



**Te Kaunihera
Rata o
Aotearoa**

Medical
Council of
New Zealand

Accreditation assessment of the New Zealand College of Public Health Medicine for vocational medical training and recertification

Date of assessment: 4, 5 and 6 May 2022

Date of Council decision: 17 August 2022

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Background

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

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

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

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

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

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

Training providers are assessed against the MCNZ's [Accreditation standards for New Zealand training providers of vocational medical training and recertification programmes.](#)



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Medical
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New Zealand

The Medical Council of New Zealand's accreditation of the New Zealand College of Public Health Medicine for vocational medical training

General information

Name of training provider:	The New Zealand College of Public Health Medicine (NZCPHM)
Accreditation assessment:	4, 5 and 6 May 2022
Accreditation assessment decision:	17 August 2022
Accreditation period granted:	30 August 2028
Date of last accreditation decision:	13 April 2016

Programme information

Scope:	Public health medicine
Post fellowship awarded:	
Training programmes offered:	Public health medicine – Fellowship of the New Zealand College of Public Health Medicine (no sub-specialties offered)
Fellowship and membership categories	Number
Membership:	253
Associate membership: in training	27
Associate membership: not in training	7
Trainee membership: Basic registrars	34
Fellowship: active	168
Fellowship: inactive / overseas	17
Life membership or life fellowship: retired Fellows	28
Life membership or life fellowship: honorary Fellows	8

Executive summary

An accreditation team of the Medical Council of New Zealand (MCNZ) has assessed the New Zealand College of Public Health Medicine (NZCPHM) and its training and recertification programme against MCNZ's 2022 [Accreditation standards for New Zealand training providers of vocational medical training and recertification programmes](#).

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

The NZCPHM is recognised and commended for its performance in maintaining high quality education and training over the years of the COVID-19 pandemic. This has been achieved alongside extraordinary performance by its fellows, trainees, and staff in serving the population of Aotearoa New Zealand through these difficult times. It is also recognised that this accreditation has taken place on the eve of the national health reforms with the opportunities, and potential risks, that these reforms present to the college and its vocational training programme.

The accreditation team noted that the NZCPHM has traditionally seen itself as a small professional body, but there has been an increase in trainees in 2021 and 2022, and this change in size over time presents its own challenges and opportunities.

The NZCPHM displays several key strengths in its performance as a vocational training provider. Underpinning these strengths is an extremely high level of collegiality that appears to exist not only among and between the fellows of the college, but includes trainees and the staff of the college. The college is congratulated on this. In terms of strengths identified, foremost is the support for, and consideration of, the welfare and needs of the vocational trainees. Furthermore, the NZCPHM training programme is demonstrably effective in producing graduates of high quality.

The commitment of the NZCPHM and its training programme to Māori health and to health equity, through its policies, processes and deliberations, is commended. The college is widely seen as a leader in these areas, and is recognised by the Medical Council of New Zealand as being such. Further areas of note include commitment to environmental sustainability, provision of a high-quality recertification programme for fellows, and high performance in assessment and support of specialist international medical graduates.

The accreditation process has resulted in several areas of vulnerability being identified, and these are reflected within the required actions and the recommendations presented in this report. There is variability in the systemisation of some aspects of training programme function, process and policy. Secondly, the NZCPHM delivers its vocational training programme in a relatively self-contained manner. There is a need for a more planned approach to stakeholder engagement and greater collaboration with the wider health sector and with the public of Aotearoa New Zealand.

Finally, given the high level of collegiality across the college and its training programme, informal interactions occur frequently and indeed are often effective and efficient. However, as the college and the number of trainees grows, and to ensure a high level of consistency for trainees, there is a need to ensure stakeholder engagement and collaboration are underpinned by formalised processes.

Summary of findings

The accreditation team recommends to Council that overall, the NZCPHM has met 23 of the 35 sets of MCNZ's 2022 *Accreditation standards for New Zealand training providers of vocational medical training and recertification programmes*.

9 sets of standards were substantially met:

- Standard 1.1 – Governance
- Standard 1.2 – Programme management
- Standard 1.3 – Reconsideration, review and appeals processes
- Standard 2.1 – Educational purpose
- Standard 4.1 – Teaching and learning approach
- Standard 5.3 – Performance feedback
- Standard 6.1 – Monitoring
- Standard 6.2 – Evaluation
- Standard 6.3 – Feedback, reporting and action

3 sets of standards were not met:

- Standard 1.6 – Interaction with the health sector
- Standard 5.2 – Assessment methods
- Standard 8.1 – Supervisory and educational roles

12 required actions were identified, along with 12 recommendations and 4 commendations.

Required actions

Required action	Standard
<p>1. The NZCPHM must implement a planned approach to engagement and collaboration with relevant groups and stakeholders, the wider health sector, and the public on key issues relating to its purpose, training and education functions, and governance, with relevant external stakeholders able to provide regular feedback on programme and graduate outcomes.</p> <p><i>(To be addressed by 30 September 2026)</i></p>	<p>The context of training and education – Governance</p> <p>The training provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance (1.1.5).</p> <p>The context of training and education – Interaction with the health sector</p> <p>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 (1.6.1).</p> <p>The training provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development (1.6.2).</p> <p>The training provider works with training sites and jurisdictions on matters of mutual interest (1.6.3).</p> <p>The training provider has effective partnerships with Māori health providers to support vocational medical training and education (1.6.4).</p> <p>The outcomes of vocational training – educational purpose</p> <p>In defining its educational purpose, the training provider has consulted internal and external stakeholders (2.1.4).</p> <p>Monitoring and evaluation – Evaluation</p> <p>Stakeholders contribute to evaluation of programme and graduate outcomes (6.2.3).</p>

Required action	Standard
<p>2. The NZCPHM must ensure that there are sufficient placements, supervisors, assessors, and examiners to provide for the needs of the future numbers of advanced trainees. If the NZCPHM cannot ensure sufficient placements, then it needs to further consider the number of trainees within the training programme.</p> <p><i>(To be addressed by 30 September 2024)</i></p>	<p>The context of training and education – Programme management</p> <p>The training provider has structures with the responsibility, authority and capacity to direct the following key functions:</p> <ul style="list-style-type: none"> • 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 (1.2.1).
<p>3. The NZCPHM must develop a process for evaluating de-identified appeals and complaints.</p> <p><i>(To be addressed by 29 September 2023)</i></p>	<p>The context of training and education – reconsideration, review and appeals processes</p> <p>The training provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem (1.3.2).</p>
<p>4. The NZCPHM must consider the appropriate balance between registrar-led and college-led teaching in its advanced training programme, ensuring that trainees will receive full coverage of the curriculum, and trainees leading any teaching have suitable support.</p> <p><i>(To be addressed by 30 September 2024)</i></p>	<p>Teaching and learning – Teaching and learning approach</p> <p>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 (4.1.1).</p>
<p>5. The NZCPHM must review its summative examination processes to ensure validity and reliability in the determination of passing scores.</p> <p><i>(To be addressed by 30 September 2024)</i></p>	<p>Assessment of learning – assessment methods</p> <p>The training provider uses valid methods of standard setting for determining passing scores (5.2.3).</p>

