stakeholders, especially employers, to identify and support trainees experiencing personal or professional difficulties that may affect their training.	**Trainee wellbeing** 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 (standard 7.4.2).
29. The NZCSRH must publish information about the services available to trainees who are experiencing personal or professional difficulties.	**Trainee wellbeing** 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 (standard 7.4.2).
30. The NZCSRH's process for seeking feedback on the suitability of training environments from trainees must provide assurance that the environments are culturally safe for all trainees, including those who identify as Māori.	**Trainee wellbeing** The training provider ensures a culturally-safe environment for all trainees, including those who identify as Māori (standard 7.4.3).
31. The NZCSRH must develop flexible processes that enable cultural obligations on those who identify as Māori to be met.	**Trainee wellbeing** 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 (standard 7.4.4).
32. The NZCSRH must demonstrate there is an effective system of clinical supervision to support trainees to achieve the programme and graduate outcomes including clinical supervisors who are from different vocational scopes.	**Supervisory and educational roles** The training provider ensures that there is an effective system of clinical supervision to support trainees to achieve the programme and graduate outcomes (standard 8.1.1).

Required action	Standard
33. The NZCSRH must define the responsibilities of hospital and community doctors who contribute to the delivery of the vocational medical training programme and the responsibilities of the NZCSRH to those doctors.	**Supervisory and educational roles** 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 (standard 8.1.2).
34. The NZCSRH must develop position descriptions, policies and procedures for the selection of on-site supervisors.	**Supervisory and educational roles** The training provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors (standard 8.1.3).
35. The NZCSRH must develop standards for accreditation of training sites that are linked to the programme and graduate outcomes.	**Training sites and posts** 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 provision 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 (standard 8.2.2).

Required action	Standard
36. The NZCSRH must have a process for informing MCNZ of its intention to limit or withdraw the accreditation of a training site.	**Training sites and posts** 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 provision 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 (standard 8.2.2).
37. The NZCSRH must formally engage with health care providers to effectively use the capacity of the health care system for work-based training and give trainees experience of the breadth of the curriculum.	**Training sites and posts** 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 (standard 8.2.3).
38. The NZCSRH must engage with other training providers to support common accreditation approaches and sharing of relevant information.	**Training sites and posts** The training provider actively engages with other training providers to support common accreditation approaches and sharing of relevant information (standard 8.2.4).

Required action	Standard
39. The NZCSRH must define the required participation in activities that maintain and develop the knowledge, skills and performance required for safe and appropriate practice in family planning and reproductive health.	**Recertification programmes** 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 (standard 9.1.3).
40. The NZCSRH must determine the appropriate type of activities under each continuing professional development (CPD) category and assign greater weight to activities that evidence shows are most effective in improving a doctor's performance.	**Recertification programmes** 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 (standard 9.1.4).
41. The NZCSRH must document a process for recognising and crediting appropriate and high quality recertification activities undertaken through another organisation.	**Recertification programmes** The recertification programme provider has a documented process for recognising and crediting appropriate and high quality recertification activities that are undertaken through another organisation (standard 9.1.11).
42. The NZCSRH must develop a process for review and continuous quality improvement of the recertification programme.	**Recertification programmes** The recertification programme provider ensures there is a method by which review and continuous quality improvement of the recertification programme occurs (standard 9.1.12).
43. The NZCSRH must involve its fellows in the regular review and audit of programme participants' records, including completeness of evidence and educational quality.	**Recertification programmes** 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 (standard 9.1.14).

Required action	Standard
44. The NZCSRH must develop a process for responding to requests for further training of individual vocationally registered doctors in the vocational scope of family planning and reproductive health.	**Further training of individual vocationally registered doctors** The training provider has processes to respond to requests for further training of individual vocationally registered doctors in its vocational scope of practice(s) (standard 9.2.1).
45. The NZCSRH must provide evidence of a process for responding to requests from MCNZ for remediation of vocationally registered doctors identified as underperforming in a particular area.	**Remediation** 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 (standard 9.3.1).
46. The NZCSRH must ensure that its process of assessing SIMGs is based on an individual assessment of the qualifications, training and experience to the standard of a New Zealand vocationally-trained doctor registered in the vocational scope of family planning and reproductive health.	**Assessment framework** 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 (standard 10.1.2).

Overall outcome of the accreditation assessment

The overall rating for the accreditation of the New Zealand College of Sexual and Reproductive Health as a vocational training provider	**Not met**
The overall rating for the accreditation of the New Zealand College of Sexual and Reproductive Health as a recertification programme provider	**Substantially met**

Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) considered and approved the report titled the *Accreditation assessment of the New Zealand College of Sexual and Reproductive Health for vocational medical training and recertification* and determined that:

- the overall outcome of the assessment for accreditation of the NZCSRH is **'not met'** and, as a result, the NZCSRH is not accredited as a vocational training provider.

Council also considered whether the NZCSRH should be accredited as a recertification programme provider and determined that:

- the NZCSRH has **'substantially met'** accreditation standards 1 and 9, which relate to the provision of a recertification programme, and
- the NZCSRH is accredited as a recertification programme provider for a period of 12 months, until **31 December 2023**, subject to the NZCSRH addressing required actions 39-45 within this period.

Council has requested that the New Zealand College of Sexual and Reproductive Health provide progress reports that satisfy Council that these required actions have been addressed.

