Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

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

Date of assessment: 21 – 23 October 2025
Date of Council decision: 28 May 2026

28 May 2026
Medical Council of New Zealand

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Background

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

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

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

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

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

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

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

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

General Information

Name of training provider:	The Royal New Zealand College of Urgent Care
Accreditation assessment:	21 – 23 October 2025
Accreditation assessment decision:	28 May 2026
Accreditation period granted:	31 March 2032
Date of last accreditation decision:	10 November 2021

Programme information

Scope:	Urgent care medicine
Fellowship awarded:	FRNZCUC
Training programmes offered:	Urgent care vocational training programme

Fellowship and membership categories	**Number (as of 31 March 2026**
Membership:	**434**
Associate membership:	**NA**
Trainee membership:	**117**
Fellowship:	**317**
Life membership or life fellowship:	**NA**

Executive Summary

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

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

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

The panel acknowledges not only the substantial challenges to providing high-quality healthcare currently in Aotearoa; but also some of the challenges specific to the RNZCUC at a time of rapid evolution.

Overall the panel observed that the RNZCUC is providing an educationally robust and comprehensive vocational training and recertification programme to its trainees and fellows.

The governance structure and strategic aims are well supported and operationalised by a team that is passionate about and highly committed to delivering the urgent care training programme. The programme provides a valuable and fulfilling training experience and produces urgent care fellows whose vocational graduate outcomes are aligned to community healthcare needs. The RNZCUC has a comprehensive strategic plan for the urgent care training programme. It is commended for the awareness and recognition of its need to undergo a governance review as well as for the thoughtful and context-appropriate approach it is taking to implementing the required changes. Trainees are active participants in the college's governance structure.

The RNZCUC demonstrates it has robust and comprehensive systems for trainee selection, trainee wellbeing; resolution of training issues; and evaluating and monitoring its training and education programmes. There are clear documented processes around selection of training sites and maintaining their currency. The RNZCUC ensures effective implementation and delivery of the training programme, and there is an effective system of clinical supervision to support trainees to achieve the programme and graduate outcomes. Trainees provide regular feedback about supervisor performance and effectiveness, which informs programme improvements.

The leadership team is passionate about operationalising the strategic vision of the college. They are made up of a knowledgeable executive team; the Director of Professional Development; several content expert committees; a highly engaged and respected Director of Clinical Training and an excellent administrative team. They are all commended for their hard work and expertise and a skill mix that supports progress towards achieving the common strategic vision.

The smaller size of the RNZCUC provides a community feel to interactions and feedback from trainees, fellows and supervisors universally endorsed the RNZCUC training programme as accessible, responsive and flexible. Communication with trainees is timely, personable, and appreciated.

The recertification programme is robust and aligned to the learning needs of fellows, who find it pitched at an appropriate level for maintenance and ongoing learning in the vocational arena.

There are six required actions, which relate to cultural safety and support, and trainee assessment.

There has been excellent engagement of the co-opted Māori representative on the Executive Committee to collaborate on the curriculum framework design. The curriculum includes formal learning about, and

develops a substantive understanding of, the determinants of Māori health inequities and achieving Māori health equity. However, existence of effective partnerships with external Māori health providers was limited.

The training programmes includes formal components that contribute to the trainees' education and development in cultural safety. However, there is insufficient evidence that training is producing doctors who engage in ongoing self-reflection and self-awareness and hold themselves accountable for their patients' cultural safety.

There is a lack of supervision and opportunity for trainees to develop their cultural safety and reflect on their unconscious bias. Although some steps have been taken in this regard, given there is a significant proportion of trainees who have completed their basic medical training overseas, there must be clear processes pertaining to this standard to ensure trainees are able to deliver care in a culturally safe manner.

The RNZCUC is commended for its flexible approach to the curriculum and recognition of prior learning of trainees who may have considerable experience which positively contributes to training and in turn, this open and flexible approach is appreciated by trainees. The college has explicit, well defined training programme and graduate outcomes. There is clear executive accountability for education and training and sound educational expertise underpins the programme.

The RNZCUC 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. Overall the assessment approach is well conceived and documented.

However, the curriculum documentation must articulate the level of performance expected of trainees at each stage of the vocational medical training programme and blueprint this against the assessments. The outcome of this should provide a guide to candidates on their expected level of performance at each stage of their training and how these relate to achievement on assessments.

Currently, the process of standard setting is not documented and relies mostly on scrutiny of trainee scores in the absence of comparison of pre-agreed standards or to other years results. This provides a risk that high stakes examination pass / fail decisions are norm-referenced.

Summary of findings

Overall, the Royal New Zealand College of Urgent Care (RNZCUC) has met 29 of the 35 sets of Council's 2022 *Accreditation standards for New Zealand training providers of vocational medical training and recertification programmes*.

Six required actions were identified, along with 13 recommendations and 12 commendations.

Standard			**2025 findings**	**Required actions**
1 – The context of training and education	1.1	Governance	Met	1
	1.2	Programme management	Met	
	1.3	Reconsideration, review and appeals processes	Met	
	1.4	Educational expertise and exchange	Met	
	1.5	Educational resources	Met	
	1.6	Interaction with the health sector	Substantially met	
	1.7	Continuous renewal	Met	
2 – The outcomes of vocational medical training	2.1	Educational purpose	Met	0
	2.2	Programme outcomes	Met	
	2.3	Graduate outcomes	Met	
3 – The vocational medical training and education framework	3.1	Curriculum framework	Met	2
	3.2	The content of the curriculum	Substantially met	
	3.3	Continuum of training, education and practice	Met	
	3.4	Structure of the curriculum	Substantially met	
4 – Teaching and learning	4.1	Teaching and learning approach	Met	1
	4.2	Teaching and learning methods	Substantially met	
5 – Assessment of learning	5.1	Assessment approach	Substantially met	2
	5.2	Assessment methods	Substantially met	
	5.3	Performance feedback	Met	
	5.4	Assessment quality	Met	
6 – Monitoring and evaluation	6.1	Monitoring	Met	0
	6.2	Evaluation	Met	
	6.3	Feedback, reporting and action	Met	
7 – Trainees	7.1	Admission policy and selection	Met	0
	7.2	Trainee participation in training provider governance	Met	
	7.3	Communication with trainees	Met	
	7.4	Trainee wellbeing	Met	
	7.5	Resolution of training problems and disputes	Met	
8 – Implementing the programme: delivery of education and accreditation of training sites	8.1	Supervisory and educational roles	Met	0
	8.2	Training sites and posts	Met	
9 – Recertification programmes, further training and remediation	9.1	Recertification programmes	Met	0
	9.2	Further training of individual vocationally registered doctors	Met	
	9.3	Remediation	Met	
	10.1	Assessment framework	Met	0

Standard		2025 findings	Required actions
10 – Assessment of specialist international medical graduates for the purpose of provisional vocational registration	10.2 Assessment methods	Met	

Required actions

Required actions	Standard
1. The RNZCUC must develop and strengthen effective partnerships with Māori health providers to support vocational medical training and education.	**The context of training and education – Interaction with the health sector** **1.6.4 –** The training provider has effective partnerships with Māori health providers to support vocational medical training and education.
2. The RNZCUC must demonstrate the effectiveness of trainees' and fellows' formal learning in substantive understanding of Māori health inequities and achieving Māori health equity.	**The vocational medical training and education framework – The content of the curriculum** **3.2.9** – The curriculum includes formal learning about and develops a substantive understanding of the determinants of Māori health inequities and achieving Māori health equity. The training programme should demonstrate that the training is producing doctors who engage in ongoing self-reflection and self-awareness and hold themselves accountable for their patients' cultural safety. The training programme should include formal components that contribute to the trainees' education and development in cultural safety.
3. The RNZCUC must articulate, in its curriculum, the level of performance expected of trainees at each stage of the vocational medical training programme and blueprint this against the assessments.	**The vocational medical training and education framework – Structure of the curriculum** **3.4.1** – The curriculum articulates what is expected of trainees at each stage of the vocational medical training programme. **Assessment of learning – Assessment methods** **5.2.2 –** The training provider has a blueprint to guide assessment through each stage of the vocational medical training programme.
4. The RNZCUC must ensure there are processes for trainees to 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.	**Teaching and learning – Teaching and learning methods** **4.2.5 –** The training provider has processes that ensure that trainees receive the supervision and opportunities to develop their cultural safety and reflect on their unconscious bias in order to deliver patient care in a culturally-safe manner.