Required action	Standard
<p>6. The NZCPHM must implement a formal process by which workplace supervisors are informed of trainee performance in a manner that does not disadvantage the trainee.</p> <p><i>(To be addressed by 29 September 2023)</i></p>	<p>Assessment of learning – Performance feedback</p> <p>The training provider informs its supervisors of the assessment performance of the trainees for whom they are responsible (5.3.2).</p>
<p>7. The NZCPHM must formalise the mechanisms by which the workplace supervisors can contribute to monitoring of the training programme, especially on curriculum content and workplace-based assessment.</p> <p><i>(To be addressed by 30 September 2025)</i></p>	<p>Monitoring and evaluation – Monitoring</p> <p>Supervisors contribute to monitoring and to programme development. The training provider systematically seeks, analyses and uses supervisor feedback in the monitoring process (6.1.2).</p>
<p>8. The NZCPHM must develop and implement a systematic and sustainable monitoring and evaluation framework to strengthen its monitoring and evaluation approaches.</p> <p><i>(To be addressed by 29 September 2023)</i></p>	<p>Monitoring and evaluation – Evaluation</p> <p>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 (6.2.1).</p>
<p>9. The NZCPHM must develop and implement a structured reporting system for monitoring and evaluation activities and ensure the reports are distributed to internal and external stakeholders with an interest in programme and graduate outcomes.</p> <p><i>(To be addressed by 30 September 2024)</i></p>	<p>Monitoring and evaluation – Feedback, reporting and action</p> <p>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) (6.3.2).</p>
<p>10. The NZCPHM must routinely evaluate supervisor effectiveness at all levels of trainee supervision. Evaluation must include formalised processes for timely and meaningful feedback from trainees, balancing the need for trainee confidentiality and safety.</p> <p><i>(To be addressed by 30 September 2024)</i></p>	<p>Implementing the programme: delivery of education and accreditation of training sites – Supervisory and educational roles</p> <p>The training provider routinely evaluates supervisor effectiveness including feedback from trainees (8.1.4).</p>

Required action	Standard
<p>11. The NZCPHM must develop and implement regular training for assessors in both work-based and examination settings, to facilitate professional development opportunities relevant to the respective roles of assessors.</p> <p><i>(To be addressed by 30 September 2024)</i></p>	<p>Implementing the programme: delivery of education and accreditation of training sites – Supervisory and educational roles</p> <p>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 (8.1.5).</p>
<p>12. The NZCPHM must routinely evaluate the effectiveness of its assessors at all levels of training and education. Evaluation must include formalised processes for timely and meaningful feedback from trainees, balancing the need for trainee confidentiality and safety.</p> <p><i>(To be addressed by 30 September 2025)</i></p>	<p>Implementing the programme: delivery of education and accreditation of training sites – Supervisory and educational roles</p> <p>The training provider routinely evaluates the effectiveness of its assessors including feedback from trainees (8.1.6).</p>

Overall outcome of the accreditation assessment

The overall rating for the accreditation of the NZCPHM as a training provider for vocational medical training and recertification	Substantially Met
<p>Te Kaunihera Rata o Aotearoa Medical Council of New Zealand (Council) considered and approved the report titled the <i>Accreditation assessment of the New Zealand College of Public Health Medicine for vocational medical training and recertification</i> and determined that:</p> <ul style="list-style-type: none">• the overall outcome of the assessment for accreditation of the New Zealand College of Public Health Medicine is 'substantially met', and• the New Zealand College of Public Health Medicine is accredited for a period of 6 years, until 30 August 2028, subject to the New Zealand College of Public Health Medicine meeting the required actions on its accreditation, and• the New Zealand College of Public Health Medicine is to provide annual reports to Council for the period of its accreditation. The first annual report is due 29 September 2023. Future annual reports will be due on 30 September each year. <p>Council has requested that the New Zealand College of Public Health Medicine provide annual and progress reports that satisfy Council that its required actions have been addressed.</p>	

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 specialist international medical graduates (SIMGs).
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:

The NZCPHM is governed by a council which is elected according to its constitution. Its membership includes the President, the President-elect, Māori and Pasifika representatives and the chairs of its standing committees which includes the chair of the Registrar Committee. The NZCPHM is concerned that the positions to provide for Māori representation on its council continue to remain vacant.

The council committee structure includes the Education and Training Committee, the Finance and Risk Committee, the Policy Committee and the Registrar Committee. These committees all have terms of reference which include detail of their respective functions and responsibilities, composition, and accountabilities, and except for the Finance and Risk Committee, all explicitly provide for trainee representation.

There are also several other panels and groups which advise on and manage specific educational functions of the college. These include: the examination panel; the assessment panel; the registrar selection panel; the international medical graduate panel; and the Annual Scientific Meeting organising group. It also has a Whā me Whā Panel which is charged with monitoring the implementation of He Rautaki Māori – the Māori Strategy – and bringing forth issues that the Māori caucus wish to bring to the council's attention.

While the NZCPHM undertakes significant levels of internal member engagement, and has relationships with the Auckland and Otago universities, which deliver the basic training component of its training programme, and Te ORA, it does not in any structured and formal way collaborate or engage with a

wider range of external stakeholders, or the public, on key issues relating to its purposes, training and education functions, or governance.

The NZCPHM has developed, and follows, a declaration of interests policy.

Recommendation:

- The NZCPHM should actively continue its efforts to fill the vacancies for Māori representation on its council (standard 1.1.1).

Required action:

1. The NZCHM must implement a planned approach to engagement and collaboration with relevant groups and stakeholders, the wider health sector, and the public on key issues relating to its purpose, training and education functions, and governance, with relevant external stakeholders able to provide regular feedback on programme and graduate outcomes (standards 1.1.5, 1.6.1, 1.6.2, 1.6.3, 1.6.4, 2.1.4, 6.2.3).

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 NZCPHM has the necessary governance structures and advisory groups and panels with the responsibility, authority, and capacity to direct the key functions related to its educational functions. This includes its council as the decision maker, the standing committees of the council, and advisory groups charged with specific roles in relation to examinations, assessment, trainee selection, international medical graduates and the annual scientific meeting.

The NZCPHM has reported on the six-factor framework on the viability of the vocational training provider. It has noted that while it is a small college, it has a sustainable base and has recently secured funding that has enabled growth in its intake over the last two years, which will help to address workforce capacity in the coming years. The NZCPHM, and other stakeholders, have recognised the challenge this poses with securing sufficient placements for advanced trainees. Securing placements is further challenged by the funding model: a stipend is available to contribute to overhead costs incurred by the employer, but the trainee’s salary is not funded.

The NZCPHM will also need to consider the other requirements to support advanced trainees, including supervisors, assessors, and examiners. It has initiated work to identify and manage the risks associated with the growth in intake numbers.

Required action:

2. The NZCPHM must ensure that there are sufficient placements, supervisors, assessors, and examiners to provide for the needs of the future numbers of advanced trainees. If the NZCPHM cannot ensure sufficient placements, then it needs to further consider the number of trainees within the training programme. (standard 1.2.1).

1.3 Reconsideration, review and appeals processes

1.3.1 The training provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.

1.3.2 The training provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

1.3 Reconsideration, review and appeals processes

	Met	Substantially met	Not met
Rating		X	

Summary of findings:

The NZCPHM has a reconsideration and review policy, which applies to all decisions regarding training and Fellowship applications, and is publicly available. The recourse for reconsideration is to the original decision maker. There have been four applications for reconsideration in the last three years, two of which have been successful, one partially successful and one unsuccessful.

The NZCPHM does not have an appeals process and has advised that in the last three years there have been no applications for appeal.

It has also advised that due to its small size it does not have a process for evaluating de-identified appeals and complaints. It has a process for complaints or grievances against the college, or against a member, which is provided for in its constitution.

Required action:

3. The NZCPHM must develop a process for evaluating de-identified appeals and complaints (standard 1.3.2).

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 NZCPHM considers that it has the necessary educational expertise to develop, manage and improve its training and education functions. The academic component is delivered by the universities of Otago and Auckland, and their academic expertise and frameworks are used for this component of the training. However, there is little evidence of the NZCPHM accessing external educational expertise to support and further develop the advanced training component of the training programme.

There has been a high degree of reliance on registrar-led training. This is currently shifting to be more college-led, which the accreditation team supports.

The NZCPHM regularly compares its programme with those used in similar contexts internationally. The first major curriculum comparison was undertaken in 2013; this was followed by a similar study in 2018. These analyses compared the college's training programme with those of the Australasian Faculty of Public Health Medicine, the training programme of the Faculty of Public Health, United Kingdom, and the Public Health and Preventative Medicine training requirements of the Royal College of Physicians and Surgeons of Canada. However, there has been no recent curriculum mapping exercise undertaken with the universities of Auckland and Otago, which deliver the basic training component of the training programme.

