



**Te Kaunihera
Rata o
Aotearoa**

Medical
Council of
New Zealand

Information for completing the self-assessment:

Accreditation of prevocational medical training
(training provider)

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Preparing the self-assessment

This guide sets out the information required of accredited training providers who are preparing for Te Kaunihera Rata o Aotearoa, Medical Council of New Zealand (Council) accreditation site visit. This guide should be read alongside the *Self-assessment: For training providers to apply for accreditation for prevocational medical training* which includes the [accreditation standards for training providers](#).

Format of this guide

The format of the guide follows the way in which the accreditation standards are grouped and should be read alongside the *Self-assessment: For training providers to apply for accreditation for prevocational medical training*:

1. Strategic priorities
2. Organisational and operational structures (The context of intern training, Educational expertise, Relationships to support medical education)
3. The intern training programme (Programme components, ePort, Formal education programme, Orientation, Flexible training)
4. Assessment and supervision (Process and systems, Supervision – Prevocational educational supervisors, Supervision - clinical supervisors, Feedback and assessment, Advisory panel to recommend registration in in the General scope of practice, End of PGY2 – removal of endorsement on practising certificate)
5. Monitoring and evaluation of the intern training programme
6. Implementing the education and training framework (Establishing and allocating accredited clinical attachments, Welfare and support, Communication with interns, Resolution of training problems and disputes)
7. Facilities

Self-assessment

From the self-assessment, the accreditation panel wish to gain an overall picture of the training provider, its policies and procedures, and the structures to support education and training activities. Equally important is the training provider's reflection on its performance against the accreditation standards. The training provider should identify its strengths, as well as any challenges it may be facing, in each section. The provider should also detail its processes for addressing the challenges.

The self-assessment should be a complete document providing summary answers to all the topics covered in this booklet. There is no specified word length for the self-assessment, however direct and succinct statements are appreciated.

Please append supporting documents, such as training handbooks and policy documents. Please refer to format instructions in the *Self-assessment: For training providers to apply for accreditation for prevocational medical training*. The training provider may wish to include statistics or data from ePort.

Executive summary

The self-assessment should be accompanied by an executive summary of no more than one page, detailing major developments since the last accreditation and the challenges facing the training provider.

Additional reports to be appended to the self-assessment

The following reports should be provided with the self-assessment:

1. A joint report from the Lead – Hospital and Specialist Services and Chief Medical Officer (CMO) commenting on the intern training programme, identifying any high level strengths and challenges, and reflecting on the period since the last accreditation visit.
2. A report from the Clinical Director of Training (CDT) (or equivalent), if appropriate.
3. A joint report from the prevocational educational supervisors reflecting on the period since the last accreditation visit. Particular focus should be placed on progress over the last 12 months. This report

should provide information about the FTE allowed for each prevocational educational supervisor to complete their role, and an estimate of how many hours on average each are spending undertaking prevocational education responsibilities.

General comments on the preparation of the accreditation self-assessment application

The accreditation panel conducting the accreditation will meet to consider the self-assessment prior to the visit. The accreditation panel may request additional information to be provided prior to the site visit. If in doubt about the level of detail to be presented, the training provider is encouraged to seek advice from Council's Education Adviser in the first instance.

Section B2 – Self-assessment

1 Strategic priorities

The response to the standards should:

- Provide the strategic priorities which demonstrate that high standards of medical practice, education and training are a key focus for the training provider.
- Describe how the strategic plan addresses Māori health and health equity.
- Describe any reviews of the strategic plan regarding the development of the intern training programme since the last accreditation visit, and highlight any changes made as a result.
- Describe the mechanism in which high quality training for interns is maintained.
- Describe the training provider's clinical governance structures and functions, including the roles and responsibilities regarding medical education. Indicate any changes since the last accreditation visit or annual report.
- Briefly describe the quality assurance processes that ensure clear lines of responsibility and accountability for intern training.
- Describe the intern representation on committees at the training provider, and which of these relate to the intern training programme including:
 - positions in which interns are invited observers and those in which interns are full members
 - capacity for interns independently to place matters on the agenda
 - process in which intern representatives formally participate.