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:

Since MCNZ's last accreditation the NZCSRH has made significant changes to the corporate governance structures. These governance structures include a board, education advisory committee and finance committee. The NZCSRH has a stated commitment to including trainee, associate, and consumer representation on its board. The board no longer includes representation from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), the New Zealand Sexual Health Society (NZSHS), and Family Planning New Zealand. Importantly, this change in representation presents a risk of the NZCSRH becoming isolated within the health sector in which there are other vocational scopes providing family planning and reproductive health care.

The NZCSRH has provided documentation describing the structures and procedures for oversight of training and education. However, these are not understood by those who will be delivering these functions. The NZCSRH's governance does not encompass relationships with external organisations, specifically Family Planning New Zealand and the Australasian Chapter of Sexual Health Medicine (AChSHM) of the Royal Australasian College of Physicians (RACP).

The governance structures of the NZCSRH are clearly stated, including the terms of reference and reporting relationships of those groups that contribute to the governance structure.

The governance structures provide appropriate priority to the educational role of the NZCSRH and this role is clearly defined with respect to its corporate governance.

Collaboration with relevant groups is inconsistent and needs to be strengthened by formally establishing relationships with organisations such as the Australasian Chapter of Sexual Health Medicine of the RACP and the Royal New Zealand College of General Practitioners (RNZCGP).

The NZCSRH has developed appropriate procedures for managing conflicts of interest in its training and education functions and overall governance. The NZCSRH has advised that management of conflicts of interest will be included as part of its review of its rules and regulations.

Recommendations:
The NZCSRH should consider establishing a formal relationship with the Royal New Zealand College of General Practitioners and the Royal New Zealand College of Urgent Care (standards 1.1.1, 1.1.2, 1.1.5).

Required actions:
1. NZCSRH must establish formal partnerships with organisations that are required for training provision, specifically Family Planning New Zealand and the Australasian Chapter of Sexual Health Medicine of the RACP (standard 1.1.1, standard 1.1.2, standard 1.1.5).
2. The NZCSRH must put in place systems to ensure that those who are involved in the delivery of the training programme understand the structures and procedures for oversight of training and education (standard 1.1.2).

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 NZCSRH has appropriate structures with the responsibility and authority to implement those functions required to discharge its roles. However, the NZCSRH lacks the capacity to do so. This is manifest both within the new training programme and in the delivery of the Diploma in Obstetrics and Medical Gynaecology where there are potentially multiple 'single points of failure'. These include programme design, evaluation, and governance. Furthermore, the NZCSRH is highly dependent on a small number of fellows and associates who have multiple roles.

There is concern about each dimension of the six-factor framework, particularly critical mass which is determined by the absolute number of vocationally registered doctors and trainees required for a training provider to deliver its training, education, and recertification functions. There is additional concern that the NZCSRH does not have a sustainable base of vocationally registered doctors and trainees to maintain the vocational scope in the long term.

It is apparent that fellows of the NZCSRH are working in a wide range of different roles. These include roles within termination care, vasectomy, colposcopy, family planning, sexual assault, and sexual health. This wide range of roles is consistent with the NZCSRH's vision and mission statement, and it is acknowledged that these are essential roles in health care delivery. However, of concern is that the small number of fellows within the NZCSRH may not have the capacity to deliver the required functions. These include vocational training, assessment, supervision, mentoring, monitoring and evaluation of the training programme, recognition of prior learning, training site accreditation, monitoring of CPD

activities, regular practice review visits, and assessment of SIMGs across the breadth of the scope which the curriculum covers.

Required actions:

3. The NZCSRH must demonstrate that it has the capacity to perform all the functions expected of a vocational training and recertification programme provider, across the breadth of the vocational scope of family planning and reproductive health (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 NZCSRH has considered how it would manage reconsideration, review, and appeals processes to provide impartial decisions. This will be achieved by separating the assessment from the decision-making process. Of concern is that the initial number of trainees would be small, so it will not be possible for the NZCSRH's staff to deidentify appeals.

Required actions:

Nil

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:

The NZCSRH has used education expertise in the development of its education and training functions and intends to have an educationalist on the Education Advisory Committee. The NZCSRH also intends to appoint a director of training. In the interim these functions are being carried out by the Education Advisory Committee.

There is evidence of collaboration with the University of Otago in the content and delivery of the Diploma in Obstetrics Medical Gynaecology which is a prerequisite to entering the NZCSRH training programme. However, there is no evidence of collaboration with other educational institutions regarding the development and evaluation of the curriculum. The NZCSRH intends to use the online learning platform and content of the UK's Royal College of Obstetricians and Gynaecologists (RCOG). However, there was no evidence of collaboration with RCOG in the use and application of this platform within the NZCSRH training programme.

Recommendations:

The NZCSRH should implement its plans to appoint an educationalist to its Education Advisory Committee and appoint a director of training (standard 1.4.1).

Required actions:

4. The NZCSRH must demonstrate evidence of collaboration with other educational institutions, such as on the development and evaluation of the curriculum (standard 1.4.2).
5. The NZCSRH must demonstrate that it has compared its curriculum, vocational medical training programme and assessment with that of other relevant educational institutions (standard 1.4.2).

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:

Currently the NZCSRH has no accredited training posts or supervisors of training. There are elements of the curriculum which require collaboration, such as the sexual health placements. The ability of these partners to provide training sites and supervision has not yet been determined. The NZCSRH has signed a contract with bpac[nz] for the provision of an information system to support training.

