



**Te Kaunihera  
Rata o  
Aotearoa**

Medical  
Council of  
New Zealand

## Accreditation assessment of the New Zealand Dermatological Society Incorporated for vocational recertification

Date of assessment: 3 and 4 August 2022

Date of Council decision: 7 December 2022

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## Background

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

The purpose of the accreditation process is to recognise vocational medical training and recertification programmes and their associated 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 Aotearoa 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 provider.

The MCNZ's accreditation of vocational medical training and recertification programmes and their associated 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 provider, and acknowledge the expertise in, and achievements of, the provider and its programme
- support and foster educational initiatives
- assist the 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 Aotearoa New Zealand public by ensuring a highly skilled medical workforce.

Vocational training and recertification 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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## The Medical Council of New Zealand's accreditation of the New Zealand Dermatological Society Incorporated for vocational recertification

### General Information

|   |   |
|---|---|
| <b>Name of provider:</b>                    | New Zealand Dermatological Society Incorporated (NZDSI) |
| <b>Accreditation assessment:</b>            | 3 and 4 August 2022                                     |
| <b>Accreditation assessment decision:</b>   | 7 December 2022   |
| <b>Accreditation period granted:</b>        | 3 years, to 30 December 2025                            |
| <b>Date of last accreditation decision:</b> | 10 April 2018   |

### Programme information

|   |               |
|---|---------------|
| <b>Scope:</b>                               | Dermatology   |
| <b>Fellowship awarded:</b>                  | n/a           |
| <b>Training programmes offered:</b>         | n/a           |
| <b>Fellowship and membership categories</b> | <b>Number</b> |
| Membership:                                 | <b>78</b>     |
| Associate membership:                       | <b>4</b>      |
| Trainee membership:                         |               |
| Fellowship:                                 | <b>74</b>     |
| Life membership or life fellowship:         |               |

## Executive summary

An accreditation team of Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand (MCNZ) has assessed the New Zealand Dermatological Society Incorporated (NZDSI) and its 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 NZDSI for its preparation for the accreditation process and for their active and willing engagement with the team throughout the visit.

The NZDSI was last accredited by the MCNZ as a recertification programme provider in April 2018 and was accredited until April 2021. This period was extended by MCNZ to December 2022 partly due to constraints brought by the COVID-19 pandemic, and the introduction of strengthened MCNZ accreditation standards on recertification. Since then, the NZDSI has augmented its detailed programme to address the strengthened MCNZ accreditation standards.

The NZDSI is an incorporated society and not an academic college. It represents vocationally registered New Zealand dermatologists and provides a recertification programme for these practitioners. The training of dermatologists in New Zealand is undertaken by the Royal Australasian College of Physicians (RACP).

Given that the NZDSI is a recertification provider and not a vocational training provider, only the accreditation standards relevant to this function were applied in this accreditation visit. Standard 1 pertains to the governance, structure and management of the provider. The governance of the NZDSI is integral to the effective functioning of the recertification programme. Standard 9 outlines the requirements of the recertification programme.

The NZDSI represents most doctors registered in the vocational scope of dermatology in Aotearoa New Zealand. At its core is a dedicated, hardworking group of volunteers who run the NZDSI's activities and manage the recertification programmes. The NZDSI has a long history, being formed in 1948. Its executive reports that it is a well-established organisation with a strong professional standing in terms of size, financial stability and governance. The core recertification programme, which commenced in 2001, is very detailed with a strong focus on clinical outcomes. It is highly valued by its participants, and the expertise developed by its leading clinicians is sought after by other professional groups.

The core recertification programme is run in five-yearly cycles. All participants are on the same cycle. Each participant is required to obtain a minimum of 400 credits over the five years. They achieve this by participating in six compulsory competencies:

1. Audit of medical practice
2. Peer review
3. Continuing medical education
4. Cultural safety
5. Facility accreditation
6. Personal development plan.