Recommendation:

- The NZCPHM should consider accessing external expertise to support and further develop the advanced component of its training programme (standard 1.4.1).

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 NZCPHM currently has the resources and management capacity to deliver its training and education functions. With the growth in intake over the last two years it will need to carefully consider the future resource requirements to deliver the advanced training component of its programme.

It has a small administrative staffing base, although this has recently increased from 3.5 full-time equivalent staff (5 staff members) to 5 full-time equivalent staff (7 staff members). It has appropriate technical solutions.

Required actions:

Nil

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:

While core health sector relationships are in place, the NZCPHM has an informal approach to relationships and engagement with the wider health sector. It has acknowledged that it has not engaged to the extent it would have liked and the informality of its engagement during the Covid pandemic, given the high level of involvement required of this specialty during this time. A planned approach to engagement and collaboration with stakeholders, the wider health sector, and the public will inform and strengthen the training programme delivered by NZCPHM.

This limited engagement also extends to the level of engagement with training sites, and to the nature of engagement with Māori, the extent of which appears limited with its own Māori caucus and with Te ORA.

Required action:

See required action 1: The NZCPHM must implement a planned approach to engagement and collaboration with relevant groups and stakeholders, the wider health sector, and the public on key issues relating to its purpose, training and education functions, and governance, with relevant external stakeholders able to provide regular feedback on programme and graduate outcomes (standards 1.1.5, 1.6.1, 1.6.2, 1.6.3, 1.6.4, 2.1.4, and 6.2.3).

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 NZCPHM actively schedules processes to ensure the continuous renewal of its training programme. There is a five yearly curriculum review, and policy reviews are scheduled at three or five yearly intervals, depending on the policy concerned. Other processes include an annual report from its chief examiner, a three yearly gaps in training survey of new qualified fellows, a five yearly international benchmarking exercise, and an annual registrar satisfaction survey.

Required actions:

Nil

2 The outcomes of vocational medical training

2.1 Educational purpose			
2.1.1	The training provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development through the recertification programme, within the context of its community responsibilities.		
2.1.2	The training provider’s purpose addresses Māori health.		
2.1.3	The training provider’s purpose addresses health equity.		
2.1.4	In defining its educational purpose, the training provider has consulted internal and external stakeholders.		
2.1 Educational purpose			
	Met	Substantially met	Not met
Rating		X	
Summary of findings:			
<p>The NZCPHM’s educational purpose is defined in its constitution, and includes: defining competencies and standards for training, qualifications and professional good practice; and supporting the continuing professional development of public health medicine specialists. This purpose is fulfilled through the provision of the vocational training and recertification programmes. The purposes set out in the constitution reflect the college’s commitment to its community responsibilities.</p> <p>The NZCPHM’s constitution sets out the means by which it will progress Māori health and reducing disparities, including: promoting the study of and advancing knowledge in Māori health; promoting and encouraging high levels of cultural competence; and working in collaboration with Māori. The college has established He Rautaki Māori - Māori Strategy and Action Plan to guide its long-term efforts to address Māori health, including cultural safety, health equity, Tiriti compliance and anti-racism, and has embedded requirements in its training and recertification programmes.</p> <p>The constitution defines one of the NZCPHM’s purposes as “to seek to achieve the highest levels of health and well-being for all people, and to achieving health equity in Aotearoa New Zealand”. This is also reflected in the college’s strategic plan, which describes one of its purposes as “improving health and achieving health equity in Aotearoa New Zealand”.</p> <p>In defining its educational purpose, the college has consulted extensively with internal stakeholders, including its Māori and Pacific caucuses, and its wider membership. While it has linkages with binational colleges to consider international comparability and confirms with the Medical Council of New Zealand and the Ministry of Health that its purposes meet their requirements, it has not consulted with these, or other external stakeholders as part of the process of defining its educational purposes.</p>			
<p>Commendation:</p> <ul style="list-style-type: none"> The NZCPHM has demonstrated a significant commitment to Māori health and health equity, through a clear articulation of these priorities in its educational purposes, the development of planning documents to guide the achievement of those purposes, and embedding requirements within its training and recertification programmes (standards 2.1.2 and 2.1.3). 			
<p>Required action:</p> <p><i>See required action 1: The NZCPHM must implement a planned approach to engagement and collaboration with relevant groups and stakeholders, the wider health sector, and the public on key issues</i></p>			

<i>relating to its purpose, training and education functions, and governance, with relevant external stakeholders able to provide regular feedback on programme and graduate outcomes (standards 1.1.5, 1.6.1, 1.6.2, 1.6.3, 1.6.4, 2.1.4, and 6.2.3).</i>			
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:			
<p>The NZCPHM has developed a set of programme outcomes for its vocational training programme. It does not provide any sub-specialty programmes. The vocational scope of public health medicine is directly aligned to community needs, as it relates to the healthcare of populations and population groups, and the assessment of their health and health care needs. The college's training framework organises the competencies required of a public health medicine doctor to describe the training programme outcomes of knowledge, core skills and professional attributes. These are closely aligned to the graduate outcomes. The competencies required include competencies related to Māori health, health equity, Tiriti, and cultural safety.</p> <p>The NZCPHM has described the roles typically undertaken by a public health medicine doctor, and the competencies that those doctors are expected to demonstrate. Those competencies form the programme outcomes.</p>			
Required actions:			
Nil			
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 NZCPHM has established a graduate profile, which details the expectations of a graduate around knowledge and skills, professional behaviour, and practice in a variety of settings. The graduate outcomes directly link to the programme outcomes.			

The graduate profile was reviewed, and amended, as part of the 2020 curriculum review, demonstrating the college's attention to ensuring currency of the graduate outcomes. It is publicly available. During the training programme, each trainee's progress towards achieving the requirements of the graduate profile is monitored, including through the interim and final training summaries.

Required actions:

Nil

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:			
<p>The training framework, which underpins the training programme, is described in the curriculum. In this framework, the competencies required of a public health medicine specialist are grouped into the knowledge, core skills and professional attributes which describe the training programme outcomes. Competencies (grouped into 15 areas) are linked to these high-level outcomes and described in the curriculum, with competence expected to develop through five stages – from level 0 ('has not developed competence') to level 4 ('expert and able to instruct others').</p> <p>The curriculum is available on the NZCPHM website and includes a graduate profile. The college also has a training manual, which provides an overview of the training programme and training requirements for trainees and supervisors and is available to members on the college website.</p> <p>The NZCPHM's most recent curriculum review, in 2020, resulted in changes to reflect a move to cultural safety (from cultural competence) and associated changes to related competencies and descriptions.</p> <p>Required actions: Nil</p>			
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 NZCPHM's curriculum aligns to the training programme and graduate outcomes, covering the three areas of knowledge, core and professional skills that are required for a public health medicine specialist.

Scientific foundations of the specialty of public health medicine are developed in basic training through academic study, supported by the other elements of the training programme during this period.

Academic understandings and skills developed during basic training are continually used, refined and developed through advanced training and ongoing throughout the professional years as a vocationally registered specialist.

Throughout their training, trainees develop their competencies in public health medicine practice including the health and care of population and population groups, assessment of health and health care needs, the development of policy and strategy, the promotion of health and health equity, the control and prevention of disease, and the organisation of health and health related services.

Communication, leadership, and teamwork is listed as one of the 15 key areas of competency groupings. In addition, the professional attribute competencies listed in the training framework against which trainees report their progress include competencies relating to leadership development. In advanced training, leadership development is self-directed. This could be further strengthened by the provision of college-led specific leadership training and leadership courses for all trainees.

There are limited opportunities for public health medicine trainees to take a supervisory role, since very few workplaces employ more than one trainee at a time or employ interns. However, advanced trainees take a support and supervisory role for other staff, and trainees frequently provide oral presentations at various meetings and lead training days.

A course in research methodology must be completed as part of the Master of Public Health requirements in basic training. All basic trainees are required to undertake and complete a research dissertation as a component of their Master of Public Health studies.