5.	The RNZCUC must evaluate and monitor the effectiveness of workplace-based assessments as they become embedded in the training programme.	**Assessment of learning – 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. **Monitoring and evaluation – Evaluation** **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.	The RNZCUC must develop and document a methodology for determining and maintaining pass standards.	**Assessment of learning – Assessment methods** **5.2.3** – The training provider uses valid methods of standard setting for determining passing scores.

Accreditation decision

In May 2026, Te Rōpū Mātauranga | The Education Committee of Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (Council) considered this report and resolved that:

- the overall outcome of the accreditation assessment of the RNZCUC is **'substantially met'**, and
- the RNZCUC's accreditation as a vocational medical training and recertification provider for the vocational scope of urgent care medicine, is extended to **31 March 2032**, subject to the following conditions:
  - the RNZCUC must provide progress reports that satisfy the Council that its required actions have been addressed, by the dates specified by the Council
  - the RNZCUC must provide annual reports for the period of its accreditation.

Accreditation standards

1 The context of training and education

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

1.1 Governance			
	Met	Substantially met	Not met
Rating	**X**		

Summary of findings:

In 2024, the RNZCUC commissioned independent experts to undertake a comprehensive review of its governance structures. The college has carefully considered the findings and recommendations of the review and is undergoing a deliberate process to make changes to its governance structures to ensure they are fit for purpose and appropriate for the delivery of the RNZCUC's programmes and performance of its functions.

The RNZCUC's structure and procedures for oversight of training and education functions – both in their recent form and as currently being modified and updated following the governance review – are understood by those delivering these functions. This was evident from the panel's discussions with various individuals involved in governance, management and delivery and is reinforced by the consultative approach being taken to communicating and securing support for the changes being implemented as a result of the review. The two main committees under the new governance structure are the Executive Committee and the Education Committee. In the current and proposed constitution, the Executive Committee is responsible for the overall management and control of all college affairs. The subcommittees of these committees enable coverage of RNZCUC's relationships with internal units and external training providers.

The proposed new governance structure appears sound and aligns with recommendations from the governance review, with clear delineation between the roles of the Executive Committee and Education Committee and the respective subcommittees reporting to each. Terms of reference for all reconfigured committees and subcommittees – including composition, delegations, roles, responsibilities and other relevant matters – are being developed. Due consideration has been given to the representation of relevant groups in decision-making, including effective representation of trainees (who are represented

as full voting members on the Executive Committee, Education Committee and Registrar Sub-Committee).

The RNZCUC's governance structures – including the conscious separation of the Education Committee and distinguishing of its functions from those of the Executive Committee – place strong emphasis on, and explicitly define, the RNZCUC's educational role relative to other activities.

Various stakeholders confirmed the substantial degree to which the RNZCUC collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance. External stakeholders cited examples when the RNZCUC had consulted with them and provided closed loop feedback of how they had implemented their suggestions. The college has also consulted, as part of reviewing its governance structure, with the Royal New Zealand College of General Practitioners (RNZCGP), the Australasian College for Emergency Medicine (ACEM), the Auckland Medical School and prevocational training providers.

The RNZCUC has an appropriate conflict of interest policy applicable to its governance and committee decision-making. It was also evident that there is a reasonable level of internal and external awareness of the need to properly manage conflicts of interest that might arise during the RNZCUC's delivery of training and education functions.

Commendation:

- The RNZCUC is commended for the awareness and recognition of need to undergo a governance review and the thoughtful way in which it is implementing the changes required in relation to their unique context. This demonstrates a growth mindset and a desire for continuous quality improvement.

Recommendation:

- The RNZCUC should continue to keep the MCNZ updated on changes to its governance, through its annual reports, as further documentation, including committee terms of reference, is created around its new constitution and revised governance policy.

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 RNZCUC has structures with the responsibility, authority and capacity to direct the various planning, setting, implementing and evaluating functions in relation to its training and education programmes, including recertification and certifying successful completion. These are largely within the ambit of the reconstituted Education Committee, with management support in designated areas. Separately, the Board of Censors has primary responsibility for setting, implementing and evaluating policy and

procedures relating to the assessment of specialist international medical graduate (SIMGs), with an IMG panel in place to carry out assessments, when it is required.

It was also evident from the RNZCUC governance and management representatives that they are committed to all elements of the six-factor framework, including collegiality, funding and sustainability/viability. This commitment and advocacy to develop a strong and sustainable training programme is demonstrated by the recent success in securing an additional funding stream from Health New Zealand.

Commendation:

- The RNZCUC is commended on the collegiality that is encouraged and supported between the trainees, fellows and the college and external stakeholders; and for its continued advocacy for recognition and growth of urgent care as a speciality.

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 RNZCUC has a policy and processes for reconsideration, review and appeals, which are designed to ensure impartiality. This is further reinforced by the manner and extent of the Chief Executive Officer's (CEO) involvement in these processes. The appeals policy can be accessed on the RNZCUC's website and the panel's discussions confirmed it is known about.

The RNZCUC has recently undertaken a significant review of its appeals policy, with subsequent refinements leading to a new draft appeals policy. Anonymisation is provided for, along with annual evaluations to identify any systemic issues.

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 RNZCUC uses both internal and external expertise in the development, management and continuous improvement of its training and education functions. This includes expertise within governance and operational roles. Several external experts were also consulted on the review of the curriculum and training programme undertaken over 2022-2024. The RNZCUC has more recently identified a need for further internal educational expertise to support the monitoring, evaluation and development of the college's training and education functions. To this end, the Executive Committee has agreed to create a new learning and development specialist role.

The RNZCUC also collaborates with a range of other training and educational organisations to compare its curriculum and programmes including the RNZCGP and the ACEM. Of note, the RNZCUC has collaborated with training sites in different countries to facilitate formal urgent care training for doctors working in Ireland, Australia and the United Kingdom. This has resulted in the RNZCUC building an excellent reputation as a world leader in urgent care training.

Commendation:

- The RNZCUC is commended for the work it has done in progression and development of urgent care as a specialty in the international sphere, resulting in an excellent reputation as world leaders in this area.

Recommendation:

- The RNZCUC should update the MCNZ, in its 2026 annual report, on the appointment of the learning and development specialist role and how this role embeds in the college.

1.5 Educational resources

1.5.1 The training provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.

1.5.2 The training provider's training and education functions are supported by sufficient administrative and technical staff.

1.5 Educational resources

	Met	Substantially met	Not met
Rating	**X**		

Summary of findings:

The RNZCUC's external governance review identified a need to expand operational resourcing to meet business needs, in part to lessen reliance on Executive Committee members. To address this, an operations manager role (1 FTE) has been established, with the former general manager position reconfigured and elevated to CEO, while a learning and development specialist position (0.5 FTE) has also been established. These changes address and support the sustainability of the RNZCUC's management and operational capacity.

The RNZCUC's Urgent Care College Information System (UCCIS) is an excellent and intuitive online platform for enabling tracking of progress in the training and recertification programme, for which the panel heard high praise from trainees, in particular.

The combination of the above changes and existing administrative and technical staff, including staff with strong technical expertise and substantial institutional knowledge, provide appropriate support for the RNZCUC's training and education functions.

Commendation:

- The RNZCUC is commended for UCCIS, which is an excellent online platform for tracking progress in the training and recertification programme.

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 RNZCUC maintains effective relationships with a range of relevant external parties including Health New Zealand, RNZCGP and ACEM in pursuit of its functions.