Suggested appendices for this section:

- The strategic plan for the training provider.
- Diagram(s) showing the training provider's clinical governance structure which demonstrates clear lines of responsibility and accountability of the intern training programme.
- Terms of reference and membership of education and training committees.
- Any other documents or policies providing evidence of quality assurance processes that ensure clear lines of responsibility and accountability for intern training.
- Any other documentation which will indicate your compliance with these standards.

2 Organisational and operational structures

2.1 The context of intern training
The response to the standards should:
<ul style="list-style-type: none">• Briefly describe how the training provider plans, develops, implements and reviews the intern training programme, including how these are resourced.• Briefly describe the organisational and operational structures in place at the training provider to manage interns, including any delegations from the CMO.• Details of the staffing, including FTE, allocated to the intern training programme.• Findings from any evaluations undertaken to review the adequacy of its resources for training.• The procedures the training provider has in place for notifying Council of changes to a health service or to the intern training programme which will impact intern training.
Suggested appendices for this section:
<ul style="list-style-type: none">• Diagram(s) showing the CMO (or their delegate) has executive accountability for meeting prevocational education and training standards.• Any policies or procedures which outline the process to notify Council of changes that may have a significant effect on intern training.• Any other documentation which will indicate your compliance with these standards.
2.2 Educational expertise
The response to the standards should:
<ul style="list-style-type: none">• Provide the medical educational principles on which the intern training programme are underpinned.• Describe the way in which the training provider provides or accesses educational expertise for development, management and continuous improvement of its education, training, assessment and formal education programme activities.• Details of the links and partnerships with medical schools, other prevocational training providers and other medical colleges.• Details of the staffing, including their FTE, who provide medical education expertise to deliver the intern training programme.
Suggested appendices for this section:
<ul style="list-style-type: none">• A teaching and learning policy which outlines the training provider's teaching and learning strategy. The strategy should include targets, plans for implementation, and mechanisms to monitor progress (underlined by quality assessment principles), evaluate impact and effect improvement.• Any other documentation which will indicate your compliance with these standards.
2.3 Relationships to support medical education
The response to the standards should:
<ul style="list-style-type: none">• A summary of the existing and/or proposed collaborative links with other organisations or networks involved in training and education and describe the nature of those links. (This could include links to community based clinical attachments).• Describe any new activities directed towards regional and national cooperation with other organisations.• Describe the relationships with Māori health providers that supports intern training and education.
Suggested appendices for this section:

- Any other documentation which will indicate your compliance with these standards.

3 The intern training programme

3.1 Programme components
The response to the standards should:
<ul style="list-style-type: none">• Describe the process of how the training provider ensures that the intern training programme is structured to support interns to attain the learning outcomes outlined in the 14 learning activities of the curriculum.• Describe how the training provider balances the allocation of clinical attachments to ensure the intern receives a broad base experience with the preferences of the intern.• Identify relevant strengths and challenges in relation to the structure or design of the intern training programme, plans for development and the processes for addressing the challenges, with examples.• Describe how the training provider ensures interns receive supervision and opportunities to enhance their skills, understanding and knowledge of hauora Māori, develop their cultural safety and cultural competence and deliver patient care in a culturally-safe manner.• Provide an outline of the structure and accountabilities for managing training and education activities in community-based clinical attachments.• Identify relevant strengths and challenges in relation to developing and implementing community-based attachments, plans for development, and how challenges are being addressed.• Outline any initiatives begun or planned since the last accreditation to expand the range of training settings.• Describe how the training provider has included interns in the planning and or reviewing of the intern training programme, and how it has considered the effect of plans for change on interns.• Describe the arrangement for night duties for interns.• Provide information on handovers between clinical teams and shifts and how the training provider ensures handovers take place.• Describe how the training provider ensures adherence to Council’s policy on informed consent.
Suggested appendices for this section:
<ul style="list-style-type: none">• Curriculum outline of the intern training programme. All intern training programme components should be covered, and should include:<ul style="list-style-type: none">– a list of accredited clinical and community based attachments (per quarter);– the formal education programmes (for both PGY1 and 2) and related outcomes;– the orientation programme/s and related outcomes;– formal specialised training within each clinical attachment (and related outcomes);– simulation training programmes and related outcomes; and– any additional activities organised by the training provider where interns may achieve learning outcomes.• Handover policies/ processes.• Training provider’s informed consent policy.• Any other documentation which will indicate your compliance with these standards.
3.2 ePort
The response to the standards should:
<ul style="list-style-type: none">• How the training provider ensures that each intern is maintaining their ePort including their PDP.• How the training provider ensures that the clinical supervisors and the prevocational educational supervisors are reviewing and contributing to the intern’s PDP.• How the training provider facilitates training for PGY1s on goal setting in the PDP.
Suggested appendices for this section:

