

Medical Council of New Zealand - Standards and processes for recognition of vocational scopes of practice and accreditation of New Zealand vocational colleges

Submission by New Zealand College of Public Health Medicine (NZCPHM)

The NZCPHM thanks the Medical Council of New Zealand (MCNZ) for the opportunity to make a submission on the standards for recognition of vocational scopes of practice in New Zealand and the standards and procedures for reaccreditation of specialist medical education and training, and continuing professional development programmes.

Introduction

The NZCPHM is the professional body of doctors with specific expertise and interest in the practice of Public Health Medicine in New Zealand. Public Health Medicine is defined as the branch of medicine concerned with the epidemiological analysis of the health and health care needs of populations and populations groups. It involves the assessment of health and health care needs, the development of policy and strategy, the promotion of health, the control and prevention of disease and the organisation of services to best meet those needs. NZCPHM membership includes 181 fully qualified specialists and 32 registrars who are doctors training in the speciality.

Responses to the consultation questions

1. Do you agree that the standards of accreditation in Australia and New Zealand should be as similar as possible, allowing for the different contexts in the two countries?

The NZCPHM agrees that the standards of accreditation should be similar in Australia and New Zealand, as the standard should be the same for all branch advisory bodies (BABs) regardless of where they are based.

Additionally, it is important that the standards recognise and take into account the New Zealand context and that guidance should be provided in the documentation as to what differences would be expected between Australia and NZ, such as cultural context and expected access to tertiary training experiences.

2. Provide feedback on the proposed standards and criteria for recognition of a new vocational scope of practice and associated training and CPD programmes in New Zealand. (Appendix 1 and 2)

The NZCPHM supports the desire to avoid unnecessary fragmentation of medical knowledge, skills and medical care and thus accepts robust standards and criteria for any new scope are needed.

The proposed standards for recognition appear to be well thought out and adequately address what should be expected of a College providing training and continuing professional development. In addition it is important that the standards should explicitly recognise the principles of health care in NZ such as quality, equitable access, recognition of barriers to health care, reduction of inequalities and the importance of the maintenance of good health and wellbeing.

3. Provide feedback Standards and Procedures for New Zealand Training Organisations.

(Appendix 3)

The NZCPHM supports mechanisms to ensure any new training organisation meets the highest standards of medical practice, training, research and continuing professional development, and supports the inclusion of trainees in the governance of the College.

The standards and procedures are comprehensive and encompass the relevant standards and procedures. Examples of how Colleges have addressed these standards may be helpful for newer or smaller colleges.

It is agreed that all programmes should have defined graduate outcomes (a graduate profile) for each training programme including any sub-specialty programmes.

4. As part of reaccreditation, should New Zealand training organisations be required to address some or all of the standards for stage 1 of the recognition process? (Appendix 4)

The NZCPHM does not believe that the standards for stage 1 are onerous and would hope that NZ Colleges would be able satisfy these criteria. It is important that there is an assessment of sustainability of the specialty and the on-going wise stewardship of resources. Some consideration should be given to whether all the stage 1 criteria would need to be satisfied at every reaccreditation, or whether some could be demonstrated less frequently (eg every ten years or at alternate reaccreditations).

5. Please provide feedback on the proposed guide to preparing a reaccreditation submission and the level of supporting information required. Is this guide helpful? Are any amendments required?

Having a guide is helpful and provides some support. Providing templates or guides to work from can ease large processes and improves efficiency. However it was noted that some of the questions in the guide are repetitive and at times are unclear in intent.

Regarding section 5.4 Recognition and assessment of International Medical Graduates (IMGs) holding specialist qualifications. The document notes that the MCNZ requires vocational colleges to have processes for:

- Ensuring that Doctors whose qualifications, training and experience are being assessed through these processes are able to access the training provider's review and appeals processes for its specialist medical trainees

The NZCPHM notes that the BABs are only giving the Medical Council of New Zealand advice on recognition and assessment of IMGs training, qualifications and experience. The BABs are not the decision maker therefore it is Medical Council of New Zealand which needs to have review and appeal mechanisms in place in accordance with the HPCA Act.

6. What is your view about the possible lack of resources of small training organisations in terms of meeting recognition and accreditation standards? Do you have any practical suggestions that would assist smaller organisations to demonstrate the standards can be met?

Flexibility is necessary when dealing with a diverse group of Colleges and specialties. However, if a small training organisation is struggling to meet the standards through lack of resources, it may not have adequate resources, structures and processes to support the individuals (specialists and trainees) either. The pooling of resources between smaller Colleges may be helpful, such as the sharing of policies and infrastructure.

7. Do you agree with a strict cost recovery approach? If not please provide reasons and indicate what you believe to be a more appropriate and fair approach.

It is accepted that cost recovery of the accreditation team is appropriate and fair but other costs could add significantly to the overall set up costs for a small, developing new scope, eg the costs of the Council Education Committee and staff costs. Some of these costs are already paid by doctors via the Annual Practising Certificate (APC) and therefore further cost recovery does not seem appropriate in these areas.

The NZCPHM suggests that either a cap is put on the cost recovery, or the fee is calculated as a charge per fellow, so that smaller Colleges are not disadvantaged. This latter approach is used by the Council of Medical Colleges for its membership fees, and is a fair way to manage fee payment from a very diverse group of Colleges.

General Comments

While it is appreciated that standards and processes for recognition and accreditation need to be thorough and comprehensive, the consultation document is extremely long, contains a great deal of jargon, and is repetitive at times. For this reason the NZCPHM is concerned that the Medical Council may not receive as much comment from the various Colleges as is warranted by this consultation. It is also hoped that the final set of standards and processes will be succinct and easy to follow.