



Additional criteria for Assessment of Specialist Medical Training and Recertification Programmes

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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 apply the New Zealand specific criteria in addition to the AMC standards.

These additional criteria, under the relevant Standards which are reproduced for convenience, should be read in conjunction with the AMC's *Guide to Preparing an Accreditation Submission* and information relating to the additional criteria should be incorporated into a training provider's submission in support of an application for accreditation.

Standard 3.2 *The content of the curriculum*

Additional criteria: Cultural Competence

The Training Programme should demonstrate that the education provider has respect for cultural competence and identifies formal components of the training programme that contribute to the cultural competence of trainees.

Notes

The MCNZ has defined cultural competence as follows: "Cultural competence requires an awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds. Cultural competence means a doctor has the attitudes, skills and knowledge needed to achieve this."

The full Statement on Cultural Competence can be found at

<http://www.mcnz.org.nz/news-and-publications/statements-standards-for-doctors>

Related Statements and resources available on the MCNZ's website include:

- "Statement on best practices when providing care to Maori patients and their whanau"
- "Best health outcomes for Maori: Practice implications"
- "Best health outcomes for Pacific Peoples: Practice implications"
- Chapters 4, 5, 6 & 7 of Coles Medical Practice in New Zealand (2011 ed)

Examples of components which would contribute to meeting this requirement include but are not limited to:

- development of a cultural competence Resource kit for trainees and fellows
- establishment of links with Maori and Pasifika medical organisations
- formal representation of particular groups in the governance structure
- obtaining and acting on specialist advice relating to education
- provision of support for particular cultural groups
- development of tools to assess cultural competence
- nominating workshops/courses that contribute to cultural competence as part of CPD activities
- embedding assessment of cultural competence across aspects of the training programme.

Standard 8.2 *Training sites and posts*

Additional criterion

The education provider is required to inform the MCNZ with reasonable notice of any intention to limit or withdraw the accreditation of any training site.

Notes

Council wishes to be advised when training providers intend to make substantial changes to the accreditation status of training sites, specifically if the accreditation of a training site is limited/restricted in some way, or withdrawn because of concerns around the quality of training provided by the site or concerns around public health and safety.

Standard 9.1 *Continuing professional development*

Additional criteria: Continuing professional development (CPD) – to meet Medical Council requirements for recertification

The following elements need to be defined:

- The categories of practitioner and the number of practitioners undertaking their recertification programme.
- Any categories of practitioner that are not enrolled in recertification programmes.
- Confirmation that the recertification programme is available for practitioners registered within a vocational scope of practice who are non-members.
- Details of the hours per year that members are required to spend on recertification activities and how that is comprised.
- Details of the process that is in place for evaluating whether practitioners participating in the programme are meeting the requirements.
- Whether the education provider collects information about:
 - the numbers of and outcomes for practitioners who undertake regular practice reviews
 - whether their practitioners have undertaken a credentialling process and if so whether there are checks in place to ensure those practitioners are doing CPD appropriate for their clinical responsibilities.
- How the education provider has respect for cultural competence and identifies formal components of the recertification programme that contributes to the cultural competence of fellows and affiliates. (Please refer to the additional information provided about cultural competence under standard 3.2).

The recertification programme must provide a process for maintaining and improving competence and performance (at least 50 hours per annum) and should cover the Council's domains of competence:

- Clinical expertise.
- Communication.
- Collaboration.
- Management.
- Scholarship.
- Professional attributes.

CPD programmes must include: (see Notes for definitions)

- Medical Audit.
- Peer Review.
- Continuing Medical Education

CPD programmes may include:

- Examining candidates for College examinations.
- Supervision, mentoring others.
- Teaching.
- Publications in medical journals and texts.
- Research.
- Committee meetings that have an educational content, such as guideline development.
- Providing expert advice on clinical matters.
- Presentations to scientific meetings
- Working for the MCNZ as an assessor or reviewer
- Regular practice review.