The NZCSRH's training and education functions are not supported by sufficient numbers of administrative and technical staff. While the NZCSRH intends to have a director of training and an educationalist, these roles are not filled. It is unclear at the moment as to how the responsibilities of the director of training are carried out consistently and comprehensively. The NZCSRH is supported by an operations manager.

Required actions:

6. The NZCSRH must demonstrate that it has accredited training sites and trained supervisors in place to deliver all aspects of its training programme to provide certainty for new trainees. (standard 1.5.1).
7. The NZCSRH must demonstrate how the functions of the director of training role will be fulfilled (standard 1.5.2).

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:

The NZCSRH has made some progress in developing relationships with key partners in the health sector. It has a contractual relationship with the Ministry of Health and memorandums of understanding with the Medical Council of New Zealand and the University of Otago. It has also secured membership of the Council of Medical Colleges. There is a community representative on the NZCSRH's board.

Over recent years, the NZCSRH has been internally focused on redeveloping its governance and curriculum. While this has enabled associate membership, the relationship with previous joint trust members appears to have lessened. The NZCSRH has not yet established sufficient formal partnerships and effective working relationships in areas that are needed for training provision.

The NZCSRH does not have any accredited training sites.

The NZCSRH has made approaches to Māori health providers, but these relationships are not yet established.

Required actions:

8. The NZCSRH must establish effective working relationships with external organisations in areas that are needed for training provision (standard 1.6.1).
9. The NZCSRH must work with potential and accredited training sites, to enable clinicians to contribute to high quality teaching and supervision, foster professional development, and matters of mutual interest. (standards 1.6.2, 1.6.3).
10. The NZCSRH must establish effective partnerships with Māori health providers to support vocational training and education (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 NZCSRH has developed a new curriculum, which it intends to review annually in the initial years of training delivery. There has also been a review and renewal of the governance and structure of the organisation. There is a new platform for its training and recertification programmes.

Required actions:
Nil

2 The outcomes of vocational medical training

2.1 Educational purpose
2.1.1 The training provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development through the recertification programme, within the context of its community responsibilities. 2.1.2 The training provider's purpose addresses Māori health. 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 NZCSRH has defined its educational purpose. The objective of the Sexual and Reproductive Health Advanced Training curriculum is to equip future specialists with the knowledge, skills, and professional qualities appropriate to the sexual and reproductive healthcare needs of all New Zealanders.

The NZCSRH has identified the attributes of a graduate of the vocational training programme.

A Fellow of the New Zealand College of Sexual and Reproductive Health:

- is a specialist medical practitioner providing and promoting excellence in sexual and reproductive health care in New Zealand
- will be recognised by the health system to be to a primary point for the management of both common and complex sexual and reproductive health problems
- understands the principles of Te Tiriti o Waitangi and the principles of Māori health
- applies an equity lens to customise care according to the individual needs and wishes of patients in their care, taking into account their personal beliefs, experiences, and social, economic and cultural background.

Key stakeholders stated that they had not been involved in defining the educational purpose of the New Zealand College of Sexual and Reproductive Health.

Required actions:

11. The NZCSRH must consult with external stakeholders to seek input in defining 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 NZCSRH has divided its curriculum into five learning domains:

- Medical Care
- Communication
- Collaboration and Management
- Scholarship
- Professionalism.

There are high level learning objectives attached to each of these domains. These learning objectives are linked to learning outcomes, learning opportunities, competencies and assessments.

There are insufficiently detailed programme outcomes for the different subspecialty topics that make up the elective component (part of years 2 and 3) of the vocational training programme. This is identified in the review of the curriculum which was performed by the NZCSRH fellows.

The detailed learning objectives, outcomes, and opportunities as described under standard 2.2.1 are based on the scope of practice. However further outcomes need to be developed for the subspecialty topics.

Required actions:

12. The NZCSRH must develop sufficiently detailed programme outcomes for all subspecialty topics in the vocational training programme (standard 2.2.1).

2.3 Graduate outcomes

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

2.3 Graduate outcomes

	Met	Substantially met	Not met
Rating			**X**

Summary of findings:

There are insufficiently detailed graduate outcomes for subspecialty topics that make up the elective component of the vocational training programme. The outcomes are publicly available on the NZCSRH's website.

Required actions:

13. The NZCSRH must develop sufficiently detailed graduate outcomes for all subspecialty topics in the vocational training programme (standard 2.3.1).

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 NZCSRH has reviewed and revised its curriculum since the last accreditation. The curriculum framework is organised around a set of learning objectives and learning outcomes, and specifies the competencies expected of a new fellow. It is publicly available on the NZCSRH's website. Within the curriculum there is a requirement that advanced trainees complete a minimum of 50 hours in each of two sub-specialty introductory topics. However, the NZCSRH's framework for its curriculum is not sufficiently detailed for these sub-specialty topics that make up the elective component of the vocational training programme.

Required actions:

14. The NZCSRH's curriculum framework must include sufficient detail for the subspecialty topics that make up the elective component of the vocational training programme (standard 3.1.1).

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 NZCSRH's core curriculum aligns with the vocational medical training programme and graduate outcomes, which cover the core domains of medical care, communication, collaboration and management, scholarship, and professionalism. The curriculum also explicitly addresses the development of trainees' knowledge and expertise in hauora Māori, Te Tiriti o Waitangi, and cross-cultural understandings. These competencies are integrated across multiple domains in the curriculum.