- Formal education or orientation programme, highlighting the session(s) on goal setting in the PDP.
- Any other documentation which will indicate your compliance with these standards.

3.3 Formal education programme

The response to the standards should:

- What practices does the training provider employ to ensure that its formal education programme activities are supported by appropriate resources? Give examples of changes made as a result of review by the training provider.
- Describe the training provider’s mechanisms to gain intern input into the structure and requirements of the formal education programme.
- Describe the evaluation of the formal education programme, including the cycle for review, the criteria and process. What changes have resulted from the most recent evaluation?
- A concise description of the formal education programme structure including, if relevant, individual programme components and core and elective components. The response should address:
 - how the programme has evolved since the last accreditation, including details of any reviews undertaken
 - developments in the programme in response to external change such as change in service delivery or models of care
 - how the provider ensures PGY2s attend structured education sessions.
- A description of the teaching and learning methods used in the formal education programme, including:
 - mandatory skills courses
 - educational activities and educational material including distance education programmes that the training provider provides (relating to accredited community based clinical attachments).
- Describe how teaching, assessing and supervising is balanced with service demands to allow PGY1s to attend at least two thirds of formal education sessions.
- Outline how the learning outcomes outlined in the 14 learning activities, not usually available through clinical attachments have been incorporated into the formal teaching programme.
- Outline how the formal education programme provides content on hauora Māori and tikanga Māori, and Māori health equity, this should include the relationship between culture and health.

Suggested appendices for this section:

- Formal education programme, highlighting the sessions that provide:
 - content on Māori health and culture, achieving Māori health equity, including the relationship between culture and health
 - skills in self-care and peer support.
- Intern attendance records.
- Any other documentation which will indicate your compliance with these standards.

3.4 Orientation

The response to the standards should:

- Describe the orientation process for interns commencing employment at the beginning of the intern year and for interns commencing employment partway through the year.
- Describe the orientation processes provided to interns at the beginning of each clinical attachment.

Suggested appendices for this section:

- Training provider’s orientation policy

- Training provider’s orientation material, for the interns at the beginning of the year, and at the beginning of each of the accredited clinical attachments
- Orientation process for interns starting partway through the year.
- Any other documentation which will indicate your compliance with these standards.

3.5 Flexible training

The response to the standards should:

- Indicate the opportunities for part-time and interrupted training and other flexibility in training.
- Indicate the number of interns that have sought and the number that have been granted part-time or interrupted training in the last three years.

Suggested appendices for this section:

- Policy documents relating to flexible training.
- Any other documentation which will indicate your compliance with these standards.

4 Assessment and supervision

4.1 Process and systems
The response to the standards should:
<ul style="list-style-type: none">Describe how the training provider ensures that interns and all those included in prevocational training understand their responsibilities. This should include reference to clinical supervisors.
Suggested appendices for this section:
<ul style="list-style-type: none">Any other documentation which will indicate your compliance with these standards.

4.2 Supervision – Prevocational educational supervisors
The response to the standards should:
<ul style="list-style-type: none">Outline the process for allocating interns to prevocational educational supervisors, and the ratio of interns to prevocational educational supervisors.Describe the process for the appointment of prevocational educational supervisorsDescribe the mechanism for oversight of the prevocational educational supervisors by the CMO (or delegate).Describe the arrangements for when an intern changes prevocational educational supervisor over the course of a year.Describe the administrative support provided to prevocational educational supervisors, including FTE.
Suggested appendices for this section:
<ul style="list-style-type: none">Policies related to prevocational educational supervisors appointment, allocation of interns, support and feedback.The position descriptions for prevocational educational supervisors.Any other documentation which will indicate your compliance with these standards.