The RNZCUC engages with training sites in a range of ways to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development. Training site representatives confirmed that they receive supervision training, receive regular updates from the college and are audited at regular intervals against the Urgent Care Standard. The Urgent Care Standard was developed by RNZCUC and is an outcome-based service standard that focuses on the key requirements for the delivery of high-quality urgent care. They also have a good channel of communication with the Director of Clinical Training (DCT).

The RNZCUC facilitates a monthly online forum for clinic medical directors, where attendance is encouraged but not mandatory, to discuss topics of mutual interest including training, supervision and clinic challenges. Training site representatives also confirmed that their views and feedback are actively sought.

Although the RNZCUC seeks to engage constructively with Te ORA and Te Oranga (Māori medical practitioner and student associations) and actively pursues matters related to cultural safety training, overall, it lacks effective partnerships with Māori health providers to support vocational medical training and education. While there are clearly plans to address this standard, through advice supplied by cultural advisors, the college should continue to identify and build mutually beneficial relationships with Māori health providers to support the medical training and education provided by the college.

Required action:

1. The RNZCUC must develop and strengthen effective partnerships with Māori health providers to support vocational medical 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 RNZCUC has clearly demonstrated its willingness to review its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice through its decision to engage external experts to undertake a comprehensive review of its governance, involving a review of its structures and functions for, and resource allocation to, the college's training and education functions.

In turn, the college has taken a considered and deliberate approach to responding to the review's findings and acting on its recommendations. This positions the college well to meet the changing needs and evolving best practice for urgent care training and education. Furthermore, the college is developing a future monitoring and evaluation framework to promote continuous improvement in the structures and functions supporting training and education.

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 RNZCUC's educational purpose is front and centre in the college's proposed revised constitution, currently being progressed to comply with requirements of the Incorporated Societies Act 2022. The purpose is directed at setting and promoting high standards across all areas relevant to the college's education and training functions. The purpose provisions are set in a wider context of the college's community responsibilities.

The RNZCUC's purpose statements explicitly and prominently address equity in urgent care medicine for Māori through a commitment to the principles of Te Tiriti o Waitangi and equity for all people in Aotearoa New Zealand through the provision of accessible, high-quality urgent care services.

The RNZCUC is consulting on the purpose statement as part of wider consultation on the constitution, both with its members and with external stakeholders, including Te ORA and the Council of Medical Colleges. More generally, it was evident to the panel that the college has effective relationships with a broad range of external organisations.

Commendation:

- The RNZCUC is commended for the manner in which it has articulated its educational purpose in revising its constitution.

Recommendation:

- The RNZCUC should provide the MCNZ with a copy of its revised constitution once this is adopted.

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 RNZCUC has clear, well defined training programme outcomes, which are designed to meet community needs for urgent care. Over the last seven years the college has also gathered urgent care utilisation data, which it shares with Health New Zealand. This data provides a better understanding of where there may be gaps in serving community needs, in terms of equity of access to urgent care across the country.

The programme outcomes are based on the role of urgent care and of urgent care doctors, specifically addressing how urgent care sits as a generalist primary care vocational scope between general practice and emergency medicine. The RNZCUC actively engages and collaborates with the RNZCGP and the ACEM in this regard.

2.3 Graduate outcomes

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

2.3 Graduate outcomes

	Met	Substantially met	Not met
Rating	**X**		

Summary of findings:

The RNZCUC has clear, well defined graduate outcomes, including competencies, skills and attributes required for an urgent care doctor to provide high-quality urgent care in the context of the Aotearoa New Zealand healthcare system. These are available in the college's curriculum documents published on its website. Feedback on alignment and attainment of graduate outcomes from stakeholders is sought via the college's regular multi-source feedback surveys and explicitly from the RNZCGP and the ACEM.

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 RNZCUC has undergone a curriculum framework reset since the last accreditation. The new curriculum is comprehensive, well designed and appears to prepare trainees to acquire the knowledge and skills needed for providing safe patient care in vocational practice and is publicly available. The college has planned to manage the transition of the organisation to support trainees at different stages through the iterations of the curriculum.

The curriculum redevelopment work undertaken by the RNZCUC has represented a significant amount of work involving specialist medical education advice, consultation and collaboration. It is a comprehensive redesign that addresses identified issues and will future-proof training for registrars and recertification for fellows in coming years.

Recommendation:

- The RNZCUC should report, in its annual reports to the MCNZ, on the challenges and successes it experiences in embedding the new curriculum.

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 curriculum is comprehensive and well organised, with the RNZCUC's upgraded online platform (UCCIS) allowing a clear online training plan outlining yearly expectations and supporting long-term planning. The RNZCUC has also launched a companion online learning platform, called TalentLMS, which was noted to be easy to use, and allows integration of multiple resources (videos, radiology, core skills checklist, discussion forum) all onto one hub.

The RNZCUC sought permission from the Royal College of Physicians and Surgeons in Canada to use the CanMEDs Physician Competency Framework. The college has aligned its graduate and learning outcomes to the CanMEDs '7 Roles of Practice' which include medical expert, communicator, collaborator, professional, health advocate, leader and scholar.

The ability to self-select from university papers to tailor one's personal interests for the 'registrar chosen' paper appears to make the training programme tailored and useable. The number of in-person workshops – such as the skills demonstration and assessment weekend (SDAW), paediatric advanced life support (PALS), trauma day – appear to be valuable core activities within the training programme. The Registrar Sub-Committee supports registrar input in governance and through this there is a registrar in the Education Committee, Executive Committee and on other forums. These initiatives have been well supported and encouraged by the college.

Since the 2021 accreditation, the RNZCUC has developed its own internally produced leadership training course and has made this course a requirement of the training programme. The course has eight sections which provide an overview of leadership (including Kaupapa Māori models), governance and supervision, focused on how these apply to urgent care. The Royal Australasian College of Medical Administrators (RACMA) reviewed and endorsed the first four modules, which were also reviewed for educational robustness by the University of Auckland.

There is clear value in having the co-opted Māori representative on the Executive Committee to collaborate on the curriculum framework design from the outset. There is also evidence of consultant advice on tikanga Māori and the brokering of relationships for the benefit of trainees and fellows. This is a positive foundation to support the monitoring and improvement of these aspects of the curriculum.

The curriculum includes formal learning about and develops a substantive understanding of the determinants of Māori health inequities and achieving Māori health equity. In addition, the training programme includes formal components that contribute to the trainees' education and development in cultural safety. However, there is insufficient evidence that the training programme is producing doctors who engage in ongoing self-reflection and self-awareness and hold themselves accountable for their patients' cultural safety. The monitoring and evaluation of the new curriculum will likely assist the RNZCUC to determine whether the formal learning is translating into practice.

Commendation:

- The RNZCUC is commended for its development of the leadership course and its conscious design, based on learning needs analysis and developed with engagement from RACMA and creating a finished product that is tailored to the training needs of urgent care trainees.

Required action:

2. The RNZCUC must demonstrate the effectiveness of trainees' and fellows' formal learning in substantive understanding of Māori health inequities and achieving Māori health equity (standard 3.2.9).

3.3 Continuum of training, education and practice

3.3.1 There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, including undergraduate and prevocational education and continuing professional development through the recertification programme.

3.3.2 The vocational medical training programme allows for recognition of prior learning and appropriate credit towards completion of the programme.

3.3 Continuum of training, education and practice			
	Met	Substantially met	Not met
Rating	**X**		

Summary of findings:

The panel received an overview of the RNZCUC's 2025 training programme. The training programme demonstrates purposeful curriculum design and how the skills of trainees are built upon at each stage, providing both horizontal and vertical integration, through undergraduate and prevocational education and continuing professional development through the recertification programme.

There is evidence of the college's enabling and highly flexible approach to the curriculum and recognition of prior learning of trainees who may have considerable experience in, for example, general practice or emergency medicine or other skillsets. These are valued by the college as contributing to training and in turn this open and flexible approach is appreciated by trainees.

Commendation:

- The RNZCUC is commended for its enabling and highly flexible approach to the curriculum and recognition of prior learning of trainees who may have considerable experience in, for example, general medicine or emergency medicine or other skillsets. These are valued by the college as contributing to training and in turn this open and flexible approach is appreciated by trainees.