The curriculum will prepare trainees to provide safe patient-centered and goal-oriented care, and for their on-going role as professionals and leaders within the vocational scope.

The clinical placements required by the curriculum are principally in family planning settings, with a lesser amount of time required in sexual health medicine, however, there are currently no accredited clinical placements. The curriculum includes a requirement to complete a research project that is either presented at an international conference or published in a peer reviewed journal; or to complete an audit that results in a demonstrated change in practice in a sexual and reproductive health setting. However, the curriculum content is not sufficiently detailed for subspecialty topics that make up the elective component of the vocational training programme. There are no programme or graduate outcomes specified for this aspect of the training programme.

Required actions:

15. The NZCSRH's curriculum content must include sufficient detail for the subspecialty topics that make up the elective component of the vocational training programme (standard 3.2.1).

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 that the NZCSRH curriculum has been purposefully designed. Prior training requirements are clearly specified. The recertification programme is provided separately through bpac^{nz}. The programme allows for recognition of prior learning, and this is supported by a transparent policy.

Required actions:

Nil

3.4 Structure of the curriculum

3.4.1 The curriculum articulates what is expected of trainees at each stage of the vocational medical training programme.

3.4.2 The duration of the vocational medical training programme relates to the optimal time required to achieve the programme and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.

3.4.3 The vocational medical training programme allows for part-time, interrupted and other flexible forms of training.

3.4.4 The vocational medical training programme provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

3.4 Structure of the curriculum

	Met	Substantially met	Not met
Rating		**X**	

Summary of findings:

The NZCSRH's curriculum articulates what is expected of trainees in the core curriculum. However, the curriculum does not articulate what is expected of trainees for subspecialty topics that make up the elective component of the vocational training programme, other than specifying that trainees must complete a minimum of 50 hours experience in each of the two chosen introductory topics.

The duration of the vocational training programme sufficiently relates to the optimal time required to achieve the programme and graduate outcomes. There is provision for flexible training, including both part-time and interrupted training. The training programme requires 36 full-time equivalent months of training, which must be completed within 72 months of initial enrolment in the programme.

Required actions:

16. The NZCSRH must articulate in its curriculum what is expected of trainees at each stage of the vocational training programme, including for subspecialty topics that make up the elective component of the vocational training programme (standard 3.4.1).

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:

Since the last accreditation the NZCSRH has developed a new training curriculum. The curriculum utilises predominantly self-directed learning and apprenticeship model teaching, with an emphasis on reflective practice. The curriculum content and learning opportunities are clearly mapped for all aspects except the subspecialty introductory topics.

In addition, the NZCSRH has developed a cultural safety training programme which details an incremental approach to learning and development around Te Tiriti, hauora Māori, mātauranga Māori and cultural safety in different clinical settings.

Currently, there is no didactic or peer group teaching detailed in the curriculum, though the NZCSRH expresses an intent to embed this in the future.

Commendations:
The NZCSRH are to be commended for its cultural safety training programme.

Required actions:
Nil

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:

The NZCSRH training is predominantly practice based, interspersed with independent self-directed learning. The curriculum details plans for clinical placements in family planning, sexual health, abortion care and two subspecialty introductory topics. The first year of training is planned to include 12 months full-time equivalent (FTE) of directly supervised work in approved family planning and sexual health clinics. The second and third years of training is planned to include 24 months FTE working in an apprentice model in a sexual reproductive health service.

Adjuncts to the clinical environment include courses, e-learning modules, and a research project.
The planned clinical placements and adjuncts incorporate self-directed learning, role modelling, and working with interdisciplinary and interprofessional teams. The curriculum includes 10 hours per year of peer review meetings.

The first 12 months FTE is planned to be directly supervised in well-defined environments. However, after this, any increase in responsibility and in which environment is not well delineated. While with the six-monthly e-logbook review and in-training competency assessments this likely occurs, mechanisms to record this would make progression clearer.

The cultural safety training programme developed by the NZCSRH requires presentations and reflective essays examining trainees' own biases and experiences surrounding cultural safety and health equity.

Recommendation:
The NZCSRH should explore mechanisms to document the expectation of increased trainee responsibility and independence as they progress through the programme.

Required actions:
Nil

5 Assessment of learning

5.1	Assessment approach
5.1.1	The training provider has a programme of assessment aligned to the outcomes and curriculum of the vocational medical training programme which enables progressive judgements to be made about trainees' preparedness for the vocational scope of practice.
5.1.2	The training provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.
5.1.3	The training provider has policies relating to special consideration in assessment.

5.1 Assessment approach			
	Met	Substantially met	Not met
Rating			**X**

Summary of findings:

The NZCSRH training provider has a programme of assessment. However, the programme and graduate outcomes are incomplete as the subspecialty areas are not addressed, and therefore, there is no programme of assessment aligned to these outcomes.

The NZCSRH employs a time-based approach in relation to subspecialty areas, which is inadequate on its own and does not allow for progressive judgements to be made about the trainees' preparedness to the vocational scope of practice.

The training programme uses a range of assessment methods, and these are documented appropriately. However, the NZCSRH does not document its assessment requirements for the subspecialty training time.

There is a reliance on different vocational scopes other than family planning and reproductive health to assess NZCSRH trainees and it is unclear how supervisors from these other scopes will be prepared and supported to deliver work-based clinical training.

