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**The New Zealand Curriculum Framework for Prevocational Medical Training -
recommendations from the Curriculum Framework working group**

Dear Andrea

The New Zealand Medical Association (NZMA) welcomes the opportunity to provide feedback to the Medical Council on recommendations by the Curriculum Framework working group relating to the New Zealand Curriculum Framework (NZCF) for Prevocational Medical Training. Our submission on this paper has been informed by consultations with our Doctors-in-Training Council as well as with the Board.

The NZMA is the country's foremost voluntary pan-professional medical organisation with over 5,000 members. Our members come from all disciplines within the medical profession and include specialists, general practitioners, doctors-in-training and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders

We have conveyed our concerns to the Council regarding proposed changes to prevocational training in two previous submissions (6 May 2013; 11 July 2011). In terms of our specific feedback on the recommendations by the Curriculum Framework working group, the NZMA reiterates its support for the principle of a curriculum framework to guide the continuum of learning through PGY1 and PGY2. However, we continue to believe that it is unrealistic to expect that all of the learning outcomes in the proposed NZCF will be achieved by all PGY1 and PGY2 doctors. In part, this is based on concerns we hold about the limited availability of certain attachments that are likely to be necessary to afford PGY1 and PGY2 doctors with the opportunity to acquire all of the stipulated learning outcomes in the NZCF.

The NZMA also continues to have concerns about the resourcing requirements for the administration of the NZCF, including the assessment of learning outcomes. We believe that the implementation of the NZCF, along with the other measures being proposed as part of the changes to prevocational training, will entail considerable expense for supervisors and employers alike. These costs – both in terms of time and money – should be more clearly addressed as this project progresses.

We appreciate the consideration that Council has given to the specific comments the NZMA has previously made on the draft curriculum framework. By way of further specific feedback, we suggest that in the section on Professionalism, under the heading Professional Standards, the Council consider making specific reference to the *NZMA Code of Ethics for the New Zealand Medical Profession*. This could be added to the existing sentence which currently states “Adhere to professional standards and professional codes of conduct”. The Code of Ethics is referred to in the Council’s publication *Coles Good Medical Practice* as the resource which provides ethical advice to the Medical Profession. We believe that flagging this guide in the NZCF for prevocational doctors would be a useful means of cementing the importance of ethics along with professionalism.

Finally, the NZMA has some concerns about what could be perceived as the Council setting itself up as a proxy education provider, with possible conflicts of interest that may arise from setting standards and then monitoring practice. While the intentions of the review of prevocational training are certainly worthy, there is also a sense that certain aspects of the project are not particularly pragmatic in the current context.

We hope that our feedback on this consultation is helpful and appreciate the opportunity to continue to be involved in this complex and ambitious undertaking.

Yours sincerely



Dr Mark Peterson
NZMA Chair