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 RNZCUC outlined that the duration of the training programme is a minimum of three and a half years up to a maximum of eight years. Within this time frame, there is a 3000-hour clinical time requirement with a minimum 400 hours per year requirement. Various milestone progression points exist within the programme, with flexibility integrated to complete some of these requirements earlier than prescribed. Trainees reported that this was a fair and not overly onerous length of time, and that flexibility could be approved for various reasons such as balancing family/whānau commitments; part-time work; or training concurrently in other scopes of medicine for example general practice or emergency medicine.

The panel observed that the RNZCUC could do more within the curriculum to clearly articulate what is expected of trainees at each stage of the vocational training or provide a blueprint to guide assessment. The curriculum must provide guidance to trainees on their expected level of performance at each stage and how these relate to achievement on assessments. This will promote greater transparency for trainees and ensure that trainees, supervisors and assessors share a common understanding about what competence looks like at each stage. This promotes fairness and encourages progressive development.

There is adequate flexibility within the programme and curriculum and allows for part-time, interrupted and other flexible forms of training. Registrars may put their training on hold for up to three years for a variety of reasons. Requirements around returning to training are clearly outlined on the college website. Flexibility is catered for by enabling trainees to pursue studies of choice that promote breadth and diversity of experience. While the RNZCUC mandates two university courses, there is the opportunity to pick up a third course that is relevant to urgent care, not covered elsewhere in the training programme and that meets an identified learning need of the registrar. Equivalent courses may also be substituted with permission from the Education Committee or Director of Clinical Training. Registrars may also choose between a research project or methods course at their Professional Fellowship stage.

Required action:

3. The RNZCUC must articulate, in its curriculum, the level of performance expected of trainees at each stage of the vocational medical training programme and blueprint this against the assessments (standards 3.4.1 & 5.2.2).

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:

The RNZCUC training programme has recently undertaken a substantive review, led by the Education Committee in 2024. The RNZCUC have reviewed and updated its training curriculum in collaboration with the relevant external providers involved in the delivery of the curriculum, including universities.

A wide range of approaches are effectively employed by the RNZCUC and linked to the relevant curriculum content, programme and graduate outcomes. The college illustrated aspects of this through their UCCIS platform and core skills checklist. Further commentary around the curriculum can be found in section 5 of this report.

The college effectively utilises courses run by external institutions, a variety of self-directed online learning options and a range of teaching options within a variety of clinical settings. These aspects integrate into the overall programme structure in a seamless manner, with both fellows and trainees speaking highly of the flexible and varied nature of the available approaches. The mainstay of trainee learning is from supervised practice (see next section) which is supplemented by more formal teaching and learning methods. Some approaches include:

- The online urgent care course compromised of 23 modules in preparation for the urgent care written exam (UCPEX).
- Lightbox radiology modules.
- Electrocardiogram (ECG) weekly subscription.
- RNZCUC Trauma course.
- RNZCUC communication course.
- SDAW.
- Advanced Cardiac Life Support (ACLS).
- PALS.
- RNZCUC bootcamp (Annual 2-day conference).
- RNZCUC podcast.
- Mauri Ora course.
- RNZCUC Leadership course.

4.2	Teaching and learning methods
4.2.1	The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
4.2.2	The vocational medical training programme includes appropriate adjuncts to learning in a clinical setting.
4.2.3	The vocational medical training programme encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.
4.2.4	The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge, and experience grow.

4.2.5 The training provider has processes that ensure that trainees receive the supervision and opportunities to develop their cultural safety and reflect on their unconscious bias in order to deliver patient care in a culturally-safe manner.

4.2 Teaching and learning methods			
	Met	Substantially met	Not met
Rating		**X**	

Summary of findings:

Training in the RNZCUC programme is predominantly practice based across a range of urgent care clinics with appropriate adjuncts that ensure a range of methods (see 4.1) are available for trainees to develop their skills and knowledge. These include university-based courses, collaboration with secondary and tertiary hospital clinics and emergency department-based learning.

There is clear opportunity for trainees to have an increasing degree of responsibility congruent to their individual degrees of experience and skills. Trainees reflected this in their feedback to the panel and spoke about additional opportunities to access further learning in areas of specific interest (for example, working with fracture clinics to develop their orthopaedic skill set).

The current nature of the programme ensures flexibility to suit the breadth and prior experiences of trainees while also meeting the fundamental requirements of training relevant to urgent care. Both trainees and fellows speak highly of the broad, diverse and flexible teaching and learning methods available.

The panel was able to confirm that graduated levels of responsibility and entrustable professional activities were, overall, managed appropriately within the framework of the training programme and the support of RNZCUC staff.

An area of concern highlighted in this review is the lack of supervision and opportunity for trainees to develop their cultural safety and reflect on their unconscious bias. The RNZCUC has a mandatory case-based discussion (soon to be replaced by a cultural safety-orientated workplace-based assessment (WBA)), as well as the Mauri Ora cultural competency course. However, to ensure that all trainees are able to deliver care in a culturally safe manner specific to the community needs of Aotearoa New Zealand, there must be clear processes and opportunities to develop their understanding of cultural safety, cultural competence and hauora Māori.

Required actions:

4. The RNZCUC must ensure there are processes for trainees to 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 (standard 4.2.5).

5 Assessment of learning

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

5.1 Assessment approach	Met	Substantially met	Not met
Rating		X	

Summary of findings:

The college has developed a structured, multi-stage assessment framework that aligns with the outcomes and curriculum of the vocational medical training programme. The framework supports progressive judgements about trainees' preparedness for independent practice within the vocational scope. Assessment methods include a summative written examination (UCPEX, containing both multiple choice and short answer written questions), a clinical examination (OSCE), and several mastery-based components such as ACLS, PALS, trauma management, and leadership courses. Historically, workplace performance has been assessed through supervisor appraisals.

From 2025, the college has introduced a programme of WBAs to complement the existing written and clinical examinations. This represents a major enhancement to the assessment programme, ensuring that performance in authentic clinical settings contributes more directly to judgements about trainee progression. The suite of proposed WBA tools—including Mini-CEX (clinical evaluation exercise), direct observation of procedural skills (DOPS), case-based discussions, and multi-source feedback—is appropriate and educationally robust. The inclusion of multi-source feedback, in particular, is likely to provide valuable perspectives on professional behaviours and teamwork, while also contributing to evaluation of the overall training programme.

Although the WBA system is newly implemented, its design and supporting processes appear sound. Documentation currently contains some ambiguity about whether WBAs are intended to be formative or summative; however, the panel understands that WBAs will be monitored by supervisors and the DCT, with feedback provided as needed, and that persistent unsatisfactory performance or non-completion may impede progress. The effectiveness of this approach must be reviewed as implementation progresses. To ensure that all learning outcomes are assessed, it will be important that WBA outcomes are incorporated into high-stakes decisions alongside written and clinical examination results.

The online learning management system, UCCIS, clearly documents the assessment and completion requirements, including which assessments are required, how many must be completed, and at what stages of training. It also provides progress tracking and feedback to both supervisors and candidates. Assessment policies and requirements are well documented and easily accessible to staff, supervisors, and trainees, supporting transparency and consistency across the programme.

Policies relating to special consideration in assessment are clearly defined and appear to be appropriately implemented. These provisions are most commonly applied for candidates with dyslexia, typically through the provision of additional examination time. The process appears fair, consistent, and aligned with the principles of equity and reasonable adjustment.

Overall, the college's assessment framework is well designed and aligned with the curriculum outcomes. It supports progressive judgements of trainee performance, is clearly documented, and incorporates

appropriate mechanisms for special consideration. The planned workplace-based assessment programme represents a positive and educationally sound evolution of the system, and its ongoing evaluation will be important as experience accumulates.

Recommendation:

- The RNZCUC should update its documentation to ensure clarity on whether WBAs are formative or summative.

Required action

5. The RNZCUC must evaluate and monitor the effectiveness of workplace-based assessments as they become embedded in the training programme (standards 5.1.1 & 6.1.1).