The NZDSI has two special interest societies within its umbrella. The New Zealand Cosmetic Dermatological Surgical Group (NZCDSG) was formed in 2011. It has a separate constitution and extra recertification requirements that its members need to complete in addition to those of the core NZDSI recertification programme. The criteria for admission to this group, and for meeting its continuing requirements, are intended to fulfil MCNZ's expectations in its 2017 *Statement on cosmetic procedures* for accrediting dermatologists' competence in category 1 cosmetic procedures.

The New Zealand Society of Mohs Surgeons (NZSMS) was formed in 2019. It also has a separate constitution and extra recertification requirements in addition to those of the core recertification programme.

The NZDSI is a relatively small organisation and faces several of the challenges that can hamper small professional groups, including sustainability. However it is financially stable and, notwithstanding the small number of fellows, is confident that it can sustain the recertification needs of the dermatology workforce over time. Dermatologists' close collegial network facilitates a nimble responsive approach to meeting needs of their membership.

However, the load of the recertification programme management especially falls to a committed few. It has been identified that the delegation of administrative tasks and business management, along with attention to policies and processes, is needed.

This is particularly important for managing conflicts within a relatively small organisation. The subspecialty interest groups of NZCDSG and NZSMS are small. These groups have additional separate CPD requirements which could pose challenges in objectively implementing the recertification requirements, especially in relation to peer review.

The ongoing education, skills maintenance and professional progression of New Zealand dermatologists is likely to benefit from having wider input into their recertification programme. The NZDSI has helpful informal links with other specialist groups but otherwise the organisation is fairly insular. It is important that the programme is tailored to the needs of New Zealanders and therefore informed by involving the patient community, referring practitioners and employers in review and ongoing renewal of the programme. Linking with the community, professional bodies and education providers outside the scope of dermatology will strengthen the NZDSI's ability to meet evolving needs and best practice.

A key priority for the NZDSI should be its work programme towards cultural safety. Together with a focus on health equity the NZDSI needs to consider how to support its members in their professional development and maintenance of high standards of care that is culturally safe.

The NZDSI does not have a strategic plan. This limits its ability to actively review and plan with direction and purpose. A structured programme for review and renewal of its activities, including its certification programmes, should provide the NZDSI with more assurance of consistency over time. Formal documentation of processes and their outcomes will harness the considerable institutional knowledge valued by members, whilst ensuring robustness and transparency to the NZDSI's business.

### **Summary of findings:**

The accreditation team recommends to the MCNZ that overall, the NZDSI has met 2 of the 10 sets of MCNZ's 2022 *Accreditation standards for New Zealand training providers of vocational medical training and recertification programmes*.

3 sets of standards are substantially met:

- Standard 1.1 – Governance
- Standard 1.2 – Programme management
- Standard 9.1 – Recertification programmes

5 sets of standards were not met:

- Standard 1.3 – Reconsideration, review and appeals process
- Standard 1.4 – Educational expertise and exchange
- Standard 1.6 – Interaction with the health sector
- Standard 1.7 – Continuous renewal
- Standard 9.3 – Remediation

14 required actions were identified, along with 4 recommendations and 2 commendations. The required actions are:

| <b>Required action</b>   | <b>Standard</b>   |
|--|---|
| <p>1. The NZDSI must collaborate with external stakeholders in relation to its education functions and governance.</p> <p>(To be addressed by 30 September 2024)</p>   | <p><b>The context of training and education – Governance</b></p> <p>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.</p> <p>1.1.5 The training provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.</p>   |
| <p>2. The NZDSI must ensure provision is made for all subgroups to have representation in decision making processes.</p> <p>(To be addressed by 30 September 2023)</p>   | <p><b>The context of training and education – Governance</b></p> <p>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.</p>  |
| <p>3. The NZDSI must extend its conflict-of-interest policy and procedures to cover its CPD Committee.</p> <p>(To be addressed by 30 September 2023)</p>   | <p><b>The context of training and education – Governance</b></p> <p>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.</p>   |
| <p>4. The NZDSI must arrange an independent expert review, and respond to the findings of this review, of assessment of the recertification elements specific to the New Zealand Cosmetic Dermatological Surgical Group.</p> <p>(To be addressed by 30 September 2024)</p> | <p><b>The context of training and education – Programme management</b></p> <p>1.2.1 The training provider has structures with the responsibility, authority and capacity to direct the following key functions:</p> <ul style="list-style-type: none"> <li>• planning, implementing and evaluating the vocational medical programme(s) and curriculum, and setting relevant policy and procedures</li> <li>• setting and implementing policy on its recertification programme(s) and evaluating the effectiveness of recertification activities</li> <li>• setting, implementing and evaluating policy and procedures relating to the assessment of SIMGs</li> <li>• certifying successful completion of the training and education programmes</li> <li>• reporting on the six-factor framework on the viability of the vocational training provider as part of its accreditation process.</li> </ul> |

| Required action  | Standard   |
|--|--|
| <p>5. The NZDSI must establish and document reconsideration, review and appeals processes for decisions related to their education functions, including considerations of procedural fairness, transparency and conflicts of interest with written reasons provided for any decision, with information about these processes publicly available.</p> <p>(To be addressed by 30 September 2023)</p> | <p><b>The context of training and education – Reconsideration, review and appeals process</b></p> <p>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.</p>  |
| <p>6. The NZDSI must establish a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.</p> <p>(To be addressed by 30 September 2024)</p>   | <p><b>The context of training and education – Reconsideration, review and appeals process</b></p> <p>1.3.2 The training provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.</p>   |
| <p>7. The NZDSI must demonstrate it uses educational expertise to inform the development, management and continuous improvement of its recertification programme.</p> <p>(To be addressed by 30 September 2024)</p>  | <p><b>The context of training and education – Educational expertise and exchange</b></p> <p>1.4.1 The training provider uses educational expertise in the development, management and continuous improvement of its training and education functions.</p>  |
| <p>8. The NZDSI must demonstrate ongoing collaboration with other educational providers and with Māori health providers, for the continuous improvement of its recertification programme.</p> <p>(To be addressed by 30 September 2024)</p>  | <p><b>The context of training and education – Interaction with the health sector</b></p> <p>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.</p> <p>1.6.4 The training provider has effective partnerships with Māori health providers to support vocational medical training and education.</p> <p><b>Recertification programmes, further training and remediation – Recertification programmes</b></p> <p>9.1.12 The recertification programme provider ensures there is a method by which review, and continuous quality improvement of the recertification programme occurs.</p> |



| Required action   | Standard  |
|---|---|
| <p>9. The NZDSI must develop a structured programme to facilitate the continuous renewal of the recertification programme.</p> <p>(To be addressed by 30 September 2024)</p>  | <p><b>The context of training and education – Continuous renewal</b></p> <p>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.</p>   |
| <p>10. The NZDSI must demonstrate collaboration with a broad range of external stakeholders in the design of its recertification programme.</p> <p>(To be addressed by 30 September 2024)</p>   | <p><b>Recertification programmes, further training and remediation – Recertification programmes</b></p> <p>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.</p>  |
| <p>11. The NZDSI must develop and progress a formal work programme in regard to cultural safety and health equity so that these principles are embedded in all 3 CPD categories and core elements of the recertification programme.</p> <p>(To be addressed by 30 September 2024)</p> | <p><b>Recertification programmes, further training and remediation – Recertification programmes</b></p> <p>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.</p> |
| <p>12. The NZDSI must engage with relevant groups with expertise in cultural safety and health equity in order to inform, design and implement its cultural safety programme.</p> <p>(To be addressed by 30 September 2024)</p>   | <p><b>Recertification programmes, further training and remediation – Recertification programmes</b></p> <p>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.</p> |
| <p>13. The NZDSI must document processes for recognising and accrediting recertification activities undertaken through other organisations.</p> <p>(To be addressed by 30 September 2023)</p>   | <p><b>Recertification programmes, further training and remediation – Recertification programmes</b></p> <p>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.</p>   |
| <p>14. The NZDSI must develop processes to respond to requests from MCNZ for remediation if required.</p> <p>(To be addressed by 30 September 2024)</p>   | <p><b>Recertification programmes, further training and remediation – Remediation</b></p> <p>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.</p>   |