4.3 Supervision – Clinical supervisors
The response to the standards should:
<ul style="list-style-type: none">Outline the training provider’s process of appointing clinical supervisors and ensuring that they have the appropriate competencies and resources to meet the requirements of the roleOutline the training provider’s process for ensuring clinical supervisors have, or will, undertake relevant training in supervision and assessment.Identify relevant strengths and challenges in relation to supervision, plans for development and the processes for addressing the challenges.Outline the opportunities for staff involved in intern training to access professional development activities.
Suggested appendices for this section:
<ul style="list-style-type: none">List of clinical supervisors who supervise relief clinical attachments.List of all clinical supervisors, their vocational scope of practice, the clinical attachments there are supervising, how many interns they are supervising, site of delivery for training, and a record of their training received as a clinical supervisor.The position description for clinical supervisors.Any other documentation which will indicate your compliance with these standards.

4.4 Feedback and assessment

The response to the standards should:	
<ul style="list-style-type: none"> Describe the mechanisms to ensure clinical supervisors provide timely feedback to interns at the beginning, mid and end of clinical attachments, and that this feedback is captured in the intern's ePort. Describe the mechanisms for early identification of interns who are underperforming and for the management of underperformance. Include processes for informing Council if required of concerns about the risk to public health and safety in relation to an intern performance. Describe the process when clinical supervisors do not meet Council's requirements for meeting with interns. Describe how the training provider monitors the progress of individual interns. Describe programmes or mechanisms for remedial training, with anonymised examples. Describe how the training provider monitors interns' progress with achievement of the 14 learning activities. Describe how the training provider monitors progress with achievement of interns' goals in their PDP. 	
Suggested appendices for this section:	
<ul style="list-style-type: none"> Policies or guidance documents relating to concerns raised about interns. Training provider's assessment policy. Any other documentation which will indicate your compliance with these standards. 	

4.5 Advisory panel to recommend registration in the General scope of practice	
The response to the standards should:	
<ul style="list-style-type: none"> Describe the structure and processes in place for the advisory panel, for example: <ul style="list-style-type: none"> who is responsible for convening the advisory panel how are the advisory panel members chosen training for advisory panel members how often the advisory panel meet. Describe the process to ensure that each intern has an up-to-date ePort before the advisory panel meets. Describe the process in place to consider the progress of interns by the advisory panel. Describe the training provider's system(s) for providing information to interns and their supervisors about training status and progression through requirements. Describe the process that is in place to monitor that all interns have been allocated to an advisory panel. Describe the process that is in place to monitor all interns who are eligible to apply for registration in the General scope of practice have applied in ePort. Describe what factors are considered by the advisory panel when making a recommendation for registration. 	
Suggested appendices for this section:	
<ul style="list-style-type: none"> Data or statistics from ePort. Any other documentation which will indicate your compliance with these standards. 	

4.6 End of PGY2 – removal of endorsement on practising certificate	
The response to the standards should:	
<ul style="list-style-type: none"> Describe the processes and mechanisms in place for monitoring that all eligible PGY2s have applied to have the endorsement removed from their practising certificates. 	

- Describe the processes and mechanisms in place to ensure that prevocational educational supervisors have reviewed the progress of interns who have applied to have their endorsement removed.

Suggested appendices for this section:

- Data or statistics from ePort.
- Any other documentation which will indicate your compliance with these standards.