The NZCPHM has embedded a focus on cultural safety, Māori health and Māori health equity in the curriculum and across all aspects of the training programme.

The NZCPHM recognises the development of understandings of Māori health and addressing health inequity is a core component of public health medicine training in Aotearoa New Zealand. Throughout

training, it is compulsory for trainees to consider and develop the following core competencies and these are embedded throughout the programme:

- Ability to analyse public health issues from a Tiriti o Waitangi perspective.
- Ability to advise on public health issues affecting Māori.

Trainees in advanced training are required to reflect on, demonstrate, document and report annually on the development of competencies related to their ability to advise on public health issues affecting population groups and this includes specific reporting requirements around development in the two above core competencies.

Requirements for the development of cultural safety include the courses studied and workshop attended in basic training, along with the dissertation requirements, and in advanced training, the ongoing self-reflection on and development of competencies relating to culturally safe practice. The training programme curriculum refers to MCNZ's requirement for cultural safety development and to how doctors can support the achievement of best health outcomes for Māori health equity.

Commendation:

- The NZCPHM has embedded a focus on cultural safety, Māori health and Māori health equity in the curriculum and across all aspects of the training programme. It is commended for the tremendous work it has done in this area and the leadership it has demonstrated in doing so (standard 3.2.9).

Recommendation:

- The NZCPHM is encouraged to consider strengthening the focus on leadership training and having available relevant courses for all trainees within the training programme (standard 3.2.5).

Required actions:

Nil

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 NZCPHM recognises that there is only a small component of public health medicine in undergraduate medical education. However, there has been progress in the establishment of a small number of accredited clinical attachments in public health medicine in prevocational medical training.

There is evidence of curriculum design demonstrating vertical integration between basic and advanced training. In 2010 a thorough mapping exercise was undertaken, mapping the training programme competencies to the course papers of the universities' Masters programmes that form the basis of basic

training. However, this does not appear to have been repeated. Repeating this would allow the college to further strengthen integration of basic and advanced training.

The competencies listed in the curriculum underlie both the training programme and the continuing professional development programme providing integration from the training programme into lifelong learning.

Several fellows of the NZCPHM have leadership and teaching roles in undergraduate and postgraduate education at two universities, providing a level of integration from undergraduate education and the college training programme. There has been a meeting between the college and universities, and there are regular, six-monthly meetings scheduled between the training programme director and individuals responsible for the Master of Public Health degree at the two universities. However, integration between the university courses appear to be more reliant on relationships rather than a purposeful and systematic approach.

The NZCPHM has a policy on the recognition of prior learning that allows candidates to apply for university papers, relevant public health experience and prior relevant vocational training experience to be recognised prior to entry to the programme.

Recommendation:

- The NZCPHM should develop and implement a regular meeting cycle with the universities as part of an overall stakeholder engagement strategy (standard 3.3.1).

Required actions:

Nil

3.4 Structure of the curriculum

- 3.4.1 The curriculum articulates what is expected of trainees at each stage of the vocational medical training programme.
- 3.4.2 The duration of the vocational medical training programme relates to the optimal time required to achieve the programme and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee’s ability to achieve those outcomes.
- 3.4.3 The vocational medical training programme allows for part-time, interrupted and other flexible forms of training.
- 3.4.4 The vocational medical training programme provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

3.4 Structure of the curriculum

	Met	Substantially met	Not met
Rating	X		

Summary of findings:

Expectations are clearly articulated for each of the two stages in training.

1. The basic training component (the first 16 months of training) provides the academic grounding in the field of public health medicine to underpin the experiential component of training. The academic training, comprising a Master of Public Health degree with minimum course requirements covers the full breadth of public health medicine.

2. The advanced training component (29 months of training) is experiential workplace-based training. Trainees must complete a minimum of three advanced training placements, including a six-month (minimum) placement in a public health unit.

The programme allows for part-time and flexible training, however the need for trainees to secure their own employment and placements has resulted in significant challenges for trainees who wish to take parental leave with occasions where trainees have not been entitled to paid parental leave. This is partly due to the short-term nature of their appointments during advanced training.

Required actions:

Nil

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:			
<p>The NZCPHM employs a range of teaching and learning approaches, including application of the Master of Public Health (MPH) for the basic training programme component.</p> <p>The advanced training component employs a range of teaching and learning opportunities, but progression to the curriculum appears strongly dependent on the quarterly meetings with the training programme supervisors and the content of the registrar led teaching days. While the peer directed learning is admirable, it does need to be balanced with college support to ensure full coverage of the curriculum.</p> <p>The NZCPHM made a recent appointment of a dedicated FTE to education development with the intention to increase college-directed training and links to curriculum progression. It will need to ensure that this intention eventuates to ensure confidence that trainees have full opportunity to progress in line with the established curriculum.</p> <p>Required action:</p> <p>4. The NZCPHM must consider the appropriate balance between registrar-led and college-led training in its advanced training programme, ensuring that trainees will receive full coverage of the curriculum, and trainees organising any teaching have suitable support (standard 4.1.1).</p>			
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:			
Basic training is provided through the Master of Public Health in which a dissertation forms a core component. Advanced training is practice-based and significantly involves trainees' personal			

participation in aspects of the delivery of health care. There has been a significant contribution by fellows and trainees of the college during the recent pandemic who have held a lead role in this national response.

The basic training component of the programme includes didactic learning and a dissertation delivered by Otago and Auckland universities. Advanced training is based around clinical placements in which a range of adjuncts to learning are included to emphasise the self-reflection component of knowledge and skills attribution. These include quarterly reviews with training supervisors, feedback directly from work placed supervisors, evaluation of presentations, multi-source feedback, activity log and peer-led learning.

The NZCPHM strongly encourages trainee learning through a range of modalities with many designed to enhance self-directed learning and reflection.

The current training programme develops from basic training with the Master of Public Health to advanced training directed through clinical placements. Trainees are required to find their own clinical placements which are college-approved through established accreditation processes. Workplace supervisors are orientated appropriately to their involvement in the trainee development, but there is little evidence of matching of placements to curriculum gaps or of a progression of responsibility within curriculum requirements. While this likely occurs retrospectively and indirectly through quarterly meetings with training programme supervisors, the training programme should endeavour to assist with proactive placement selection and design of experience to ensure progression of responsibility and skill development.

Development of cultural safety and health equity are core differentiating drivers of the NZCPHM, reflected in its teaching and learning methods, which is a strength.

Recommendation:

- The NZCPHM should consider securing assistance with selection and design of advanced training placements to ensure matching to trainee curriculum progression and graded increase in responsibility (standard 4.2.1).

Required actions:

Nil

5 Assessment of learning

5.1 Assessment approach			
5.1.1	The training provider has a programme of assessment aligned to the outcomes and curriculum of the vocational medical training programme which enables progressive judgements to be made about trainees' preparedness for the vocational scope of practice.		
5.1.2	The training provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.		
5.1.3	The training provider has policies relating to special consideration in assessment.		
5.1 Assessment approach			
	Met	Substantially met	Not met
Rating	X		
Summary of findings:			
<p>The training programme uses a range of adjuncts for learning, encouraging a strong degree of self-reflection in the advanced training years. A major strength of the programme is the dedication and skill of the training programme supervisors who meet with trainees quarterly to review activity logs, performance, and progression towards the curriculum. An additional waypoint of progress is provided by an interim assessment nine months before final assessment, that is designed to identify any remaining gaps in progress. Given the importance of this aspect of trainee progression, caution is advised if the increase in numbers in the programme stretch existing resources and quality of training programme supervisor meetings and training.</p> <p>Assessment and completion documents are well documented and available to all staff, supervisors and trainees. It appears that workplace supervisors are particularly made aware of these issues during a pre-site accreditation visit to ensure close communication between all those involved in training.</p> <p>The College has clear policies relating to special consideration in assessment and has enacted components of this during the recent pandemic with its impact on training.</p>			
Required actions:			
Nil			
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:			
<p>The training programme contains a range of methods that are fit for purpose in assessing and guiding self-directed learning of trainees. Trainees struggling to progress are identified early through quarterly meetings with the training programme supervisors and a clear process is in place with escalation to the training programme director. Workplace supervisors are also assigned to trainees for regular feedback</p>			

and assessment which further enhances the ability to detect trainees struggling to progress, as well as assist with ongoing improvement.