5.2 Assessment methods

5.2.1 The assessment programme contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.

5.2.2 The training provider has a blueprint to guide assessment through each stage of the vocational medical training programme.

5.2.3 The training provider uses valid methods of standard setting for determining passing scores.

5.2 Assessment methods

	Met	Substantially met	Not met
Rating		**X**	

Summary of findings:

The college has adopted a programme-wide assessment approach incorporating multiple complementary methods: written (UCPEX) and clinical (OSCE) examinations, WBAs, supervisor appraisals, audits, and mastery-based practical courses. The UCPEX contains both multiple choice questions and a written component. Recent reforms have strengthened the overall assessment system, including moving the OSCE to advanced training, and introducing examiner training for the WBAs. From 2025, WBAs (Mini-CEX, DOPS, and case-based discussion) will become mandatory, supported by training, pilot testing, and consultation.

The OSCE comprises 14 ten-minute stations (increased from seven minutes), with one examiner per station. Typically, three stations are radiology-based, three are examiner-only, and eight use simulated patients. A cultural competence station has been included for the past three years. Approximately 26 candidates are examined per exam sitting. The written examination is blueprinted by discipline and body system, while the OSCE is also blueprinted by clinical task domains (history, examination, investigation, communication, procedure, and management) typically sampling two domains per station.

With the introduction of WBAs, the assessment suite now covers the full range of learning outcomes, including those observable in the workplace. This provides greater assurance that assessment methods are fit for purpose and aligned with the expected outcomes of vocational training. The inclusion of workplace-based methods also supports authentic assessment of clinical performance and professional behaviour, and provides additional safeguards against inappropriate use of artificial intelligence. The college's approach reflects sound educational principles, and its reforms are progressively strengthening assessment validity and comprehensiveness.

However, while the overall structure of the assessment programme is clear and comprehensive, there is no explicit blueprint showing how assessments map to learning outcomes at each stage of training, nor how performance expectations evolve over time. The current documentation specifies which assessments must be completed at each stage, but does not articulate the levels of performance expected or how these relate to progression in competence. While recognising the unpredictability of clinical experiences, so there can never be rigid guidance, some guidance would be beneficial for trainees to self-monitor their progress. Guidance exists regarding expected clinical presentations and procedural

experiences, which helps candidates judge appropriateness for their stage of training, but these have not been explicitly linked to standards or mapped against assessments.

Refining and aligning the "core skills lists" with explicit stage-based expectations could also assist in addressing this gap, though these lists represent only one component of the curriculum. Equivalent articulation of expected levels of achievement is also needed for other domains (such as knowledge, professional conduct, and communication) so that progression expectations are clearly defined across the full curriculum. Greater transparency about how assessment tools link to specific learning outcomes, and how competence develops throughout the programme, would also help trainees to self-monitor their progress, even acknowledging the variability of clinical experience.

The college's current methods for determining passing scores in written and clinical examinations are not well documented. Pass marks are typically between 50–60%, with the final mark often determined by identifying a "natural gap" in the ranked score distribution. While this pragmatic approach is supplemented by a borderline zone review process – where candidates near the pass/fail threshold are discussed using their written results, examiner comments, and any identified critical errors - there is limited evidence of formal standard-setting or psychometric calibration. This 'natural gap' method risks norm-referencing.

Standard-setting methods are not described in the examination and assessment policy, making it difficult to demonstrate equivalence of standards across examination years. For the written examination, the same marker has been used for several years, which may provide informal calibration; however, reliance on a single marker also introduces potential for idiosyncratic variation. Borderline cases in both the OSCE and UCPEX are re-reviewed by a team, and the level of scrutiny applied to these candidates is likely to provide some assurance that standards are applied consistently across years. Nonetheless, clearer documentation of the processes followed during these reviews would strengthen the transparency and defensibility of decisions. In the OSCE, the use of critical and significant errors to inform borderline reviews adds a valuable qualitative dimension but does not constitute a documented or reproducible standard-setting method.

Overall, the assessment programme demonstrates a strong commitment to validity, comprehensiveness, and workplace relevance. Ongoing improvements to standard setting and explicit articulation of performance expectations will ensure continued improvement and greater transparency for both trainees and examiners.

Recommendation:

- The RNZCUC should consider how to enhance the reliability and resilience of the written assessment process, such as through implementing a dual-marking system or periodic peer moderation. This would help ensure consistency in marking the written examination, reduce reliance on a single assessor, and support the integrity of the evaluation process.

Required actions:

(See required action 3)

6. The RNZCUC must develop and document a methodology for determining and maintaining pass standards (standard 5.2.3).

5.3	Performance feedback
5.3.1	The training provider facilitates regular and timely feedback to trainees on performance to guide learning.
5.3.2	The training provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.

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

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

5.3 Performance feedback			
	Met	Substantially met	Not met
Rating	**X**		

Summary of findings:

Regular and structured feedback is well embedded throughout the programme, supported by multiple mechanisms including supervisor appraisals, WBAs, and course participation. Supervisors and the DCT work closely to monitor each trainee's progress, drawing on assessment reports and other data from the UCCIS online system. This platform allows supervisors to view assessment outcomes and track progress over time, supporting timely, formative feedback to guide learning.

The panel heard good evidence from trainees that they receive feedback that helps them understand their progression towards the expected standard. Overall, trainees were satisfied with the frequency and modes of feedback. However, some trainees felt that assumptions were sometimes made based on time spent training in different scopes of medicine, which did not necessarily translate to specific skill acquisition, due to the broad range of scope of urgent care, general practice and emergency medicine.

Trainees who do not meet required standards engage in structured discussions with the Board of Censors chair, while those who pass may request specific feedback if desired. The system overall appears to support constructive feedback and ongoing professional development.

Supervisors are informed of their trainees' assessment performance, and communication appears to flow effectively in both directions between the supervisors and the DCT. The use of a colour-coded compliance system (ranging from green to red/purple) enables early identification of trainees who may be experiencing difficulties and triggers appropriate interventions or remediation. These processes are well established, with clear escalation pathways and collegial support provided through remediation plans, training site visits, and site-level engagement as required.

The college's processes for identifying and managing trainees not meeting expected outcomes are transparent and consistently applied. Communication between the college, supervisors, and the DCT appears strong, and the system is well positioned to identify and manage any concerns about performance or patient safety. While reports to employers are uncommon, there is a policy that outlines when notification of employers and/or regulators (such as the MCNZ) would be appropriate in the event of patient safety concerns. These mechanisms collectively provide assurance that the college can detect, respond to, and manage performance issues in a timely and responsible manner.

Commendation:

- The RNZCUC is commended for its Director of Clinical Training, who leads a proactive and robust approach to monitoring progress and providing timely feedback to trainees and supervisors, and is clearly dedicated to the role.

Recommendation:

- The RNZCUC should ensure that clinical supervision requirements are tailored to individual trainee needs.

5.4	Assessment quality
5.4.1	The training provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.
5.4.2	The training provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

5.4 Assessment quality			
	Met	Substantially met	Not met
Rating	**X**		

Summary of findings:

The college has a well-established process for reviewing aspects of the quality, consistency, and fairness of its assessment methods. Feedback is collected regularly from both trainees and assessors following each assessment cycle, and item-level analyses, including discrimination indices, are used to identify and address underperforming questions or stations in the UCPEX and OSCE. External advice has been sought to enhance validity and objectivity, reflecting a strong commitment to evidence informed assessment practice.

A comprehensive review of all assessments in 2024 resulted in substantial improvements across the programme. These included the introduction of WBAs, refinement of the core skills lists, replacement of the medical literature project, and the addition of new cultural safety assessments. Collectively, these developments indicate thoughtful consideration of educational impact and feasibility, ensuring that the assessment suite remains relevant and balanced.

Quality assurance processes for the summative examinations are focused on item-level statistics, and while formal reliability data are not yet routinely calculated, the structure and moderation arrangements suggest that reliability is likely to be acceptable. To enhance defensibility and provide additional evidence of quality assurance, the college may consider it prudent to report simple measures of internal consistency (e.g. alpha coefficients). The planned introduction of a roving second examiner will further enhance moderation and provide additional data on examiner consistency.