## Overall outcome of the accreditation assessment

| The overall rating for the accreditation of the New Zealand Dermatological Society Incorporated as a provider for recertification  | <b>Substantially met</b> |
|--|--------------------------|
| <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 Dermatological Society Incorporated for vocational recertification</i> and determined that:</p> <ul style="list-style-type: none"><li>• the overall outcome of the assessment for accreditation of the New Zealand Dermatological Society Incorporated is '<b>substantially met</b>', and</li><li>• the New Zealand College Dermatological Society Incorporated is accredited for a period of 3 years, until <b>30 December 2025</b>, subject to the New Zealand Dermatological Society Incorporated meeting the required actions on its accreditation, and</li><li>• the New Zealand Dermatological Society Incorporated is to provide annual reports to Council for the period of its accreditation.</li></ul> <p>Council has requested that the New Zealand Dermatological Society Incorporated 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 international medical graduates (IMGs).                                     |
| 1.1.2          | The training provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant. |
| 1.1.3          | The training provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.   |
| 1.1.4          | The training provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.   |
| 1.1.5          | The training provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.  |
| 1.1.6          | The training provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.   |

| 1.1 Governance |     |                   |         |
|----------------|-----|-------------------|---------|
|                | Met | Substantially met | Not met |
| Rating         |     | X                 |         |

### Summary of findings:

The New Zealand Dermatological Society Incorporated (NZDSI) is an incorporated society. It is registered with Charities Services and its core governance documents, including rules, constitution and annual return are available on Charities Services' website.

The NZDSI represents vocationally registered New Zealand dermatologists and is responsible for the administration of the NZDSI recertification programme. The NZDSI does not consider itself to be a training provider as vocational training in dermatology in New Zealand is provided by the Royal Australasian College of Physicians (RACP).

The recertification programme is administered by the CPD Committee of the NZDSI, which is elected at the annual general meeting (AGM) of the NZDSI, and reports annually to the executive of the NZDSI and to its AGM. The terms of reference for the committee are provided for in its constitution.

The CPD Committee consists of six dermatologists. Its chair sits for the full five-year CPD cycle and then retires. Committee members generally sit for five years and then retire, with replacements or additional members being recruited as needed. While representation of the Society of Mohs Surgeons on the committee is clear, there is no parallel provision for a representative from the Cosmetic Dermatological Surgical Group. The immediate past chair remains available to the CPD Committee, however the potential for full replacement of the committee's membership at the AGM election creates a vulnerability for the NZDSI.

The NZDSI has made its corporate policies available, including its conflict-of-interest policy. While conflicts are considered at each executive meeting, a robust process should also be followed at the

meetings of the CPD Committee. This is particularly important for managing conflicts within a relatively small organisation.

The NZDSI does not routinely engage with external stakeholders including other education providers and the community. There is a connection with the Australasian College of Dermatologists, but relationships with Aotearoa New Zealand stakeholders need strengthening to collaborate on key issues relating to its education functions and educational governance. The NZDSI misses many opportunities for input from key external stakeholders, including the Royal New Zealand College of General Practitioners, Māori health providers, individuals or organisations with educational expertise, and with other organisations undertaking recertification activities, and relevant consumer groups.

Such engagement will enhance perspective in terms of design of the recertification programme, and in provision of dermatological care to the population of Aotearoa New Zealand.