The NZCPHM clearly describes the necessary assessments and waypoints for learning and assessment from basic to advanced training.

It is noteworthy that successful completion of the basic training component has a standard of B+ established by the NZCPHM. Completion of the advanced training programme contains fewer summative assessments with a final “high stakes” oral examination required for awarding of Fellowship. The examination panel holds regular meetings for establishment of questions within the curriculum domains and discussion of marking standards. In addition, an external examiner is included, as well as an observer to provide oversight for the actual exam.

While this is an admirable attempt to create a robust examination process, given the pivotal consequences of the exam for awarding of Fellowship, a review of the examination process is required. This is to provide robust reliability, as well as internal and external validity to areas including question design, examiner performance, and internal benchmarking.

Required action:

- 5. The NZCPHM must review its summative examination processes to ensure validity and reliability in the determination of passing scores (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:

The training programme director and training programme supervisors are passionate and committed in support of trainees and their progression. They provide regular personalised feedback and support through the training programme.

There did not appear to be a structured and formalised process by which workplace supervisors are informed of trainee performance in a manner that would then allow high quality supervision to reward high performance and assist in areas for development. While informal discussion appears to occur and there has been a recent meeting of workplace supervisors, it is advisable that a formal process is created in which workplace supervisors are linked into trainee assessments.

The regular quarterly meetings of trainees with training programme supervisors in the advanced training component of the programme ensure the early identification of trainees who are not meeting required outcomes.

There is regular communication between the training programme director and training programme supervisors and subsequent communication between training programme supervisors and workplace supervisors. Formal contact occurs during site accreditation visits, and following workplace supervisor reports and more informal contact at any time an issue arises. Clear processes of communication regarding trainee performance to workplace supervisors would assist in fully meeting the requirement of this standard.

Required action:

6. The NZCPHM must implement a formal process in which workplace supervisors are informed of trainee performance in a manner that does not disadvantage the trainee (standard 5.3.2).

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 NZCPHM and its training programme have a programme of regular policy review that includes reviews of the examination, multi-source feedback, and written assessments with evidence of alteration in process following this review. In addition, the college carried out a full curriculum review in 2015 and a smaller review in 2020 which included international benchmarking.

The basic training programme is run through Otago and Auckland universities, with an initial curriculum mapping process undertaken at the programme inception. Liaison continues between the universities and the training programme director with college oversight to ensure that no inequity occurs in basic training. Careful attention should be paid to this aspect of national consistency as changes to both Masters' programmes have been discussed to which the college may be limited in its ability to impact.

Advanced training is run at a national level with a single examination process ensuring full consistency.

Required actions:

Nil

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:			
<p>The NZCPHM monitors delivery of its training and education programmes through a range of formal and informal tools including surveys, workshop and training day evaluations, and governance roles. It has an education policy register which details its planned reviews of policies, procedures, and assessment and guidelines. The curriculum is reviewed and internationally benchmarked every 5 years. Additional training programme supervisors were appointed in 2021 and 2022 in response to increasing trainee numbers. The interim and final training summaries has improved oversight of trainee progress and helped identify deficiencies in training in the late stages of advanced training.</p> <p>To strengthen review of assessment processes the NZCPHM could consider implementing a post exam survey which could provide valuable information on assessor effectiveness, as mentioned in standard 8.</p> <p>The NZCPHM has a multi-tiered level of supervision with varying degrees of monitoring formality and engagement. The monitoring processes for the workplace supervisors are less structured than those for the training programme supervisors.</p> <p>The NZCPHM seeks feedback from workplace supervisors through a variety of mechanisms including member and supervisor surveys, informal communications, and scheduled meetings with training programme supervisors, and following college-led training sessions. However, there was a low response rate (22%) to the 2021 survey and there are opportunities for the college to engage more formally with these supervisors as a means of monitoring its training programme, especially on curriculum content and assessment. Currently, formal feedback loops to the workplace supervisors on their effectiveness are limited to three-yearly, during training site accreditation visits. Strengthened engagement must also include provision of regular and relevant deidentified feedback to the workplace supervisors, recognising the small number of trainees at the sites over that period. This is further discussed in standard 8 (Implementing the programme: delivery of education and accreditation of training sites).</p> <p>Training programme supervisors have further opportunities to provide feedback during monthly meetings and to comment on policy and procedure changes. The NZCPHM provided examples of how supervisor feedback was used in programme development.</p>			

Trainees contribute to monitoring and programme development through the annual registrar satisfaction survey, informal exam feedback and through established governance roles. In 2021, a Registrar Committee-led COVID-19 impact survey had a trainee response rate of 79.5%, confirming excellent engagement by the trainees, and provided the college with valuable evaluation of data.

Trainees are consulted with on proposed changes to ensure they are not unfairly disadvantaged, and although not part of the actual training site accreditation review, they do complete a training site evaluation after the completion of each placement. The NZCPHM provided examples of how trainee feedback is used in its monitoring process.

Required action:

7. The NZCPHM must formalise the mechanisms by which the workplace supervisors can contribute to monitoring of the training programme, especially on curriculum content and workplace-based assessment (standard 6.1.2).

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 NZCPHM provided examples of the registrar satisfaction survey (implemented 2020 and 2021) and the gaps in training survey (implemented 2018 and 2021). Additionally, the NZCPHM uses other surveys on an as-needed basis to monitor current issues. Goals, actions and outcomes as a result of evaluation of these surveys could be better defined and will be increasingly important with the ongoing growth in trainee numbers. A systematic monitoring and evaluation framework will strengthen the college’s monitoring and evaluation approaches and reporting processes. Wide stakeholder engagement and consultation in the development of this framework is encouraged.

The three-yearly gaps in training survey assesses preparedness to practice for new fellows. Although the current survey format does collect important data, the scope of questioning was too narrow. In future surveys, the NZCPHM is encouraged to also consider the graduate, employer, and consumer perspective with respect to the fitness of purpose of the training programme. The NZCPHM has a mechanism for monitoring and evaluating whether community needs are being met through its workforce survey, last completed in 2019, and reporting on this will be important in future annual reports.

The NZCPHM provided examples of the qualitative and quantitative data it collects, maintains, and analyses.

NZCPHM members contribute to evaluation processes. However, the NZCPHM must broaden its external stakeholder base. A number of Fellows of the college hold leadership roles in other organisations and many of these organisations are considered stakeholders of the college. The NZCPHM is encouraged to ensure it engages with a wide range of stakeholders to ensure input and feedback for evaluation

purposes is gathered from those who are not fellows of the college. This needs to include purposeful engagement with the public (as consumers) to ensure different perspectives.

Recommendation:

- The NZCPHM is encouraged to broaden the scope of its gaps in training survey to guide further meaningful data collection on programme and graduate outcomes (standard 6.2.1).

Required actions:

8. The NZCPHM must develop and implement a systematic and sustainable monitoring and evaluation framework to strengthen its monitoring and evaluation approaches (standard 6.2.1).

See required action 1: The NZCPHM must implement a planned approach to engagement and collaboration with relevant groups and stakeholders, the wider health sector, and the public on key issues relating to its purpose, training and education functions, and governance, with relevant external stakeholders able to provide regular feedback on programme and graduate outcomes (standards 1.1.5, 1.6.1, 1.6.2, 1.6.3, 1.6.4, 2.1.4, and 6.2.3).

6.3 Feedback, reporting and action

- 6.3.1 The training provider reports the results of monitoring and evaluation through its governance and administrative structures.
- 6.3.2 The training provider makes evaluation results available to stakeholders with an interest in programme and graduate outcomes, and considers their views in continuous renewal of its programme(s).
- 6.3.3 The training provider manages concerns about, or risks to, the quality of any aspect of its training and education programmes effectively and in a timely manner.