With specific reference to the sexual health physicians, consideration will need to be given to the standards which the NZCSRH trainees are required to meet as they may be different to those of a sexual health physician trainee or new fellow working in the same service.

There is no policy related to special consideration in assessment.

Recommendations:

The NZCSRH should actively develop effective working relationships with the Australasian Chapter of Sexual Health Medicine in order to enable the successful delivery of the 12 week (FTE) training component in Sexual Health Medicine.

Required actions:

17. The NZCSRH must provide a documented programme of progressive assessment and completion requirements for topics that make up the elective component of the vocational training programme (standard 5.1.1, standard 5.1.2).
18. The NZCSRH must have policies related to special consideration in assessment (standard 5.1.3).

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:

There are a range of assessment methods for the core components of the training programme that are fit for purpose and include assessment of trainee performance in the workplace.

The NZCSRH has a blueprint that guides assessment in the vocational training programme, except in relation to the subspecialty elective topics.

The NZCSRH does not have valid methods of standard setting for determining pass scores. Many areas are assessed by the individual professional judgement of supervisors, which raises concerns about consistency of the standard being applied.

Required actions:

19. The NZCSRH must provide a blueprint that guides assessment for subspecialty elective topics (standard 5.2.2).
20. The NZCSRH must apply valid methods of standard setting for determining pass scores (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:

There are plans for regular and timely feedback to trainees on performance, through a range of methods including six monthly formative assessments, six monthly summative assessments, 360-degree feedback, and patient surveys.

The NZCSRH's use of bpac^{nz} for managing the training programme enables supervisors to see the assessment performance of the trainees they are responsible for.

The NZCSRH has an *Additional Trainee Support policy* which sets out its process for early identification of trainees who are not meeting the programme outcomes.

The NZCSRH's procedures for informing employers and the regulators where patient safety concerns arise in assessment do not include notification to a trainee's subsequent training sites or to the Medical Council of New Zealand.

Required actions:

21. The NZCSRH must develop procedures to inform employers and the regulators where patient safety concerns arise in assessment (5.3.4).

5.4 Assessment quality

5.4.1 The training provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.

5.4.2 The training provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

5.4 Assessment quality

	Met	Substantially met	Not met
Rating		**X**	

Summary of findings:

In the initial years of the training programme, the NZCSRH is intending to undertake annual reviews of the quality, consistency and fairness of assessment methods, their educational impact and feasibility. This demonstrates the NZCSRH's commitment to the development and delivery of a good quality training programme. However, this is an ambitious goal considering the amount of work required in the early phases of running a new training programme.

As many areas are assessed by the individual professional judgement of supervisors across training sites, the NZCSRH plans to train supervisors regularly and encourage supervisors to talk to each other regularly. There do not appear to be processes around peer review of training assessments or calibration exercises. Therefore, it is not clear how the NZCSRH will maintain comparability in the scope and application of assessment practices and standards across training sites.

Required actions:

22. The NZCSRH must establish processes that maintain comparability in the scope and application of the assessment practices and standards across in training sites (standard 5.4.2).

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 NZCSRH intends to regularly review its training and education programmes. The NZCSRH review process will include curriculum content, teaching and learning, supervision, assessment and training progress. Currently, there is not a documented process, however the NZCSRH has stated this will be carried out by a working party that will include trainees and supervisors. The NZCSRH should consider documenting its programme review process and including external input such as peer review by another college.

The NZCSRH intends to have regular supervisor peer group meetings and to have a formal annual review of the training programme as discussed above.

The NZCSRH intends for the working party review of the training and education programmes to include trainees. There is trainee representation on the NZCSRH's board. Trainees will be encouraged to give feedback through bpac^{nz} and when exiting the programme.

Recommendations:
The NZCSRH should consider documenting its programme review process and including external input such as peer review by another college.

Required actions:
Nil

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 NZCSRH has not developed standards against which its programme and graduate outcomes will be evaluated.

The NZCSRH intends to collect qualitative data from trainees as part of the trainees' exit interviews. It will also conduct graduate first practice reviews within six months of exiting the programme. The working group for the annual curriculum review will include trainees and supervisors. Quantitative data will be provided by bpac[nz].

The NZCSRH intends to involve internal stakeholders in the evaluation of programme and graduate outcomes. However, the NZCSRH has not indicated that it intends to involve external stakeholders in evaluating programme and graduate outcomes.

Required actions:

23. The NZCSRH must develop standards against which its programme and graduate outcomes are evaluated (standard 6.2.1).
24. The NZCSRH must involve relevant external stakeholders in evaluating 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 NZCSRH has described that its monitoring and evaluation reports will be provided to the education advisory committee and its board.

The NZCSRH has not developed a process for making evaluation results available to stakeholders and considering their views in continuous renewal of its programme.

The NZCSRH has committed to developing a quality improvement and risk management framework, but this has not yet occurred.

Required actions:

25. The NZCSRH must develop a process for making evaluation reports available to stakeholders and considering stakeholders' views in continuous renewal of its programme (standard 6.3.2).
26. The NZCSRH must develop a quality improvement and risk management framework which enables the management of concerns about, or risks to, the quality of any aspect of its training and education programme effectively and in a timely manner (standard 6.3.3).

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 NZCSRH has provided clear and documented selection policies and procedures with principles that can be implemented and sustained. The NZCSRH's procedure for selection meets the specified requirements. The NZCSRH acknowledges that whilst it has documented procedures for selection it has not run a selection process yet. The NZCSRH intends to review its selection procedure as part of its annual review in the initial years of the programme.