**Recommendation:**

- The NZDSI should consider staggering the election of the CPD chair and committee members to better ensure governance continuity.

**Required actions:**

1. The NZDSI must collaborate with external stakeholders in relation to its education functions and governance (standards 1.1.2 and 1.1.5).
2. The NZDSI must ensure provision is made for all subgroups to have representation in decision making processes (standard 1.1.3).
3. The NZDSI must extend its conflict-of-interest policy and procedures to cover its CPD Committee (standard 1.1.6).

**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:**

*For the purpose of assessing this standard, only the first, second and sixth bullet points have been assessed, as the others relate to vocational training providers.*

While the NZDSI has appropriate structures to direct the key functions of the recertification programme, on an on-going basis, programme changes are made in an ad hoc and reactive manner. There is an overreliance on a few key individuals to drive and effect these changes. Alongside the CPD Committee replacement every five years (except for the incoming Chair), and gaps in process documentation, this creates a risk to the continuity and consistency of the management of the programme.

The subspecialty interest groups of NZCDSG and NZSMS are small. These groups have additional separate CPD requirements which could pose challenges in objectively implementing the recertification requirements, especially peer review.

The NZDSI is a relatively small organisation, which can create sustainability challenges. However, it is financially stable and, notwithstanding the small number of fellows, is confident that it can sustain the recertification needs of the dermatology workforce over time.

The NZDSI intends to employ a chief executive, with a formal job description, with a job description formalised and the recruitment process commenced.

**Commendations:**

- The NZDSI is commended for the high degree of collegiality demonstrated across the NZDSI.
- The NZDSI is commended for the extremely dedicated individuals in key voluntary roles who work hard to ensure that the NZDSI members are well looked after, especially the CPD chair.

**Recommendation:**

- The NZDSI should continue with its intention to employ a chief executive to assist in the operation of the NZDSI and ease the reported burden on its executive.

**Required action:**

4. The NZDSI must arrange an independent expert review, and respond to the findings of this review, of assessment of the recertification elements specific to the New Zealand Cosmetic Dermatological Surgical Group (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 |     |                   | <b>X</b> |

**Summary of findings:**

There is a lack of formality to the NZDSI’s reconsideration, review and appeals processes. Issues are addressed through conversations with the CPD Committee chair, and if they are unable to be resolved are escalated to the executive and the President of the NZDSI, with the NZDSI reporting that most issues are resolved at executive level. There is a paucity of documentation about reconsideration, review and appeals processes, both as a published readily accessible policy for its members, and as documentation of outcomes of any requests for reconsideration, reveal or appeal. This results in a lack of transparency for members, and risks an inconsistent approach to considering reconsiderations, reviews and appeals.