Measures to promote comparability across training sites are robust and include examiner training, use of standardised checklists, demonstration videos, and a mandatory orientation programme for WBA assessors. Ongoing calibration of assessors is planned to support consistent application of standards as the workplace-based assessment programme matures. Evaluation of the effectiveness of these measures will be important to undertake as the WBA aspects are rolled out. The written and clinical examinations are conducted at a single site, which removes the need for cross-site moderation.

While it is too early to evaluate the reliability of the new WBAs, the college's collaboration with external experts and other institutions provides a sound foundation for continued quality improvement. Post-examination evaluation plans now include analyses by gender, ethnicity, and country of training, which will allow for systematic monitoring of potential bias in future cycles. Overall, the college demonstrates a clear and evolving commitment to maintaining assessment quality, consistency, and fairness across all components of the programme.

Recommendation:

- The RNZCUC should consider reporting simple measures of internal consistency on its summative examinations.

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 RNZCUC has a robust and comprehensive system for evaluating and monitoring its training and education programme, supported by an excellent administrative team. By providing a continuous monitoring and evaluation feedback cycle from trainees, fellows, supervisors and other stakeholders, opportunities for quality improvement are identified. Overall, this allows the RNZCUC to achieve its strategic goal of academic integrity for the programme.

Since the last accreditation assessment, the curriculum reset has been implemented, and a robust and systematic evaluation and monitoring system of curriculum content, teaching and learning, supervision and assessment and trainee progress is in place. WBAs are in the early stages of implementation as an assessment tool, following a pilot project and stakeholder feedback.

A suite of survey measures occur at regular, scheduled intervals with a defined analysis and reporting timeline. The Education Committee monitors curriculum content through annual trainee surveys; and interviews of new fellows exiting the training programme; to ensure curriculum alignment with graduate outcomes. In addition, *ad hoc* feedback on the training programme is welcomed. The Board of Convenors provides a similar role in reviewing survey feedback on the RNZCUC examinations.

The Education Committee and Board of Convenors report feedback findings to the Executive Committee, for review and consideration of implementation of targeted change.

Feedback is sought on performance of supervisors via surveys. If there are any specific issues, trainees are encouraged to contact the RNZCUC direct to discuss concerns.

The UCCIS platform for recording training and recertification progress is highly valued by trainees and fellows alike as an intuitive and user-friendly system for recording, tracking and providing evidence of achievement and progress. In addition, progress on UCCIS is visible to supervisors of training, the DCT, Director of Professional Development (DPD) and the administration team.

Trainee representation on the Executive Committee, the Education Committee and the Registrar Sub-Committee ensures their voice is heard and that they have the opportunity to challenge any potential changes that may risk unfairly disadvantaging trainees.

Commendation:

- The RNZCUC is commended for its administrative team, who provide excellent support for the training programme monitoring and evaluation processes.

Required action:

(See required action 5)

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 RNZCUC's approach incorporates consideration of health care needs of the community, colleague feedback and perception of preparedness to practice from newly graduated fellows. It uses its monitoring and evaluation framework to make these assessments.

The RNZCUC collects and analyses multiple qualitative and quantitative data sets via various trainee, supervisor and training site surveys to assess the effectiveness of its training programme, and to ensure ongoing alignment for the learning needs and urgent care graduate outcomes. Some data, for example trainee gender and country of origin is collected, but not analysed.

The RNZCUC proactively engages with a broad base of stakeholders, who are able to contribute to the evaluation of the training programme and graduate outcomes via multisource feedback and training site surveys.

Recommendations:

- The RNZC should formalise its evaluation standards.
- The RNZCUC should analyse data gained on the training programme and graduate outcomes by equity group to ensure that learning needs are being met and to assess and mitigate against, implicit bias.

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 RNZCUC has robust, systematic administrative and governance structures for reporting the results of monitoring and evaluation. This is supported by its governance policy.

Feedback of results and changes is disseminated to trainees via multiple avenues: direct email, newsletters, notification on the RNZCUC website and via the Registrar Sub-Committee.

Results are shared with stakeholders via a graded approach: those who are most affected receive direct email notification; others receive the newsletter; and more broadly, the results are posted online on the RNZCUC website. Ongoing stakeholder feedback is sought regarding the implementation and effectiveness of changes made, to allow their input into the continuous renewal of the programme.

Trainees, fellows, supervisors and training sites confirmed that any concerns regarding the quality of the training programme are managed in a timely and effective manner.

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 RNZCUC has clear and documented selection criteria which allow for consistent and transparent merit-based scoring for the selection of potential trainees. Applications for training are weighted towards Māori, Pacific peoples and rurally based doctors, to mitigate against health inequities and better reflect the demography of Aotearoa New Zealand. The process of selection and relevant policies are published and publicly available on the RNZCUC website. An appeals policy exists and is visible to candidates prior to their application, should a candidate not be selected for training.

The RNZCUC has similar proportionality of Māori trainees (6%) to the overall proportion of Māori doctors (5.1%). It has a strategic direction to increase Māori trainee numbers to meet proportionality of the overall Māori population and is yet to decline a Māori applicant.

All requirements of the training programme are available to trainees prior to selection. During each stage of training, relevant requirements remain clearly visible to trainees and are updated as completed on UCCIS. The urgent care training programme requires trainees to work in an approved training facility, but does not require them to rotate through training sites.

Based on the data provided, it is rare for a trainee to be declined selection into the training programme due to the relatively low number of applications received by the RNZCUC. It was evident that because of these circumstances, evaluation of the selection policies with respect to validity, reliability and feasibility is limited.

Commendation:

- The RNZCUC is commended for having clear requirements of the vocational training programme and trainees and fellows described UCCIS as intuitive with clear understandable information collated onto an accessible platform.

Recommendation:

- The RNZCUC should review the evaluation of current selection processes and consider the development of a valid, reliable and feasible plan to manage a potential increase in applications to the RNZCUC training programme.

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 RNZCUC has clear and comprehensive support for involving registrars in their training and governance structures. Trainees and fellows alike have equal and full voting rights. The trainee voice is enshrined through a registrar representative on the Executive Committee. Similarly, the Education Committee ensures trainee representation. Trainees also have their own Registrar Sub-Committee which reports and provides feedback to the aforementioned committees. Trainees felt that their voice was heard at a governance level via these pathways.

The RNZCUC encourages and supports trainees to be involved in other aspects of the RNZCUC relevant to training, for instance reviewing and providing feedback on training courses and participation in peer review functions of the college.

Commendation:

- The RNZCUC is commended for its strong commitment to supporting trainee involvement through both the formal governance structure and wider training aspects of their college.

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 RNZCUC has established avenues of communication to inform trainees in a timely manner of the activities of its Executive and Education Committees. This is supported by a highly respected and personable administration team who are involved with all matters of trainee communication.

Written communication is sent directly to trainees via emails and newsletters. In addition, up to date information is available on the RNZCUC website. The RNZCUC is proactive in supporting trainees meeting requirements in a timely fashion. This support is highly valued by trainees.

UCCIS provides an intuitive platform where progress through training and outstanding requirements can be easily viewed by trainees. This facilitates their ability to navigate through training requirements.

Trainee representatives noted that a barrier to their communication with their colleagues was not having access to a trainee contact list to be able to effectively disseminate additional educational information and representative feedback.

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

7.4 Trainee wellbeing

	Met	Substantially met	Not met
Rating	**X**		

Summary of findings:

The college expressed a view that the diverse and varied nature of the privately owned and operated structure of urgent care clinics in Aotearoa New Zealand limits the influence of the RNZCUC over trainee wellbeing to some extent. However, the college promotes strategies to enable a supportive learning environment within its locus of control. Adherence to the Urgent Care Standard is required of all clinics for accreditation for urgent care training. The RNZCUC promotes its wellbeing policy and has appointed two wellbeing officers who are fellows who advocate and support trainee wellbeing.