The NZCSRH has a process that guides equitable recruitment and selection of trainees who identify as Māori. The NZCSRH's mandatory requirements are published on its website.

Required actions:
Nil

7.2 Trainee participation in training provider governance

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

7.2 Trainee participation in training provider governance

	Met	Substantially met	Not met
Rating	**X**		

Summary of findings:

The NZCSRH has formal processes and structures for involving trainees in the governance of training. All board members, including the trainee representative, will receive training on governance.

Required actions:
Nil

7.3	Communication with trainees
7.3.1	The training provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.
7.3.2	The training provider provides clear and easily accessible information about the vocational medical training programme(s), costs and requirements, and any proposed changes.
7.3.3	The training provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

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

Summary of findings:

The NZCSRH has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures. These include, trainees having regular meetings with their supervisor, there is a required peer group structure within the training and there is a trainee rep who sits on the board.
The NZCSRH has provided clear and easily accessible information on the requirements of the programme on its website. It also states on the website that the programme may be subject to change. Information on the cost of the programme does not appear to be available.

The NZCSRH's use of bpac^{nz} is intended to enable timely and correct information to trainees about their training status.

Required actions:
Nil

7.4	Trainee wellbeing
7.4.1	The training provider promotes strategies to enable a supportive learning environment.
7.4.2	The training provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.
7.4.3	The training provider ensures a culturally-safe environment for all trainees, including those who identify as Māori.
7.4.4	The training provider recognises that 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:

As the NZCSRH has not yet established a cohort of training supervisors or accredited training sites, it has not yet established mechanisms for those supervisors and training sites to enable a supportive learning environment.

There are no documented communication lines between employers, training sites, supervisors, trainees, and the education advisory committee. There is no provision for mentors or support external to their training environment and there is no published information on available services.

The NZCSRH intends to seek written feedback about the ongoing suitability of the training environment every three years. However, it is not explicit about whether it is a culturally safe environment.

The NZCSRH acknowledges that Māori trainees may have additional obligations arising from their culture and may experience the effects of cultural loading. However, the NZCSRH has not developed any flexible processes to enable cultural obligations to be met, or to address cultural loading.

Required actions:

27. The NZCSRH must promote strategies to enable a supportive learning environment through its training supervisors and training sites (standard 7.4.1).
28. The NZCSRH must develop a process for collaborating with other stakeholders, especially employers, to identify and support trainees experiencing personal or professional difficulties that may affect their training (standard 7.4.2).
29. The NZCSRH must publish information about the services available to trainees who are experiencing personal or professional difficulties (standard 7.4.2).
30. The NZCSRH's process for seeking feedback on the suitability of training environments from trainees must provide assurance that the environments are culturally safe for all trainees, including those who identify as Māori (standard 7.4.3).
31. The NZCSRH must develop flexible processes that enable cultural obligations on those who identify as Māori to be met (standard 7.4.4).

7.5 Resolution of training problems and disputes

7.5.1 The training provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The training provider's processes are transparent and timely, and safe and confidential for trainees.

7.5.2 The training provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the training provider.

7.5 Resolution of training problems and disputes

	Met	Substantially met	Not met
Rating	**X**		

Summary of findings:

The NZCSRH has a *complaints policy* and a *training supervisor statement of understanding* which outlines grounds for recognising a trainee in difficulty and supporting them with a documented complaints and a resolution process.

The NZCSRH has clear impartial pathways for timely resolution of disputes.

Required actions:
Nil

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

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

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

Summary of findings:

The NZCSRH has a comprehensive *Training Supervisor Statement of Understanding*. Training supervisors are approved by the Education Advisory Committee and must complete training within six months of starting and every three years. As the last training was in 2019, this training needs to be repeated before the NZCSRH can accept trainees into the programme. Video training for training supervisors around grading is under development.

However, there does not appear to have been formal discussion with supervisors from different vocational scopes who will be involved in the delivery of teaching and supervision.

The NZCSRH has not defined the responsibilities of hospital and community doctors who contribute to the delivery of the training programme, or its responsibilities to these doctors.

The NZCSRH has a training supervisor position description and a policy and procedure for training supervisor selection. However, it does not have position descriptions, policies or procedures for the on-site supervisor, who may not be a fellow of the NZCRSH.

The NZCSRH has processes through bpac^{nz} for evaluating supervisor effectiveness.

The NZCSRH's selection of assessors includes assessing they have appropriate capabilities for the role and it has processes for routine evaluation of assessor effectiveness.

Required actions:

32. The NZCSRH must demonstrate there is an effective system of clinical supervision to support trainees to achieve the programme and graduate outcomes including clinical supervisors who are from different vocational scopes (standard 8.1.1).
33. The NZCSRH must define the responsibilities of hospital and community doctors who contribute to the delivery of the vocational medical training programme and the responsibilities of the NZCSRH to those doctors (standard 8.1.2).

34. The NZCSRH must develop position descriptions, policies and procedures for the selection of on-site supervisors (standard 8.1.3).

8.2 Training sites and posts

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

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

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

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

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

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

8.2 Training sites and posts

	Met	Substantially met	Not met
Rating			**X**

Summary of findings:

The NZCSRH has a *training site accreditation policy and procedure*, and application form for training site accreditation. The NZCSRH's accreditation criteria are focused on the service that is provided and infrastructure. Prospective training sites must apply and provide information on staff number and availability, annual number of consultation types, and available learning facilities. The NZCSRH has yet to be requested to accredit a training site.