**Required actions:**

5. The NZDSI must establish and document reconsideration, review and appeals processes for decisions related to its education functions, including considerations of procedural fairness, transparency and conflicts of interest with written reasons provided for any decision (standard 1.3.1)
6. The NZDSI must establish a process for evaluating de-identified appeals and complaints for determining if there is a systems problem (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  |  |                   | <b>X</b> |
| <b>Summary of findings:</b>   |  |                   |          |
| <i>For the purpose of assessing this set of standards, only standard 1.4.1 has been assessed, as the other standard relates to vocational training providers.</i>   |  |                   |          |
| <p>The NZDSI does not routinely access external educational expertise or engage with other educational institutions or subject matter experts, for the purpose of informing the development, management or continuous improvement of its education functions regarding its recertification programme.</p> <p><b>Required action:</b></p> <p>7. The NZDSI must demonstrate it uses educational expertise to inform the development, management and continuous improvement of its recertification programme (standard 1.4.1).</p> |  |                   |          |
| <b>1.5 Educational resources</b>  |  |                   |          |
| 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.   |                   |          |
| <b>1.5 Educational resources</b>  |  |                   |          |
|   | Met  | Substantially met | Not met  |
| Rating  | <b>X</b>   |                   |          |
| <b>Summary of findings:</b>   |  |                   |          |
| <p>The NZDSI has a comprehensive and structured CPD programme for its members. The programme's administration relies heavily on the chair of the CPD Committee, although the NZDSI is intending to appoint a chief executive, whose role is intended to review and where possible reduce the administrative responsibilities.</p> <p><b>Required actions:</b></p> <p>NIL</p>  |  |                   |          |
| <b>1.6 Interaction with the health sector</b>   |  |                   |          |
| 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.   |                   |          |
| <b>1.6 Interaction with the health sector</b>   |  |                   |          |
|   | Met  | Substantially met | Not met  |
| Rating  |  |                   | <b>X</b> |
| <b>Summary of findings:</b>   |  |                   |          |
| <i>For the purpose of assessing this set of standards, only standards 1.6.1 and 1.6.4 have been assessed, as the other standards relate to vocational training providers.</i>   |  |                   |          |
| <p>The NZDSI has a range of interactions across the health sector, including with medical practitioners from other vocational scopes of practice, with the Australasian College of Dermatologists, and with the previous district health boards which is expressly focused on encouraging New Zealand trained doctors to consider a career in dermatology. It has also made several representations to select committees and</p>  |  |                   |          |

government ministers, however these interactions are not purposefully directed towards its education functions.

**Required action:**

- 8. The NZDSI must demonstrate ongoing collaboration with other educational providers and with Māori health providers, for the continuous improvement of its recertification programme (standards 1.6.1, 1.6.4 and 9.1.12).

**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 |     |                   | <b>X</b> |

**Summary of findings:**

The NZDSI does not have a structured approach to the continuous renewal of its recertification programme. Rather, it stated that continuous renewal is achieved via ad hoc review as issues arise, often through feedback from members. There is, however, an allocated time at the NZDSI’s annual meeting to discuss programme changes.

The NZDSI does not have a strategic plan. This limits its ability to actively review and plan with direction and purpose. Such a plan would facilitate purposeful planning, review, continuous improvement and resourcing considerations to ensure that its education functions meeting changing needs and evolving best practice.

**Required action:**

- 9. The NZDSI must develop a structured programme to facilitate the continuous renewal of the recertification programme (standard 1.7.1).

## 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"><li>I. Reviewing and reflecting on practice</li><li>II. Measuring and improving outcomes</li><li>III. Educational activities (continuing medical education - CME).</li></ul>   |
| 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 NZDSI provides a recertification programme that is available to doctors working in New Zealand who are registered and practising within the vocational scope of dermatology. It is highly valued by its participants.

The recertification programme requirements are published and are comprehensive. Each participant is required to obtain a minimum of 400 credits over a five year cycle, comprised of six main components- audit of medical practice, peer review, continuing medical education, cultural safety, facility accreditation and development of a PDP (personal development plan). Members of the NZCDSG and of the NZSMS have additional CPD requirements, with these additional requirements similarly on a five year cycle.

There is a system for all participants to satisfactorily document their recertification activities online. Activities are recorded, and signed off, online via the NZDSI website. These processes are facilitated by a website design company. The CPD Committee chair has oversight of all individuals' recertification progress, monitors progress and proactively assists members to maintain currency with their recertification requirements.

The CPD Committee communicates regularly about the design of the recertification programme with both participants of the programme and also with the NZDSI executive. There is provision for feedback on, and discussion of, the programme at the NZDSI annual meeting. Feedback is also received on an ad hoc basis via informal collegial interactions. The NZDSI has further developed its recertification programme in line with the strengthened MCNZ accreditation standards.

The NZDSI engages to some extent with external stakeholders in the design of its recertification programme to meet the MCNZ's requirements. It has interactions with the RACP and the ACD. As mentioned previously, the NZDSI misses opportunities for input from a broad set of external stakeholders.