6.3 Feedback, reporting and action

	Met	Substantially met	Not met
Rating		X	

Summary of findings:

The NZCPHM has processes for internal reporting of results of monitoring and evaluation through its governance and administrative structures. Results are reported to the college’s council via the relevant committees. The NZCPHM reports to members via its monthly e-newsletter and email. The trainees reported they are kept well informed through college communication channels but were not aware they could request access to Registrar Committee minutes as required. These should be made freely available for review as requested.

The process and timeline by which evaluation results and changes are reported to stakeholders was not clear. At the time of the visit, trainees and workplace supervisors stated they had not yet received results of their respective surveys from 2021, which are still proceeding through governance processes. The NZCPHM must develop and implement a structured reporting system for monitoring and evaluation activities and ensure these reports are distributed to relevant internal and external stakeholders. This includes those who have provided feedback on educational activities and surveys.

The NZCPHM has a comprehensive risk register which covers risks to the quality of its training programme, including a risk matrix on the impact of increased trainee numbers.

Required action:

9. The NZCPHM must develop and implement a structured reporting system for monitoring and evaluation activities and ensure that stakeholders with an interest in programme and graduate

outcomes can consider and respond to the reports, with feedback informing ongoing quality improvement. (standard 6.3.2).

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: <ul style="list-style-type: none"> • 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 NZCPHM has clear, documented selection policies outlined in its selection of registrars policy, available publicly on the college website. The selection process is centralised at a national level to ensure the consistent application of selection policies.

The NZCPHM has robust processes for selection to the training programme. Applicants are initially assessed by the selection panel against the selection criteria using a rating system. Shortlisted applicants are invited for an interview which follows a standard format with each candidate asked the same questions. Trainees felt the selection process was transparent and fair and followed the published criteria.

Funding for the programme is provided by the Ministry of Health through a contract with the NZCPHM. For this reason, the NZCPHM is unable to change the number of training positions available each year and therefore an appeals process is not offered. Individual feedback can be requested by an applicant for strengthening an application. However, with the likely growth in the number of applicants, upcoming health reforms and potential changes to funded positions, the NZCPHM should consider a process for formal review of trainee selection decisions.

The NZCPHM ensures equitable recruitment of Māori and Pacific trainees with priority for entry to the training programme, as detailed in the selection of registrars policy. The NZCPHM commits to engagement with potential Māori and Pacific trainees with information dissemination through Te Ohu

Rata o Aotearoa (Te ORA) and the Pasifika Medical Association as well as representation at the Te ORA Hui-a-Tau careers day. The proportion of Māori trainees in the training programme in 2022 is 11.5%.

The NZCPHM provides information on its website regarding training programme requirements. Trainees must work in a minimum of three approved training sites and spend at least six months in a public health unit. Trainees report they are well informed regarding trainee requirements prior to selection to the training programme. Recognition of prior learning may result in exemptions on training requirements and this process is well documented in the recognition of prior learning policy.

Recommendation:

- The NZCPHM should consider including a process for formal review of decisions in relation to trainee selection (standard 7.1.2).

Required actions:

Nil

7.2 Trainee participation in training provider governance

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

7.2 Trainee participation in training provider governance

	Met	Substantially met	Not met
Rating	X		

Summary of findings:

The NZCPHM actively involves trainees in the governance of its training programme. There is a registrar committee which represents trainees on training matters and is an advisory committee to the college’s council. The Registrar Committee chairperson is also a council member and is provided governance training and education. There is also trainee representation on several advisory committees to the Council including the Education and Training Committee and the Policy Committee.

There are formal processes for appointment of trainees to each advisory committee and there is a position on the Registrar Committee for a trainee who is Māori. Trainees were aware of their trainee representatives. Trainee representatives felt they were listened to and could contribute to training programme development.

Commendation:

- The NZCPHM is commended for the significant involvement of trainees in the governance of their training programme (standard 7.2.1).

Required actions:

Nil

7.3 Communication with trainees

7.3.1 The training provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.

7.3.2 The training provider provides clear and easily accessible information about the vocational medical training programme(s), costs and requirements, and any proposed changes.

7.3.3	The training provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.		
7.3 Communication with trainees			
	Met	Substantially met	Not met
Rating	X		
Summary of findings:			
<p>The NZCPHM’s council and advisory committees use several strategies to communicate with trainees. There are monthly college newsletters and regular email updates from college staff. Trainees are also updated by trainee representatives regarding committee considerations and decisions.</p> <p>The NZCPHM provides information about the training programme on its website, including information regarding costs, training requirements and training position availability.</p> <p>The annual registrar survey is distributed to all trainees and is an opportunity for trainees to provide feedback to the college on their satisfaction with communications from the college. Trainees provided positive feedback on the communication they received from the college and most felt well informed about changes to the training programme.</p> <p>Trainees receive regular updates regarding their individual progress in the programme. This is provided through regular meetings with their training programme supervisor and email communications from the senior executive office. Trainees also receive an annual letter from the assessment panel which details their accredited training time and any additional requirements. The online member system also displays up to date information regarding training programme requirements and this is accessible to both trainees and their training programme supervisor.</p>			
Required actions:			
Nil			
7.4 Trainee wellbeing			
7.4.1	The training provider promotes strategies to enable a supportive learning environment.		
7.4.2	The training provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.		
7.4.3	The training provider ensures a culturally-safe environment for all trainees, including those who identify as Māori.		
7.4.4	The training provider recognises that trainees who identify as Māori may have additional cultural obligations, and has flexible processes to enable those obligations to be met.		
7.4 Trainee wellbeing			
	Met	Substantially met	Not met
Rating	X		
Summary of findings:			
<p>The NZCPHM is committed to supporting the wellbeing of trainees and employs multiple strategies to create a supportive learning environment. The NZCPHM has published a wellbeing resource which details the support services available to trainees. In 2021, the NZCPHM ran a wellbeing webinar, which most trainees found useful. A recording is available on their training programme section of the NZCPHM website. Trainees are involved in regional peer support groups and are well supported by their training programme supervisors. Basic trainees have access to university health services while some advanced trainees have access to an employee assistance programme or an occupational health service.</p>			

The NZCPHM has a flexible training policy which allows for part-time and interrupted training which many trainees have used. The NZCPHM has also recently completed a wellbeing survey to explore the effect of COVID-19 on the health and wellbeing of trainees. Trainees appreciate the support they receive from the NZCPHM and acknowledge the collegiality amongst their vocation.

Although the NZCPHM is focused on trainee wellbeing, trainees raised concerns about the difficulties in securing their own employment and placements, as well as in some cases an inability to access paid parental leave. Basic trainees, whilst undertaking a Master of Public Health, are not entitled to paid parental leave as they are not considered employees. For advanced trainees, this is partly due to the short-term nature of their appointments. We recognise the NZCPHM is working closely with interim Health New Zealand to address employment issues and we acknowledge the opportunity the formation of Health New Zealand provides. The NZCPHM should continue to explore these options and advocate for their trainees.

The NZCPHM liaises with employers and supervisors to support trainees who are experiencing difficulties. For basic trainees, regular meetings take place between the training programme director and the universities to identify and support trainees in difficulty. The NZCPHM has a trainee with health issues policy that outlines the process for trainees with health conditions that do or have the potential to impair training performance and progress. For advanced trainees, the accreditation of training sites policy includes standards on the support services which must be in place for advanced training trainees. There is regular communication between the workplace supervisors and the training programme supervisors to identify trainees in difficulty. This process, although informal, appears to be effective. However as trainee numbers grow, a formal process to identify and support trainees in difficulty may be required.

The NZCPHM ensures cultural safety is embedded throughout the curriculum and policies. The accreditation of training sites policy outlines the requirement of training sites to be culturally safe and supportive. It is working to increase Hauora Māori placements for trainees.