Notes

If the College seeking reaccreditation is not the direct provider of the recertification programme in New Zealand then evidence is required that the New Zealand provider meets these requirements.

Definitions:

1. Medical Audit (participation in at least one audit per year)

This is a systematic, critical analysis of the quality of the doctor's own practice that is used to improve clinical care and/or health outcomes, or to confirm that current management is consistent with the current available evidence or accepted consensus guidelines.

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1. The topic for the audit relates to an area of your practice that may be improved.

2. The process is feasible in that there are sufficient resources to undertake the process without unduly jeopardising other aspects of health service delivery.
3. An identified or generated standard is used to measure current performance.
4. An appropriate written plan is documented.
5. Outcomes of the audit are documented and discussed.
6. Where appropriate an action plan is developed that will identify and maximise the benefit of the process to patient outcomes. The plan should outline how the actions will be implemented and a process of monitoring.
7. Subsequent audit cycles are planned, where required, so that the audit is part of a process of continuous quality improvement.

Examples of audit of medical practice are:

- external audit of procedures (not of the service)
- comparing the processes or outcomes of care for a service with what is judged to be best practice in the particular domain
- analysis of patient outcomes
- audit of departmental outcomes with information on where individuals fit within the team as a whole
- audit of an individual's performance in an area of practice against his or her peers
- taking an aspect of practice such as transfusion rates and comparing an individual's performance to national standards
- formal double reading of scans or slides and assessment of an individual's results against those of the group
- patient satisfaction survey
- checking that cervical smear, diabetes, asthma, heart failure, lipid control and other procedures are done to pre-approved standard formats, including reflection on the outcome, plans for change and follow-up audit to check for health gains for that patient or for that group of patients
- patient satisfaction survey.

2. Peer review (a minimum of 10 hours per year)

This is an evaluation of the performance of individuals or groups of practitioners by members of the same profession or team. It may be formal or informal and can include any occasion in which practitioners are in learning situations about their own practice with other colleagues. Peer review can also be used in the context of multidisciplinary teams which incorporate feedback from 'peers' or other health professionals who are members of the team.

Formal peer review is an activity where peer(s) systematically review aspects of a practitioner's work, eg, a review of the first six cases seen or a presentation on a given topic. It would normally include guidance, feedback and a critique of the practitioner's performance.

Peer review must take place in an environment conducive to:

- the confidentiality of the patients being discussed

- the privacy of the doctors whose work is being reviewed
- mutual learning
- professional support and collegiality.

Peer review includes, for example:

- joint review of cases
- review of charts
- practice visits to review practitioner's performance
- 360° appraisals and feedback
- critique of a video review of consultations by peer(s)
- peer discussion groups
- inter-departmental meetings which may review missed cases and interpretations of findings
- mortality and morbidity meetings.

For clinicians peer review does not include:

- Practice management.
- Matters relating to practice premises or systems.
- Non-clinical research.
- Non-clinical education.
- Participation on College or other committees that are not of a clinical nature.

3. Continuing Medical Education (a minimum of 20 hours per year)

Includes attendance at appropriate:

- education conferences, courses and workshops
- courses
- workshops
- self-directed learning programmes and learning diaries
- assessments designed to identify learning needs in areas such as procedural skills, diagnostic skills or knowledge
- journal reading.

4. Competence – is defined as whether a medical practitioner has the attitude and knowledge and skills to practice medicine in accordance with his or her registration and meets the reasonable standard expected of a medical practitioner with his or her level of registration.

5. Regular practice review (RPR)

Regular practice review is a formative assessment to help individual doctors identify areas where aspects of their performance could be improved, benefiting not only their own professional development but also the quality of care that their patients receive.