The programme requirements satisfactorily define the necessary participation and activities across all the professional domains including cultural safety. Reference to professionalism and ethics could be more overt, although it is covered to a degree within the "peer ratings" mechanism that the NZDSI has in place, and it appears these domains will also be addressed within the "online quiz" that is being developed for programme participants to use.

All three major CPD categories are covered within the recertification programme, with appropriate weighting to activities where evidence is present as to the effectiveness in improving a doctor's performance.

The programme has provision for a structured conversation with a colleague on an annual basis.

The programme requires participants to develop and maintain a professional development plan. Collegial discussion is associated with and is integral to promulgation of the PDP.

The recertification programme has some mechanisms in place to ensure that cultural safety and a focus on health equity are included in all three CPD categories and other core elements of the programme. Current requirements include NZDSI members attending three out of five cultural lectures at the annual

scientific meeting, tracked by the conference organiser. Members are required to undertake an additional activity within the five year cycle which can be an online cultural safety course, a Te Whatu Ora approved cultural safety course or other cultural safety activities such as Te Reo classes approved by the CPD Committee chair.

The NZDSI is clear that it has further work planned in this respect to strengthen and further embed the necessary focus on cultural safety and on health equity. Feedback from fellows also indicates a need for further development in this respect and indicates a definite appetite for the same. The NZDSI has yet to establish a clear programme with oversight or input from experts within these fields.

A multi-source feedback process is available for use by participants of the programme should they wish to do so. It is described by the NZDSI as a “peer ratings” process and it fulfils the requirements of a multi-source feedback tool.

The programme has a compulsory component of facility review and accreditation, as well as formal provision in respect to peer review. These two elements together satisfy the standard in respect to a requirement for collegial practice visits (regular practice review) to be available to participants.

The facility accreditation process fulfils functions beyond recertification, including aspects of service provider accreditation. It is highly structured with strong emphasis on relevant legislation and to MCNZ standards.

The recertification programme does not have a documented process for recognising and crediting recertification activities that are undertaken through other organisations. However, there is definite evidence that the society does recognise such activities, including a range of conferences provided by other organisations and the use of employer PDPs.

There is ongoing development and continuous improvement of the recertification programme with due regard to member feedback and to MCNZ requirements. The CPD Committee communicates regularly in this respect with both participants of the programme and with the NZDSI executive. There is provision for feedback on, and discussion of the programme, at the NZDSI annual meeting. However, there is a paucity of formal interaction with external stakeholders, with individuals or organisations with educational expertise, and with other organisations undertaking recertification activities.

The recertification programme has processes in place for monitoring participation, and for reviewing whether participants are meeting their recertification requirements.

The CPD Committee may make allowance for prolonged illness, pregnancy or maternity leave. A more nuanced approach to participation in the recertification programme should be explored to consider individuals who take a break from practice for whatever reason. Clear documentation is needed to support both the process for application for a temporary interruption of recertification requirements, and the application and decisions made with respect to any participant taking up this option.

There is regular audit of the records of programme participants, with clear mechanisms for addressing failure by any participant to satisfy the programme requirements.

Should a member fail to comply with their recertification requirements they will be contacted by the CPD Committee to advise that they are non-compliant. This is a manual process and there appears to be significant input from the CPD Committee chair in some cases to iron out problems before a member becomes non-compliant. The member will then be allowed to make up the deficit in the following year in addition to that year’s recertification requirements. However, should the member fail to comply with both peer review and audit components in a single year the NZDSI will inform the Council in writing. Should a member fail to comply with peer review or audit requirements for two consecutive years, the

NZDSI executive will inform the MCNZ regarding the individual's practice, and in addition will recommend a collegial practice review visit.

It is noted that in recent years, the NZDSI's processes and the collegiality of the members, have meant that all participants have been able to complete their recertification requirements.

