

March 5, 2019

Hollie Bennett
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By email: hbennett@mcnz.org.nz

Dear Hollie

Proposed changes to accreditation standards for New Zealand vocational training and recertification providers

Thank you for the opportunity to provide feedback on the above consultation. As you will know, the Australian and New Zealand College of Anaesthetists (ANZCA), which includes the Faculty of Pain Medicine (FPM), is responsible for the training and examination of anaesthetists and pain medicine specialists and for the standards of clinical practice in New Zealand and Australia. ANZCA's mission is to serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine.

ANZCA considers that the proposed changes are reasonable and that the accreditation standards have been appropriately tailored to the New Zealand context. Aligning standards for all vocational training providers in Australia and New Zealand is positive. We note that the Collegiality point in the six-factor framework on the viability of the vocational training provider appears to be closely aligned with pillar 2 'Active assurance of safe practice' in the Medical Board of Australia's *Professional Performance Framework*, which will be introduced sometime after 2020.

We suggest that standard 2.1 should include a requirement that the training provider's purpose addresses inequities in health outcomes, such as geographical or socio-economic inequities. Similarly, we suggest that 3.2.1 includes that a vocational training program/curriculum should prepare trainees to serve all members of the community and minimise inequities in healthcare.

We would like to see greater emphasis on multi-disciplinary/team functions in the graduate outcomes - standard 3.2. That is, that the curriculum prepares graduates to function effectively within teams as this is the future of healthcare.

ANZCA supports the Council's decision to require vocational training in New Zealand to include cultural competence. This would contribute to achieving equitable health goals for all patients, with due emphasis on Māori and Pacific peoples. We commend the Council for setting an expectation in 3.2.9 that colleges understand the importance of cultural competence and cultural safety. We note that specific guidance around how these standards might be achieved is provided.

"To serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine."

We would like further clarification on assessment of cultural competence. Standard 3.2.9 requires the training programme to demonstrate that the training is producing culturally competent doctors and identifies formal components that contribute to cultural competence. We are uncertain about how this is to be assessed and by whom. We would appreciate the Council providing examples. In addition, it is unclear from the standards whether the assessment of cultural competence is to be part of the vocational training assessment by the provider or the training institution.

ANZCA agrees that selection processes need to be clearly articulated, transparent and subject to review/appeal (7.1.1) and note the New Zealand standard includes recruitment and selection of Māori trainees. It isn't clear, however, that other attributes should be prioritised by selection panels, for example representativeness of the population, intention to work in provincial centres. We are also unsure how easy it will be for colleges to monitor selection policies (7.1.5) when the employer is primarily responsible for selection (note d).

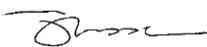
We note that the requirements for selection, training and evaluation of supervisors in 8.1.3 are consistent with current medical education thinking and we are pleased to see this articulated in the standards. However, it is not obvious to us what this would look like in practice, nor what the consequences of poor performance would be. Some further guidance on this would be helpful.

It is unclear from the proposed changes in standard 10 as to whether an IMG applying for vocational registration as a Pain Specialist would also be required to apply for vocational registration in their primary specialty. We realise this is not a matter that affects most specialities, but it would be appreciated if this could be clarified.

The process for notifying the Council of any concerns about competence (10.1.6) is part of the assessor's role in viewing reports from hospitals or doing a work-based assessment. We note that this can be difficult to identify in an interview.

Thank you once again for the opportunity to provide feedback. If you have any questions or would like to discuss this submission, please contact Mary Harvey (Senior Policy Adviser) in the first instance on 04 495 9780 or at mharvey@anzca.org.nz.

Yours sincerely



Dr Jennifer Woods
Chair, New Zealand National Committee