5 Monitoring and evaluation of the intern training programme

5 Monitoring and evaluation of the intern training programme	
The response to the standards should:	
<ul style="list-style-type: none">• Describe processes for regularly monitoring and reviewing the intern training programme and what input interns and supervisors have.• Provide details on how clinical supervisors, prevocational educational supervisors and intern feedback has been collected, analysed and used to improve the intern training programme.• Describe how anonymous feedback from interns about their educational experience, prevocational educational supervisors, RMO unit staff and others involved in the training programme is collected.• Describe how the training provider has analysed its assessment processes and how it has used the findings from its analysis to improve assessment methods since the last accreditation.• Describe how the training provider evaluates supervisor effectiveness.• Describe the process for addressing any concerns raised by Council about the intern training programme and how the training provider has managed any concerns raised in the past.• Describe the mechanisms for providing feedback to prevocational educational supervisors'. Outline whether feedback about the supervisory role is included in annual appraisal processes.• Describe the mechanisms for providing feedback to clinical supervisors. Outline whether feedback about the supervisory role is included in annual appraisal processes.	
Suggested appendices for this section:	
<ul style="list-style-type: none">• A blank copy of the feedback questions interns complete at the end of each clinical attachment.• Any other documentation which will indicate your compliance with these standards.	

6 Implementing the education and training framework

6.1	Establishing and allocating accredited clinical attachments
The response to the standards should:	
<ul style="list-style-type: none">• Briefly outline the process the training provider undertakes to create and apply for accreditation of clinical attachment, and how the service is engaged in the process.• Outline the mechanisms used to monitor the currency of clinical attachments, including in ePort• Describe how the training provider manages the allocation of interns to clinical attachments, and how the process is communicated to interns. This should include the system in place to ensure that interns' preferences for clinical attachments are considered.• Outline how the training provider ensures the named clinical supervisors for each clinical attachment, including in ePort, remains current.	
Suggested appendices for this section:	
<ul style="list-style-type: none">• Any policies relating to establishing clinical attachments.• Any policies relating to the allocation of interns to clinical attachments.• Any other documentation which will indicate your compliance with these standards.	
6.2	Welfare and support
The response to the standards should:	
<ul style="list-style-type: none">• How the training provider ensures that the duties, rostering, working hours and supervision are consistent with the delivery of high-quality training and patient safety within a safe working environment.• Describe how the training provider ensures a safe working environment for interns.• Outline how the training provider ensures a culturally safe environment and recognises and allows interns to meet additional cultural obligations.• Describe how the training provider supports interns to have access to personal counselling and career advice.• Outline the training provider's policy for interns to access appropriate professional development leave and how this is communicated to the interns.• Outline how the training provider encourages interns to maintain their own health and welfare.• Outline how the training provider manages annual leave applications.	
Suggested appendices for this section:	
<ul style="list-style-type: none">• Any relevant policies.• Any other documentation which will indicate your compliance with these standards.	
6.3	Communication with interns
The response to the standards should:	
<ul style="list-style-type: none">• Outline the training provider's strategy for communication with interns about their intern training programme. How is the effectiveness of the strategy reviewed?	
Suggested appendices for this section:	
<ul style="list-style-type: none">• Any documents provided to interns that contain information about the training provider's intern training programme.• Screenshots of intranet pages (or other) that intern's access information about the intern training programme.• Any other documentation which will indicate your compliance with these standards.	
6.4	Resolution of training problems and disputes

6.4.1	There are processes to support interns to address problems with training supervision and training requirements that maintain appropriate confidentiality.
6.4.2	There are clear and impartial pathways for timely resolution of training-related disputes.
The response to the standards should:	
•	In what circumstances would the training provider engage or has the training provider engaged an independent mechanism to identify and resolve impartially any disputes between interns and supervisors or others involved in the intern training programme?
•	Identify relevant strengths and challenges in relation to resolving training problems and disputes, plans for development and the processes for addressing the challenges, with examples.
Suggested appendices for this section:	
•	Any policies relating to training problems or disputes.
•	Any other documentation which will indicate your compliance with these standards.

7 Facilities

7	Facilities
The response to the standards should:	
<ul style="list-style-type: none">• Briefly describe the educational resources, facilities and infrastructure the interns have access to at the training provider.• How does the training provider ensures there are adequate computers and other technology available to interns.	
Suggested appendices for this section:	
<ul style="list-style-type: none">• Any other documentation which will indicate your compliance with these standards.	