**Recommendations:**

- The NZDSI should strengthen the inclusion of all professional domains including professionalism and ethics in the recertification programme requirements.
- The NZDSI should develop and document an approach to recertification requirements for practitioners who stop practice for a period of time for any reason. The process of applying for an interruption to requirements, and the outcome of this application should be documented clearly.

**Required actions:**

10. The NZDSI must demonstrate collaboration with a broad range of external stakeholders in the design of its recertification programme (standard 9.1.2).
11. The NZDSI must develop and progress a formal work programme in regard to cultural safety and health equity so that these principles are embedded in all 3 CPD categories and core elements of the recertification programme. (standard 9.1.8).
12. The NZDSI must engage with relevant groups with expertise in cultural safety and health equity in order to inform, design and implement their cultural safety programme (standard 9.1.8).
13. The NZDSI must document processes for recognising and accrediting recertification activities undertaken through other organisations (standard 9.1.11).

**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 NZDSI is not the provider of vocational training for dermatology. It functions as a recertification programme provider to ensure currency of practice within the vocational scope of dermatology. The applicability of this standard is limited to maintaining currency of practice.

The NZDSI has satisfactory processes in place, through its recertification programme, to ensure participating dermatologists maintain currency of their practice.

**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 NZDSI is not a vocational training provider, though would assist the MCNZ with remediation of individual vocationally registered doctors if required. However, there are no clear or documented

processes in place should remediation be necessary for an individual where concerns have been raised regarding underperformance in CPD or clinical practice.

The NZDSI has a well-developed framework to guide vocationally registered dermatologists in maintenance and development of their ongoing education. At the direction of, and in conjunction with, the relevant accredited training provider, this framework could be used to guide remediation if required. However, members of the NZDSI should assist with remediation within the context of an accredited training provider.

**Required action:**

14. The NZDSI must develop processes to respond to requests from MCNZ for remediation if required (standard 9.3.1).

## Appendix 1 – Membership of the 2022 accreditation team

Dr Sarah Nicolson (Chair of accreditation team)  
*Medical member, MCNZ Education Committee*

Dr Ken Clark  
*Medical member and Chair, MCNZ Education Committee*

Ms Kim Ngārimu  
*Lay member, MCNZ Council deputy chair and MCNZ Education Committee deputy chair*

Dr Teriana Maheno  
*Trainee member, MCNZ Education Committee*

Ms Kiri Rikihana  
*Deputy CEO, MCNZ*

Ms Jean Martin  
*Senior Education Adviser, MCNZ*

## Appendix 2 – New Zealand Dermatological Society Incorporated key staff

**President**  
**CPD Committee Chair**

Dr Denesh Patel  
Dr Sonya Havill

## Appendix 3 – List of submissions on the NZDSI

The Royal Australasian College of Physicians  
The Royal New Zealand College of General Practitioners  
Skin Clinic - Tauranga  
Health Quality and Safety Commission  
NZDSI member Fellows

## Appendix 4 – Summary of the 2022 assessment programme

3 August 2022

|   |  |
|---|--|
| <b>Stakeholder meeting - RNZCGP</b>                           | <b>Via Zoom:</b>   |
| <b>Stakeholder meeting - RACP</b>                             | <b>Via Zoom:</b>   |
| <b>President of NZDSI</b><br><br>Standard 1                   | <b>Via Zoom:</b><br><br>Dr Denesh Patel – President NZDSI<br><br>Dr Sonya Havill – Chair CPD Committee NZDSI |
| <b>Chair of NZDSI CPD Committee</b><br><br>Standard 9         | <b>Via Zoom:</b><br><br>Dr Sonya Havill  |
| <b>4 August 2022</b>  |  |
| <b>Meeting with Executive leadership to feedback findings</b> | <b>Via Zoom:</b><br><br>Dr Denesh Patel – President NZDSI<br><br>Dr Sonya Havill – Chair CPD Committee NZDSI |