Cultural mentorship is provided to both Māori and Pacific trainees. The training programme kaiārahi and Pacific mentor play essential roles in providing guidance and support to Māori and Pacific trainees. Additional funding is available through the NZCPHM's John McLeod fund to support Māori or Pacific trainees.

Recommendation:

- The NZCPHM should continue to work with Health New Zealand to address employment issues and parental leave entitlements (standard 7.4.1).

Required actions:

Nil

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:			
<p>The NZCPHM’s training manual outlines the complaints process for both training programme complaints and workplace complaints. Its accreditation of training sites policy also ensures training sites have a process for managing complaints made by a trainee. Most problems or complaints usually involve the trainee consulting with their training programme supervisor. Trainees report they are aware of these processes.</p> <p>Despite this, the pathway for resolution of professional and training related disputes is informal, partly due to the size of the college. This may also result in limitations to confidentiality. Given the increase in trainee numbers and long-term sustainability of the current informal processes, although effective to date, it is recommended that the NZCPHM strengthens processes for the resolution of disputes.</p> <p>Recommendation:</p> <ul style="list-style-type: none"> • The NZCPHM should strengthen processes for the resolution of disputes (standard 7.5.2). <p>Required actions:</p> <p>Nil</p>			

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:			
<p>The NZCPHM has an effective system of clinical supervision in place to support its trainees. The training programme director and the five training programme supervisors work together in a very well organised and trainee-centric system. The processes and policies around the supervisory roles are appropriate and the training programme director and the training programme supervisors are to be commended for their exemplary commitment to, an engagement with, trainees.</p> <p>The NZCPHM has defined the responsibilities of doctors contributing to the delivery of the training programme and communicates details of the programme and graduate outcomes to these doctors. Processes for selection of supervisors with appropriate capability for their roles are satisfactory, and generally, the NZCPHM facilitates the training, support, and professional development of its supervisors. However, it is noted that formal opportunities for training of workplace supervisors has only recently begun. A workshop was held in February of this year, with only fair attendance at it due to the COVID-19 pandemic response. The NZCPHM is encouraged to provide even greater emphasis on these opportunities for training of workplace supervisors. The evaluation of supervisory effectiveness does not appear to be fully embedded in college policy and processes. Senior college staff are available to trainees should matters require raising and the chair of the Registrar Committee does meet regularly with the general manager and, as needed, with the training programme director. There is also a yearly registrar satisfaction survey, which is anonymised. Whilst these measures are all functional and do contribute to evaluation of supervisory effectiveness, there is a need for the NZCPHM to formalise processes for evaluating supervisory effectiveness at all levels of trainees' supervision, with formalised processes for timely feedback from trainees - always balancing the need for trainee confidentiality and trainee safety within these processes.</p> <p>The NZCPHM does select assessors who have appropriate capabilities to undertake assessment functions, however, it has not fully demonstrated adequate training and professional development</p>			

opportunities for all assessors involved in the programme. Training of written report assessors includes mentoring and one formative assignment, while training of examiners is based on the trainee examiner observing a full examination. There is a need for more explicit training of assessors, particularly in respect to examiners. In addition, the NZCPHM should more formally facilitate professional development opportunities relevant to the respective role of assessors.

The NZCPHM does not have routine processes to evaluate the effectiveness of its assessors. There are peer review mechanisms in place, whereby two experienced assessors are used for each summative assessed written report. Where the oral examination is concerned, there is considerable peer interaction between examiners and the trainee examiner, with feedback from the chief examiner if required. However, the NZCPHM needs to routinely evaluate the effectiveness of its assessors at all levels of training and education and include formalised processes for timely feedback from trainees – again, balancing the need for trainee confidentiality and trainee safety in these processes.

Required actions:

10. The NZCPHM must routinely evaluate supervisor effectiveness at all levels of trainee supervision. Evaluation must include formalised processes for timely and meaningful feedback from trainees, balancing the need for trainee confidentiality and safety (standard 8.1.4).
11. The NZCPHM must develop and implement regular training for assessors in both work-based and examination settings and is required to facilitate professional development opportunities relevant to the respective roles of assessors (standard 8.1.5).
12. The NZCPHM must routinely evaluate the effectiveness of its assessors at all levels of training and education. Evaluation must include formalised processes for timely and meaningful feedback from trainees, balancing the need for trainee confidentiality and safety (standard 8.1.6).

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 NZCPHM has clear processes and criteria to assess, accredit, and monitor training sites. What is more, the criteria for accreditation link well to the outcomes of the training programme. It works diligently with health care providers to use the capacity of the health care system for workplace training, and to give trainees the appropriate breadth of experience in public health medicine. However, it is readily accepted there are significant challenges in terms of the funding of placements for trainees. An education and placements lead, recently appointed, will engage with current and potential work sites and develop strategies to mitigate problems in these areas. This appointment is strongly supported. The college recognises the potential opportunities relating to the imminent health system reforms, whereby further trainee placements may be available within the Ministry of Health's public health agency and the Māori Health Authority.

It is recommended that the NZCPHM explores opportunities for trainee placements with Māori health providers. Again though, issues relating to funding of such placements are acknowledged. It is also recommended that the NZCPHM considers how best to optimise opportunities for training experience in Māori health that are present within existing trainee placements.

The NZCPHM actively engages with other training providers, and in particular, the Australasian Faculty of Public Health Medicine to support common accreditation processes and sharing of relevant information. There are major reviews of the training programme at approximately five-year intervals with benchmarking against other colleges internationally. In addition, the college's general manager has numerous contacts with other medical colleges, however, it does appear that such interaction is less overt in respect to examination processes. This should be considered further within the broader engagement strategies implemented by the NZCPHM.

Recommendation:

- The NZCPHM should explore opportunities to have training placements in Māori health providers, and consider how best to optimise opportunities for trainee experience in Māori health within existing trainee placements (standard 8.2.3).

Required actions:

Nil

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: <ul style="list-style-type: none"> 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 NZCPHM provides a recertification programme that is available to all doctors registered in the vocational scope of public health medicine.

The NZCPHM has completed significant work to strengthen its continuing professional development (CPD) and recertification programme to meet MCNZ's new requirements that come into effect on 1 July 2022.

Minimum triennium points requirements are set in each of the four categories for the 2022 - 2024 Tracking of Professional Standards (TOPS) triennium (which began 1 January 2022). The four reporting categories align with MCNZ's strengthened requirements. These are:

- Māori health, health equity and cultural safety
- Reviewing and reflecting on practice
- Measuring and improving outcomes
- Educational activities (continuing medical education).

This ensures that participants undertake a mix of activities across the categories. The minimum points assigned to each category reflect a weighting for activities that evidence shows are most effective in improving a doctor's performance, with greater weight given to areas that involve feedback on the doctor's practice, and lower weight assigned to activities such as attendance of education events.

Activities undertaken through other recertification programmes or through employment requirements are recognised, provided they correspond with the category requirements as described in the TOPS manual.

The recertification programme requires participants to undertake an annual structured conversation, with appropriate guidance and templates for supporting and recording this. A professional development plan is also a requirement of the programme, and this must be signed off by a colleague.

Participants enter their activities into the computer-based TOPS programme and this allows monitoring against programme requirements.

A multi-source feedback process, with questions specifically developed for public health medicine specialists must be completed by all TOPS participants every second triennium. There is an established collegial practice visit process and this is optional on the programme.

The professional development plan and annual conversation include levers to drive focus on cultural safety, Māori health and health equity. Participants can also allocate a proportion of other activities (for example, reviewing and reflecting on practice and measuring and improving outcomes) to Māori health, health equity and cultural safety. Given there are no minimum requirements to ensure each participant embeds cultural safety and health equity in all CPD categories, it would be useful for the college to monitor and report on this area.

The NZCPHM reviews the programme at a minimum every three years, in advance of a new triennium starting.

The programme has a high completion rate. Those who are non-compliant with requirements are managed in accordance with documented process, which includes reporting to MCNZ, and moving the doctor onto an annual monitoring programme. The NZCPHM monitors participation and carries out an audit of 10% of participants to ensure that participants have undertaken the stated activities and have supporting evidence.

