



Te Kaunihera  
Rata o  
Aotearoa

**Medical  
Council of  
New Zealand**

**Aotearoa New Zealand specific standards for assessment and accreditation of  
recertification programmes**

## **Introduction**

The Standards for accreditation of specialist medical training programmes are jointly agreed and applied by the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ). Australasian colleges are required to meet the Aotearoa New Zealand specific standards in addition to the AMC *Standards for assessment and accreditation of specialist medical training programs and professional development programs*. The Aotearoa NZ specific standards relate to recertification / continuing professional development.

Information relating to the specific standards should be incorporated into an education provider's submission in support of an application for accreditation.

## **Cultural safety and health equity**

The Medical Council of New Zealand sets standards on cultural safety standards for all doctors registered and practising in Aotearoa New Zealand. Key documents are:

[Statement on Cultural Safety](#)

[He Ara Hauora Māori: A Pathway to Māori Health Equity](#)

Cultural safety and health equity must be incorporated into the learning activities and assessments across the training programme to ensure that trainees are aware of and meeting the standards relating to these.

## 1. Recertification (continuing professional development) programmes

All recertification programmes must meet the [Recertification requirements for vocationally-registered doctors in New Zealand](#) by 1 July 2022. The following standards align to the new recertification requirements and will be effective from 1 July 2022.

For the interim period up to 1 July 2022, education providers are required to demonstrate evidence of progress towards implementing the requirements.

Where the education provider seeking accreditation has delegated provision of the recertification programme, they must provide evidence that the delegated provider meets all the recertification standards below.

These standards replace Standard 9.1 *Continuing Professional Development* for the assessment for Aotearoa New Zealand aspects of the accreditation.

- 1.1.1 The education 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 education provider publishes its recertification programme requirements and offers a system for participants to document their recertification programme activity.
- 1.1.2 The education provider determines its requirements in consultation with stakeholders and designs its recertification programme to meet Medical Council of New Zealand requirements and accreditation standards.
- 1.1.3 The education 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.
- 1.1.4 The education 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.
- 1.1.5 The education 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).
- 1.1.6 The 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.
- 1.1.7 The programme requires participants to develop and maintain a professional development plan.
- 1.1.8 The education 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.

- 1.1.9 The education provider makes available a multisource feedback process for participants to voluntarily undertake, should they wish to do so.
- 1.1.10 The education 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.
- 1.1.11 The education provider has a documented process for recognising and crediting appropriate and high quality recertification activities that are undertaken through another organisation.
- 1.1.12 The education provider ensures there is a method by which review and continuous quality improvement of the recertification programme occurs.
- 1.1.13 The education 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.
- 1.1.14 The education 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.
- 1.1.15 The education 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.

#### **Notes**

- a. Vocationally-registered doctors are expected to continue to maintain and develop their knowledge, skills and performance so that they are equipped to deliver safe and appropriate care throughout their working lives.
- b. The intent of an annual structured conversation is to provide time for the doctor to reflect on their development needs, their goals for learning, professional activities and their intentions for the next year. Doctors are encouraged to use the information they have obtained undertaking activities across the three types of CPD to inform this conversation. It provides an opportunity to receive constructive feedback and share best practice. It may also give doctors the opportunity to reflect upon their current role, self-care and any health and wellbeing issues so they are able to adjust their practice accordingly, set performance targets for the future and consider long-term career aspirations. Ideally this would include consideration of development needs and the setting of goals in the professional development plan for the following year.
- c. A professional development plan (PDP) is a planning document that can guide a doctor's future CPD and educational activities throughout their career. It ensures a focus on those activities that will provide most benefit to a particular doctor, based on identified development needs, the identification and integration of professional and personal (non-work) objectives. The PDP is a working document that is revisited and updated regularly to reflect areas still to be addressed, and where things have been achieved. Participants must complete a cycle of planning that includes reflection on identified professional development needs, learning goals and achievements based on their current and intended

scope(s) of practice. Providers must provide a system and template to enable these elements to be satisfied, and ensures (and records) that the participant satisfies this requirement.

- d. The Medical Council of New Zealand cultural safety standards can be found in the Statement on cultural safety and He Ara Hauora Māori: A Pathway to Māori Health Equity <https://www.mcnz.org.nz/our-standards>
- e. The provider's process for multisource feedback should include colleague feedback and patient feedback (where practicable).
- f. The MCNZ recommends that providers offer for participants to complete an essential knowledge quiz. An essentials quiz is designed as an interactive online quiz to encourage familiarity with the domains of competence as described in Good Medical Practice and in the Medical Council of New Zealand statements. An essentials quiz may also help identify areas of knowledge or professional skills that the doctor may wish to develop further.
- g. Appropriate activities undertaken as part of employment appraisal and credentialing processes may include, but are not limited to, a structured conversation, multisource feedback or a professional development plan.
- h. Recertification activities may be provided by a range of organisations including (but not limited to) medical colleges, employers, educational providers, health care facilities, universities, community and health consumer organisations and for-profit recertification providers.