The RNZCUC collaborates with stakeholders to identify and support trainees experiencing professional or personal difficulties. Support provided by the college is timely and personable, but may be limited given the individual contractual structure of trainee employment.

The panel heard commitment from RNZCUC to ensure a culturally safe environment for trainees. The panel did not hear any concerns that it was culturally unsafe. It is important for the RNZCUC to continue its positive journey to continually build and maintain a culturally safe environment for trainees. They have recently appointed an external cultural consultant to provide advice on Te Ao Māori within governance. There is a dedicated position on the Executive Committee for a co-opted Māori fellow representative.

A Māori peer group has recently been convened, which offers pastoral and peer support for Māori fellows and trainees. The group also discusses clinical cases which have involved navigating the interface of Māoritanga and clinical responsibility in order to achieve optimal patient outcomes. There appears to be general acceptance and flexibility towards supporting Māori members to meet cultural obligations. This could be strengthened by formal policy development and implementation to support trainees to meet cultural obligations.

Recommendation:

- The RNZCUC should consider the development and implementation of a policy to support trainees to meet cultural obligations.

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 RNZCUC has policies and processes that support trainees in addressing supervision and other professional issues. These processes are transparent, timely, safe and confidential within the constraints of the current RNZCUC training structure. The DCT has the primary liaison role with urgent care clinic medical directors in order to support resolution of training problems and disputes. The RNZCUC seeks regular feedback from trainees regarding their clinical supervision and welcomes ad hoc communication to identify and resolve issues in a timely fashion. The relatively small size of the college, and the potentially easily identifiable players in the trainee-supervisor relationship presents challenges for safe and confidential processes. However, the college manages these situations sensitively.

The RNZCUC has impartial pathways for timely resolution of disputes between trainees and supervisors or the training provider. It supports mutual or unilateral termination of trainee-supervisor relationships. This prevents escalation of problems and disputes and allows appropriate flexibility for trainees to establish alternative supervision arrangements. There are policies and processes in place to support more serious disputes where applicable.

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 RNZCUC ensures an effective system of clinical supervision to support trainees in achieving programme and graduate outcomes. This is underpinned by comprehensive policies, including a supervision policy which defines supervision requirements such as minimum on-site hours, regular formal and informal meetings, structured feedback, and completion of formal supervision appraisals. The college's approved supervisor policy outlines supervisor approval processes, training and professional development requirements, and responsibilities for providing a safe and equitable learning environment. Additionally, the approved training facility policy mandates that all training sites have fellows available and willing to supervise, ensuring consistent oversight and support for trainees.

The RNZCUC ensures supervisors and assessors are appropriately qualified and supported through documented policies and structured processes. Supervisors must complete compulsory training and induction led by the DPD, who outlines role expectations. Feedback from supervisor surveys and interviews confirms training is sufficient and appropriate. Supervisor effectiveness is evaluated through quarterly reports, annual surveys, and exit interviews, with findings reviewed by the DPD and reported to the Education and Executive Committees. Positive trainee feedback reinforces the quality of supervision, with isolated concerns addressed promptly. For assessors, the examination and assessment policy defines capability requirements, including strong academic and clinical performance, good standing with the RNZCUC, and compliance with continuing professional development (CPD). New assessors undergo training, observation at practical days, and continuous feedback from trainees, actors, and peers. Selection is rigorous, and applicants who do not meet communication or teaching standards are declined, ensuring high-quality assessment practices.

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 RNZCUC applies transparent, published criteria to assess, accredit, and monitor training facilities, ensuring alignment with training programme outcomes. The Approved Training Facility Policy documents the criteria for a clinic or emergency department to be recognised as an approved training facility. General urgent care facilities require accreditation against the Urgent Care standard, which sets out the key requirements for delivery of high-quality urgent care in an urgent care clinic, as well as criteria related to supervisory arrangements and a suitable learning environment, as documented in the Approved Training Facility Policy. Facilities are reviewed annually, and non-compliance—such as reduced hours or lack of supervision—results in withdrawal of approval. As of August 2025, the RNZCUC has approved 44 urgent care clinics, 26 emergency departments, and 8 international sites, supporting diverse training opportunities across urban, rural, and high-needs settings. The RNZCUC acknowledges the accreditation of training facilities under other specialties undertaken by the relevant college, this is predominately ACEM.

The RNZCUC's standards for accrediting training facilities are directly aligned with the outcomes of the vocational training programme and ensure trainees receive appropriate supervision, educational resources, and opportunities to develop the knowledge and skills required for safe, high-quality, and culturally safe patient care. Approved sites include rural hospitals and clinics serving high-needs and Māori populations, promoting health equity and diverse learning experiences. Registrar feedback from the 2024 survey confirmed positive experiences regarding training opportunities and safe, supportive environments. The RNZCUC has also implemented a process to notify MCNZ of any intention to withdraw accreditation, ensuring transparency and compliance.

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 RNZCUC provides a comprehensive recertification programme accessible to all vocationally registered urgent care doctors, including non-fellows, with published requirements and a system for documenting activities via UCCIS. The programme includes a standard urgent care pathway and alternative, special circumstance, non-clinical, and overseas pathways to accommodate dual fellows and doctors in varied roles, ensuring flexibility while maintaining CPD standards. Cross-crediting of CPD from other scopes prevents undue burden, and additional requirements such as supervision or audits are applied when returning to clinical practice. Programme details are publicly available, and new fellows receive guidance on requirements, while UCCIS tracks progress against annual and triennial goals.

The RNZCUC designed its recertification programme in consultation with internal and external stakeholders and in alignment with MCNZ's recertification framework to meet accreditation standards.

Ongoing development of the RNZCUC recertification programme between 2019 and 2021 included member surveys, webinars, and iterative feedback. Cultural safety and health equity has been embedded through input from the co-opted Māori representative on the Executive Committee. External consultation with the RNZCGP ensured alignment and cross-crediting opportunities for dual fellows. The programme defines annual and triennial requirements following the MCNZ's three CPD categories—reviewing and reflecting on practice, measuring and improving outcomes, and educational activities—with compulsory annual components such as the structured annual conversation (SAC), six hours of peer group activities, an audit (over the triennial one must include a clinical notes audit and one multisource feedback), and the Essential Knowledge Quiz addressing professionalism and ethics. Educational activities include a minimum of five hours continuing medical education (CME) annually and mandatory resuscitation training, with CORE Advanced every three years. The college estimates that the minimum number of hours it would take per year would be 20 hours. An additional 60 hours of CPD over the triennium are required, which allows doctors to tailor activities to their professional development plan (PDP) while maintaining standards for safe, culturally competent practice.

The RNZCUC requires all participants in its recertification programme to develop and maintain a PDP, which is recorded in the UCCIS system and linked to CPD activities for progress tracking. Cultural safety and health equity are embedded across all programme elements, with the SAC mandating reflection on these areas and planning for improvement. A curated list of high-value cultural safety activities is maintained on the college website, and endorsed workshops, such as cultural safety training, are promoted. Quality improvement tools include audits focused on cultural competence, such as the sore throat risk stratification audit and the tikanga Māori audit developed in collaboration with Māori health experts. These audits identify gaps in practice and inform targeted CPD activities, ensuring cultural safety standards are met and continuously improved.

The RNZCUC provides an online multisource feedback (MSF) process as a compulsory triennial activity, surveying 30 patients (20 for doctors working in emergency departments) and 10 colleagues via QR code or paper forms, with results reviewed by the college and shared through UCCIS for reflection during the SAC. External MSF options, such as the Client Focused Evaluation Programme, are also supported. The college offers an optional regular practice review (RPR) at the end of a triennium, incorporating MSF, clinical notes audit, cultural safety audit, PDP review, and an in-practice visit with observed consultations, meeting all triennial CPD requirements. The RNZCUC also recognises and credits high-quality CPD activities completed through other organisations, particularly for dual fellows, through a documented process managed by the DPD to ensure alignment with urgent care standards while avoiding duplication.