Given there is not a complete set of programme and graduate outcomes for the vocational training programme, there are gaps in how the NZCSRH would be able to link the accreditation of training sites to these outcomes.

The NZCSRH also does not have a process for informing MCNZ of its intention to limit or withdraw the accreditation of a training site.

Although MCNZ acknowledges that the NZCSRH currently has no trainees, the NZCSRH has yet to formally engage with other health care providers to assist with the implementation of the training programme.
Furthermore, the NZCSRH has not engaged with other training providers to support common accreditation approaches and sharing of relevant information.

Required actions:

35. The NZCSRH must develop standards for accreditation of training sites that are linked to the programme and graduate outcomes (standard 8.2.2).
36. The NZCSRH must have a process for informing MCNZ of its intention to limit or withdraw the accreditation of a training site (standard 8.2.2).
37. The NZCSRH must formally engage with health care providers to effectively use the capacity of the health care system for work-based training and give trainees experience of the breadth of the curriculum (standard 8.2.3).
38. The NZCSRH must engage with other training providers to support common accreditation approaches and sharing of relevant information (standard 8.2.4).

9 Recertification programmes, further training and remediation

9.1	Recertification programmes
9.1.1	The 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 NZCSRH has a contract with bpac[nz] to provide services to support its CPD programme which has been in place since 2020. The programme requires all fellows to annually complete a professional development plan, 20 hours of CME (including two hours on cultural safety), 10 hours of peer review, one audit and one annual meeting with a peer, colleague, or employer. In addition, triennially each fellow must complete the essentials quiz, a colleague or patient feedback assessment and a regular practice review.

The platform is administered by bpac[nz] which allows for the documenting and monitoring of recertification programme activities. The NZCSRH via the Educational Advisory Committee has published its recertification programme requirements.

There are detailed descriptions of the generic activities required for recertification, including CME time requirements for cultural safety. However, the recertification programme does not define specific activities, requirements, or the key competencies these activities or requirements would relate to for a fellow to maintain and develop the knowledge, skills and performance required for safe and appropriate practice in the vocational scope of family planning and reproductive health.

The bpac[nz] guide outlines generic details and requirements for CPD activities. The NZCSRH as the programme provider does not provide a detailed description of appropriate activities or assign greater weight to activities that evidence shows are most effective in improving a doctor's performance.

The NZCSRH has documented the required annual and triennial activities as outlined above. In the NZCSRH's *NZCSRH Rules and Regulations, Section A.4* there is a Continuing Professional Development (CPD) Committee charged with reviewing CPD content and activities. There has been no documented activity of the CPD committee, nor are there detailed processes or methods for the CPD committee to review or audit CPD activities. The fellows of the NZCSRH did not report being recommended any activities or high-quality learning opportunities. Fellows reported they choose their CME based off their professional development plan with oversight from bpac[nz].

The CPD committee is reported to meet annually to consider applications from health providers for CPD recognition and identify suitable learning opportunities. At the request of bpac[nz] the CPD committee will review CPD content. There is no documented method by which review and continuous quality improvement of the recertification programme occurs. Again, there has been no documented activity of the CPD committee provided. Responsibility seems to have been delegated to bpac[nz] for review and continuous quality review of the programme, who are not the subject matter experts in the vocational scope of family planning and reproductive health.

Monitoring participation and reviewing whether participants are meeting recertification requirements is managed by bpac[nz].

The responsibility for regular review and audit of the programme records seems to have been delegated to bpac[nz]. There is no process documented for the NZCSRH, as the experts in this scope of practice, to regularly audit the records of programme participants, including completeness of evidence and educational quality except during their triennial regular practice review. There is however a clear process to address non-compliance and reporting of non-compliance or withdrawal to the Medical Council of New Zealand.

Required actions:

39. The NZCSRH must define the required participation in activities that maintain and develop the knowledge, skills and performance required for safe and appropriate practice in family planning and reproductive health (standard 9.1.3).
40. The NZCSRH must determine the appropriate type of activities under each continuing professional development (CPD) category and assign greater weight to activities that evidence shows are most effective in improving a doctor's performance (standard 9.1.4).
41. The NZCSRH must document a process for recognising and crediting appropriate and high quality recertification activities undertaken through another organisation (standard 9.1.11).
42. The NZCSRH must develop a process for review and continuous quality improvement of the recertification programme (standard 9.1.12).
43. The NZCSRH must involve its fellows in the regular review and audit of programme participants' records, including completeness of evidence and educational quality (standard 9.1.14).

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:

While the NZCSRH has not received any requests for further training to either meet currency of practice requirements, support a change in scope of practice or for practice re-entry, this standard requires the NZCSRH to have documented processes to respond to the abovementioned requests from bpac^{nz} or individual practitioners. The NZCSRH does not have or has not provided any documented processes for such requests.

Required actions:

44. The NZCSRH must develop a process for responding to requests for further training of individual vocationally registered doctors in the vocational scope of family planning and reproductive health (standard 9.2.1).

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 NZCSRH has a triennial plan for colleague and patient feedback prior to vocationally registered doctors' regular practice review. Underperformance here will trigger the bpac^{nz} medical advisor to contact the vocationally registered doctor to discuss the result. When the NZCSRH is notified of underperformance through pathways external to bpac^{nz}, the Education Advisory Committee will request the bpac^{nz} medical advisor to review the doctor in question's CPD activities.