Recommendation:

- The NZCPHM should monitor TOPS participants’ progress and activity level related to cultural safety and health equity, to ensure each participant completes activities related to these key areas across each of the three CPD categories in the recertification programme (standard 9.1.8).

Required actions:

Nil

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 NZCPHM has structures and resources to respond to requests for further training, and the director of continuing professional development would be involved if requests were received.

Required actions:

Nil

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 NZCPHM has the processes in place and resources available to respond to any MCNZ request for the remediation of doctors requiring additional support and would involve its Education and Training Committee to fulfil such a request.

Required actions:

Nil

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:			
<p>The NZCPHM has a robust and effective process in place for assessing the qualifications, training, and experience of specialist international medical graduates (SIMGs). Although the number of vocational applicants is small, the college provides well-reasoned, well-articulated and timely quality advice to MCNZ on the assessment of SIMGs.</p> <p>The NZCPHM has shown leadership to other colleges in Aotearoa New Zealand in assisting their development of their own SIMG assessment frameworks.</p> <p>Commendation:</p> <ul style="list-style-type: none"> The NZCPHM is commended for its robust and effective process of assessment of SIMGs and for the quality of the advice it provides to MCNZ, as well as for their leadership in this area (standard 10.1.1). <p>Required actions:</p> <p>Nil</p>			
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:			
<p>The NZCPHM recommends appropriate methods of assessment of SIMGs including those with a focus on cultural safety, Māori Health and te Tiriti o Waitangi.</p> <p>It has a procedure in place to inform employers and MCNZ of patient safety concerns arising in assessment.</p> <p>A vocational practice assessment (VPA) as a final form of assessment for a public health physician at the end of their provisional vocational period has not yet been required. The NZCPHM has agreed to liaise</p>			

with MCNZ in developing tools for a VPA in public health medicine, based on best-practice workplace-based assessments in this area of medicine. This will ensure a VPA process is available, should it be needed in the future.

Recommendation:

- The NZCPHM should liaise with MCNZ to support the development of an appropriate set of tools and process for a VPA in public health medicine, to ensure an appropriate process is in place for future use (standard 10.2.1).

Required actions:

Nil

Appendix 1 – Membership of the 2022 accreditation team

Dr Ken Clark (Chair of accreditation team)

Medical member, MCNZ Council member and MCNZ Education Committee chair

Dr Ainsley Goodman

Medical member, MCNZ Council member and MCNZ Education Committee member

Dr Stephen Child

Medical member, MCNZ Council member and MCNZ Education Committee member

Ms Kim Ngārimu

Lay member, MCNZ Council deputy chair and MCNZ Education Committee deputy chair

Ms Joan Simeon

Senior MCNZ staff – Chief Executive of MCNZ

Dr Kate Kilpatrick

Trainee member – RACP trainee

Ms Holly Hart

Education Adviser, MCNZ

Observers:

Mr Chris Jenkinson

Manager, Education, MCNZ

Ms Jen Burke

Education Adviser, MCNZ

Appendix 2 – NZCPHM key representatives

General Manager	Dr Pam Watson
President	Dr Jim Miller
President Elect, Chair of the Pacific Caucus	Assoc. Prof. Collin Tukuitonga
Māori representative of the Whā me Whā Panel	Prof. David Tipene-Leach
Recent Fellow on Council	Dr Mariam Parwaiz
Chair of Education Training Committee	Dr Rob Weir
Training Programme Director	Assoc. Prof. Polly Atatoa-Carr
Education and Training Committee member	Dr Richard Jaine
Education and Training Committee member	Dr Carol Barker
Education and Training Committee member	Dr Hilary Baird
Education and Training Committee member	Dr Janine Stevens
Education and Training Committee member, Chair of the Assessment Panel	Assoc. Prof. Rachael McLean
Director of Continuing Professional Development	Dr Ruth Richards
Registrar member of Council, Chair of the Registrar Committee	Dr Bronwyn Chesterfield
Chief examiner	Dr Phil Shoemack

Appendix 3 – List of submissions on the NZCPHM

Auckland Regional Public Health Service (accredited training site) – Auckland DHB
Bay of Plenty District Health Board
Council of Medical Colleges
Health and Disability Commissioner
Health New Zealand
Health Quality and Safety Commission
Institute for Innovation and improvement, i3 (accredited training site) - Waitematā DHB
Ministry of Health
Synergia Ltd
The Australasian College of Emergency Medicine
The Australasian Faculty of Public Health Medicine of the Royal Australasian College of Physicians
The Australian and New Zealand College of Anaesthetists
The New Zealand College of Sexual and Reproductive Health
The Royal New Zealand College of General Practitioners
Toi Te Ora Public Health
University of Auckland
University of Otago
Waikato Public Health Unit (accredited training site) – Waikato DHB

Appendix 4 – Summary of the 2022 accreditation programme

4 May 2022 – via Zoom

Opening meeting with Executive leadership	<p>Dr Jim Miller, President Assoc. Prof. Collin Tukuitonga, President-Elect, and Chair of the Pacific Caucus Prof. David Tipene-Leach, Māori representative of the Whā me Whā Panel Dr Bronwen Chesterfield, Chair of the Registrar Committee and Registrar on Council Dr Mariam Parwaiz, Recent Fellow on Council Dr Pam Watson, General Manager (GM) Dr Rob Weir, Chair, Education and Training Committee (ETC)</p>
Training Programme Director and supervisors meeting	<p>Assoc. Prof. Polly Atatoa-Carr, Training Programme Director (TPD) Training programme Supervisors: Dr Brad Novak Assoc. Prof. Kirsten Coppell Dr Kaaren Mathias Dr Lavinia Perumal Prof. Susan Morton</p>
Trainee meeting - Registrar Committee	<p>Dr Bronwen Chesterfield, Chair of the Registrar Committee Dr Tessa Luff Dr Hannah Cooper Dr Rebekah Jaung Dr Hilary Baird Dr Andrew Sise Dr Claire Salter Dr Karen McIlhone Dr Nina Bevin Dr Manasi Deshpande</p>
Stakeholder meeting (accredited training site) – Institute for Innovation and improvement, i3 – Waitematā DHB	
Stakeholder meeting (accredited training site) - Auckland Regional Public Health Service – Auckland DHB	
Stakeholder meeting (accredited training site) – Waikato Public Health Unit – Waikato DHB	
Royal New Zealand College of General Practitioners	
5 May 2022 – via Zoom	
Advanced trainee meeting	
Basic trainee meeting	

Policy makers meeting	Dr Rob Weir, Chair, ETC Dr Richard Jaine, ETC Dr Carol Barker, ETC Dr Hilary Baird, ETC, Registrar Representative Dr Janine Stevens, ETC, Māori Fellow Dr Rachael McLean, ETC, Assessment Panel Chair Dr Ruth Richards, Director of Continuing Professional Development Assoc. Prof. Polly Atatoa-Carr, TPD Dr Pam Watson, GM
Specialist international medical graduate meeting	
Fellows meeting	
Chief examiner meeting	
Stakeholder meeting - Te Ora	
Stakeholder meeting - The Australasian Faculty of Public Health Medicine, Royal Australasian College of Physicians	
Stakeholder meeting – Auckland University	
Stakeholder meeting – Otago University	
Stakeholder meeting – Ministry of Health	
6 May 2022 – via Zoom	
Stakeholder meeting - Council of Medical Colleges	
Stakeholder meeting - Health New Zealand	
Meeting with Executive leadership	Dr Jim Miller, President Dr Rob Weir, Chair ETC Dr Pam Watson, GM
Meeting with Executive leadership to feedback findings	Dr Jim Miller, President Assoc. Prof. Collin Tukuitonga, President Elect, Chair of the Pacific Caucus Prof. David Tipene-Leach, Māori representative of the Whā me Whā Panel Dr Mariam Parwaiz, Recent Fellow on Council Dr Pam Watson, General Manager Dr Rob Weir, Chair ETC