The key principles of RPR include, but are not limited to;

- That RPR is a formative process. It is a supportive and collegial review of a doctor's practice by peers, in a doctor's usual practice setting.
- That the primary purpose of RPR is to help maintain and improve the standards of the profession. RPR is a quality improvement process. RPR may also assist in the identification of poor performance which may adversely affect patient care.
- That RPR provides an assessment across the domains of competence outlined in *Good Medical Practice* focusing on the area in which the doctor works.
- That RPR is informed by a portfolio of information provided by the doctor, which may include audit outcomes and logbooks.
- That multi source assessment forms part of a RPR.
- That RPR must include some component of external assessment, that is by peers external to the doctor's usual practice setting.
- That the RPR must include a process for providing constructive feedback to the doctor being assessed.
- That RPR will be led by the profession with support and assistance from Council.
- That Council will encourage each Medical College or BAB to develop a RPR process using specific tools relevant to that specialty. Alternatively they may expand upon existing BAB processes or tools that have already been developed by Council to include Council's principles of RPR. The BABs will make the process available to doctors on a voluntary basis (vocational scope of practice). Council will assess and provide feedback about the RPR process when accrediting a Medical College or BAB CPD programme.
- That the organisation or BAB responsible for undertaking the RPR must have a process for assisting the doctor in identifying and addressing learning needs.
- That the development of a personal development plan (PDP) following the RPR process should be a core component of RPR.

Standard 9.3 Remediation

Additional criteria:

The response to this standard should encompass details of:

- A process for reporting to the MCNZ, for the purposes of the MCNZ's audit of recertification, those who are participating in the recertification programme and whether they are complying or not.
- A system for identifying and managing compliance with recertification programmes, and where appropriate to refer the doctor to the MCNZ.
- A system for informing the MCNZ if the provider becomes aware of performance / competence concerns on the part of the practitioner.

Standard 10.1 Assessment framework

Additional criteria: Recognition and Assessment of International Medical Graduates (IMGs) applying for registration in a vocational scope of practice

In New Zealand the MCNZ has the statutory role in determining whether an IMG applying for registration in a vocational scope of practice:

- is fit for registration
- has the prescribed qualification (Please note the prescribed qualification is not only an international postgraduate medical qualification, but rather the combination of the IMG's qualifications, training and experience.)
- is competent to practise within that scope of practice.

The prescribed qualification is not an international postgraduate medical qualification but rather the combination of the IMG's qualifications, training and experience (QTE).

Notes

Further details can be found in the Memorandum of Understanding between the MCNZ and Vocational Educational and Advisory Bodies (VEABs). In summary the education provider is required to have a process for:

- Assessing the relative equivalence of the IMG's qualifications, training and experience against the prescribed New Zealand or Australasian Fellowship, Diploma or Certificate qualification (depending on the relevant vocational scope).
- Notifying the MCNZ in writing if any significant concerns about competence become apparent during the assessment of QTE and thereafter.
- Clearly identifying differences between the IMG's qualifications, training and experience, and the prescribed qualification (Fellowship), whether there are any deficiencies or gaps in training, and whether subsequent experience has addressed these, and if not, what type of experience, supervised practice and assessment would address the deficiencies or gaps in training, to inform MCNZ in making a decision.
- Advising the MCNZ of any requirements the IMG would need to complete during the provisional vocational period of registration, toward obtaining registration in a vocational scope of practice, together with comprehensive reasons.
- Ensuring reports meet administrative law obligations, Privacy Act principles and principles by providing well reasoned advice directly supported by the paper documentation and information obtained at interview.
- Advising the MCNZ on the content of vocational practice assessments.

The term "equivalent to or as satisfactory as" is the statutory definition of the assessment of comparability to the relevant New Zealand / Australasian postgraduate qualification. Any advice from the College that the IMG must obtain a Fellowship in order to gain vocational registration, will not be considered appropriate by the MCNZ.

If Australasian Colleges do not have a New Zealand branch or executive, the College is strongly encouraged to nominate New Zealand Fellows who are able to provide the required assessment and advice.