The RNZCUC maintains a structured process for continuous review and quality improvement of its recertification programme. Feedback is collected annually through member surveys, reviewed by the DPD, and used to inform incremental improvements. Compliance monitoring is embedded within UCCIS, with annual checks aligned to practising certificate renewal dates and reminders issued at three-month intervals. Non-compliance triggers escalation to the Progress and Compliance sub-committee, with remedial plans implemented where necessary, and all unresolved cases reported to MCNZ in accordance with the fellows' performance policy. Additional oversight includes random audits of 10% of portfolios each year to identify systemic issues (for example users not using a PDP function in the correct way leading to systemic improvements to assist all Fellows). The college can also use audit results to identify targeted education and apply specific resources such as instructional videos and website updates. Participant categories and numbers are tracked internally, ensuring transparency and accountability in meeting recertification requirements.

Commendation:

- The RNZCUC is commended for the multiple pathways and flexibility to meet their recertification requirements.

9.2 Further training of individual vocationally registered doctors

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

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

Summary of findings:

The RNZCUC has a documented process for responding to requests for further training to ensure safe and competent practice on re-entry. Oversight is provided by the Board of Censors, with day-to-day management by the DPD. The process includes development of an individualised learning plan addressing knowledge gaps, supervision requirements, and clinical audits, supported by access to the online urgent care course and mandatory resuscitation certifications.

Supervised practice is tailored to the duration of absence, typically requiring three to six months under the guidance of an urgent care fellow, with structured reporting and regular meetings. Additional requirements include ACLS and paediatric resuscitation training, clinical notes audits for adult and paediatric cases, and completion of online modules and quizzes in paediatrics and obstetrics/gynaecology. This framework ensures currency of practice and patient safety for doctors returning to urgent care after extended absence.

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 RNZCUC has a documented process for responding to requests from MCNZ for remediation of vocationally registered doctors identified as underperforming, detailed in the fellows' performance policy. The process is overseen by the Board of Censors and managed day-to-day by the DPD. It includes proactive identification and support for doctors at risk, such as those over 70 or working in isolation, who are encouraged to participate in peer activities. Where underperformance is identified—such as non-

compliance with recertification or poor audit results—the Director engages with the fellow to assess the situation, implement a PDP, and provide additional support. Persistent non-compliance triggers escalation and referral to MCNZ. This structured approach ensures timely remediation and safeguards patient safety and professional standards.

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 RNZCUC has not yet needed to undertake an assessment of international medical graduates for the purpose of vocational registration. The college is the first and only college internationally to oversee the practice of urgent care as a distinct vocational scope which may explain why this has not yet been used. Nevertheless, the college has a process outlined in its Assessment of International Medical Graduates Policy and a good range of existing assessment methods that would be fit for purpose. It also has a very strong track record and processes for recognition of prior learning which would be well suited to be adapted for the assessment of international medical graduates when needed.

The panel noted that the Assessment of International Medical Graduates Policy needs some modifications to fully align with MCNZ's requirements.

Recommendation:

- The RNZCUC should review and update in collaboration with MCNZ its Assessment of International Medical Graduates Policy to align with the MCNZ's requirements.

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:

In the event an application for provisional vocational registration in urgent were received, the RNZCUC would develop an assessment process similar to its Accelerated Pathway to Fellowship for those SIMGs. The college has processes in place to notify MCNZ of any patient safety or competency concerns found during the assessment, which is outlined in its Assessment of International Medical Graduates Policy.

Appendix 1 – Membership of the 2025 accreditation team

Dr Jules Schofield (Chair of accreditation team)
Medical member

Dr Hinamaha Lutui
Medical member

Prof. Tim Wilkinson
Education and medical member

Mr Simon Watt
Lay member

Dr Jibi Kunnethedam
Trainee member

Ms Kiri Rikihana
Senior staff member MCNZ

Appendix 2 – RNZCUC key staff

CEO:	Adrian Metcalfe
Chairperson	Dr Kelvin Ward
Convenor, Education Committee	Dr Adrianne Pimentel
Convenor, Board of Censors	Dr Jasmine MacKay
Convenor, Registrar Committee	Dr Carmen Chan
Convenor, Strategy and Risk Committee	Dr Matt Wright
Executive Committee, Māori member	Dr Cheyenne Heka
Executive Committee, Registrar member	Dr Antonio Calvo Castro
Executive Committee, Treasurer	Dr Stephen Adams
Executive Committee member	Dr Alistair Sullivan
Education Committee member	Dr Rain Lamdin
Director of Clinical Training	Dr David Sorrell
Director of Professional Development	Dr Guy Melrose
Operations Manager	Cleo Pitout
Training Programme Coordinator	Alex Cristea
College Administrator	Kushani Dewaranayana

Appendix 3 – List of submissions on the RNZCUC

Australasian College of Emergency Medicine
National Hauora Coalition
New Zealand College of Musculoskeletal Medicine
New Zealand Resuscitation Council
Primary Health Organisations
Royal Australian and New Zealand College of Obstetrics and Gynaecology
Royal Australasian College of Physicians
Royal New Zealand College of General Practitioners
Urgent Care Clinics

Appendix 4 – Summary of the 2025 assessment programme

15 October – via Zoom	
Convenor of Board of Censors	Convenor, Board of Censors – Dr Jasmine Mackay
21 October – In person and via Zoom	
Mihi Whakatau	Leading mihi, Engaging Well – Aperahama Hurihanganui Chair – Dr Kelvin Ward CEO – Adrian Metcalfe Executive Committee Treasurer – Dr Stephen Adams Executive Committee member – Dr Rain Lamdin Executive Committee member – Dr Antonio Calvo Castro Executive Committee member – Dr Adrianne Pimentel Executive Committee member – Dr Alistair Sullivan Operations Manager – Cleo Pitout Training Programme Coordinator – Alex Cristea College Administrator – Kushani Dewaranayana
Opening meeting with Executive leadership	Chair – Dr Kelvin Ward CEO – Adrian Metcalfe Executive Committee Treasurer – Dr Stephen Adams Executive Committee member – Dr Rain Lamdin Executive Committee member – Dr Antonio Calvo Castro Executive Committee member – Dr Adrianne Pimentel Executive Committee member – Dr Alistair Sullivan
Monitoring and evaluation	Chair – Dr Kelvin Ward CEO – Adrian Metcalfe Operations Manager – Cleo Pitout
Registrar Committee and registrar representative on Executive Committee	Executive Committee member – Dr Antonio Calvo Castro Registrar Committee Convenor – Dr Carmen Chan Former Registrar Committee Convenor – Dr Palm Kamolpanus
Registrar meeting	
External meeting	Royal New Zealand College of General Practitioners
22 October – In person and via Zoom	
Education Committee	Education Committee Convenor – Dr Adrianne Pimentel Chair – Dr Kelvin Ward Education Committee member – Dr Rain Lamdin Education Committee member – Dr Sanjeev Krishna
Training programme and staff involved in support of the training programme	Director of Clinical Training – Dr David Sorrell Training Programme Coordinator – Alex Cristea
Training sites	
Fellow meeting	
External stakeholder meeting	Australasian College of Emergency Medicine
Supervisors and assessors meeting	
External stakeholder meeting	Te Whatu Ora | Health New Zealand
23 October – In person and via Zoom	
Executive Committee – Māori member	Executive Committee member – Māori – Dr Cheyene Heka
CPD and staff involved in supporting CPD	Director of Professional Development – Dr Guy Melrose College Administrator – Kushani Dewaranayana Progress and Compliance Committee member – Dr Mark Huang
Board of censors and exam committee	Chair – Dr Kelvin Ward CEO – Adrian Metcalfe Board of Censors member – Dr Stephen Adams

	Board of Censors member – Dr Matt Wright
Strategy and risk committee	Strategy and Risk Committee Convenor – Dr Matt Wright Strategy and Risk Committee member – Dr Kelvin Ward Strategy and Risk Committee member – Adrian Metcalfe
Meeting with senior leadership and staff to feedback findings	Chair – Dr Kelvin Ward CEO – Adrian Metcalfe Strategy and Risk Committee Convenor – Dr Matt Wright