The NZCSRH has not provided evidence of a policy or a process for responding to requests from MCNZ for remediation of vocationally registered doctors identified as underperforming in a particular area.

Required actions:

45.	The NZCSRH must provide evidence of a process for responding to requests from MCNZ for remediation of vocationally registered doctors identified as underperforming in a particular area (standard 9.3.1).

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 NZCSRH has a process for assessing a SIMG's qualifications, training and experience outlined in the *Specialist International Medical Graduates Policy and Procedure* and in its *Rules and Regulations*.

As there are gaps in the programme and graduate outcomes, the NZCSRH will not be fully able to assess a SIMG's qualifications, training and experience to the standard of a New Zealand-trained vocationally-registered doctor in the scope of family planning and reproductive health.

The NZCSRH has described that two overseas qualifications, Membership or Fellowship of the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists are comparable. The NZCSRH's process must be based on the individual doctor's own combination of qualifications, training and experience.

Although the NZCSRH has not to date had any international vocational applicants it has signed a MOU with MCNZ to provide timely advice to the MCNZ.

Required actions:

46. The NZCSRH must ensure that its process of assessing SIMGs is based on an individual assessment of the qualifications, training and experience to the standard of a New Zealand vocationally-trained doctor registered in the vocational scope of family planning and reproductive health (10.1.2).

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 NZCSRH has identified a range of suitable assessment tools in the event that a SIMG applies to be provisionally registered in the scope of family planning and reproductive health. A vocational practice assessment (VPA) as a final form of assessment for a SIMG at the end of their provisional vocational period has not yet been required.

The NZCSRH has established procedures for informing employers and MCNZ if patient safety concerns arise in assessment.

Recommendations:
The NZCSRH should liaise with the MCNZ to support the development of a process for a VPA in family planning and reproductive health to ensure an appropriate process is in place for future use (standard 10.2.1).

Required actions:
Nil

Appendix 1 – Membership of the 2022 accreditation team

Dr John Nacey (Chair of accreditation team)
Medical member

Dr Liza Lack
Medical member

Ms Kim Ngārimu
Lay member, MCNZ Council deputy chair and MCNZ Education Committee deputy chair

Dr Andrew Curtis
Trainee member – ANZCA trainee

Dr Deborah Read
Senior MCNZ staff – Medical Adviser

Ms Jane Dancer
Senior MCNZ staff – Manager – Strategy and Policy

Ms Jen Burke
Education Adviser MCNZ

Appendix 2 – NZCSRH key staff

Chair	Dr Beth Messenger
Deputy Chair	Dr Jo Lambert
Treasurer	Dr Brenda Stebbings
Fellow Board member	Dr Bronwyn Moore
Fellow Board member	Dr Natalie Renaud
Trainee representative Board member	Dr Wee Ming Soh
Associate Board member and Education and Advisory Committee member	Dr Helen Paterson
Operations Manager	Ms Chalyce Koschel
Consumer representative Board member	Ms Jacqueline Cavanagh

Appendix 3 – List of submissions on the NZCSRH

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
The Royal New Zealand College of General Practitioners
The Australasian Chapter of Sexual Health Medicine
The New Zealand Sexual Health Society
The Auckland Sexual Health Service
The University of Otago
Family Planning New Zealand
Medical Sexual Assault Clinicians Aotearoa
The Ministry of Health

Appendix 4 – Summary of the 2022 assessment programme

6 July 2022 - in person and via Zoom	
Opening meeting with Executive leadership	**In person:** Chair – Dr Beth Messenger Deputy Chair – Dr Jo Lambert Treasurer – Dr Brenda Stebbings Trainee representative – Dr Wee Ming Soh Associate representative – Dr Helen Paterson Member – Dr Bronwyn Moore Operations Manager – Ms Chalyce Koschel **Via Zoom:** Member - Dr Natalie Renaud
Education advisory committee	Dr Beth Messenger **Via Zoom:** Dr Helen Paterson
Supervisor meeting	Dr Jo Lambert Dr Beth Messenger
Stakeholder meeting: bpac^{nz}	
Trainee representative	Dr Wee Ming Soh
Stakeholder meeting: Australasian Chapter of Sexual Health Medicine	
7 July 2022 – via Zoom	
Stakeholder meeting: Royal Australian and New Zealand College of Obstetricians and Gynaecologists	
Education advisory committee	Dr Beth Messenger Dr Helen Paterson
Fellow meeting	
Executive leadership	Chair – Dr Beth Messenger Deputy Chair – Dr Jo Lambert Treasurer – Dr Brenda Stebbings Trainee representative – Dr Wee Ming Soh Associate representative – Dr Helen Paterson Member – Dr Bronwyn Moore Operations Manager – Ms Chalyce Koschel Member - Dr Natalie Renaud Consumer representative – Ms Jacqueline Cavanagh
Stakeholder meeting: University of Otago	
8 July 2022 – via Zoom	

Meeting with Executive leadership to feedback findings	Chair – Dr Beth Messenger Deputy Chair – Dr Jo Lambert Treasurer – Dr Brenda Stebbings Trainee representative – Dr Wee Ming Soh Associate representative – Dr Helen Paterson Member – Dr Bronwyn Moore Operations Manager – Ms Chalyce Koschel Member - Dr Natalie Renaud Consumer representative – Ms Jacqueline Cavanagh