

## Clause 11

### 11.0 Protection of Training Programmes

- 11.1 The parties acknowledge that the Medical Council of New Zealand is currently considering possible developments to the education and training framework for first and second year house officers. The parties acknowledge the potential implications of such work and will work together to ensure the potential mutual impacts on the parties add value, are constructive, and delivered by cost effective means.
- 11.2 Pastoral Care & Progression
- DHBs are to facilitate a collegial supervisor and pastoral care for all RMOs in line with MCNZ and specialty College Policies. Where possible DHBs will support individual RMOs to identify an appropriate Collegial supervisor, appropriate to their chosen specialty career pathway.
- 11.3 The parties acknowledge that the education of employees under a provisional general scope of practice is determined by the Medical Council and all other RMOs are training under the supervision of district health board employees and in the case of training programmes, the appropriate professional college or vocational registration training body.
- 11.4 Given the importance of education and training for RMOs in so far as it is within the control of the party(s) there will be no change to the manner in which these services are provided unless agreed between the parties and set out in this agreement.
- 11.5 During the term of this Agreement the parties shall meet to consider options for future contractual relationships between the parties regarding matters discussed in this clause.
- 11.6 The appointment process of each employer shall not be changed without consultation between the employer and STONZ.
- 11.7 When a run change results in a reduction in ordinary hours worked there will be consideration of the impact on training, and changes made to ameliorate loss of opportunity as well as to take advantage of new training opportunities. No change in working hours shall be made that breaches the rules and requirements of a college training programme.
- 11.8 DHB service provision requirements shall not override or detract from the training requirements stipulated by the respective college or overseeing vocational training body for registrars on a vocational training pathway.
- 11.9 Any disputes around this issue should be managed within the service in the first instance, but may be escalated to the Chief Medical Officer and STONZ.

## Overview – Application

The education of RMOs under a provisional general scope of practice is determined by the Medical Council of New Zealand (MCNZ). All other RMOs are training under the supervision of District Health Board (DHB) employees and in the case of training programmes, the appropriate professional college or vocational registration training body. Given the importance of education and training for RMOs in so far as it is within the control of the party(s) there will be no change to the manner in which these services are provided unless agreed between the parties.

The MCNZ has a joint memorandum of understanding on a common accreditation process with the Australian Medical Council for those training organisations providing such programmes in both Australia and New Zealand. MCNZ requires training organisations in New Zealand to satisfy essentially the same standards in the interests of maintaining consistency between both countries and ensuring the delivery of high quality health care to the people of New Zealand. Both sets of standards include New Zealand-specific requirements.

The DHBs as training providers are accredited by MCNZ, or the professional college or vocational registration body (training organisation) to deliver training programmes. As a training provider the DHBs undergo a process of accreditation every 3-4 years, or earlier dependent on the training programme. There are approved standards for accreditation of training providers and standards for accreditation of clinical attachments to improve the quality of training and ensure that every clinical attachment provides a quality educational experience with appropriate supervision.

DHB service provision requirements should not override or detract from the training requirements stipulated by the respective college or overseeing vocational training body for registrars on a vocational training pathway. Any disputes around this issue should be managed within the service in the first instance, but may be escalated to the Chief Medical Officer and STONZ.

### **General Registrants not in a vocational training programme**

The DHBs and STONZ have a shared interest that RMOs who are general registrants who are not in a vocational training programme have access to;

- Pastoral care
- Mentoring
- Career guidance

RMOs registered in the General scope of practice, and not in a vocational training programme, must participate in the Inpractice recertification programme administered by the Best Practice Advocacy Centre New Zealand (bpacNZ). The monitoring of collegial relationships for general registrants is managed within the Inpractice programme.

RMOs participating in Inpractice recertification programme are required to establish a collegial relationship with a vocationally-registered colleague. The main purpose is to ensure that a RMOs professional development plan (PDP) and Continuing Professional Development (CPD) activities are appropriate for the area of medicine they are working in.

There are various aspects to the collegial relationship; it covers both the clinical and non-clinical aspects of a RMOs professional activities. The purpose of the relationship is help the RMO maintain their competence by guiding and facilitating planning for continuing learning and reflective practise. The DHBs acknowledge their role to ensure they facilitate RMOs having an appropriate collegial relationship that meet these objectives.



whilst they remain the employee of the DHB. Agreement is with the individual RMO and advised in accordance with clause 6.1.

that these runs are suitable to meet the normal registration and training requirements of DHB hospital runs and allocated in the same manner as are runs within the DHB hospitals. During such a run (outside of the current DHB hospital setting), the RMO shall remain an employee of the DHB and the terms that apply to those runs are agreed between the parties. The terms and conditions of the MECA will continue to apply.