Medical Council *of* New Zealand

Te Kaunihera Rata o Aotearoa

REPORT ON PROGRESS OF STRATEGIC DIRECTIONS – 12 MONTH REPORT

This report outlines progress with Council's strategic directions and initiatives for the 12-month period 1 July 2014 to 30 June 2015.

TE KAUNIHERA RATA O AOTEAROA
MEDICAL COUNCIL OF NEW ZEALAND

Protecting the public, promoting good medical practice

Te tiaki i te iwi whānui me te whakatairanga pai i te mahi e pā ana ki te taha rongoā

COUNCIL'S STRATEGIC GOALS

GOAL ONE

Optimise mechanisms to ensure doctors are competent and fit to practise.

GOAL TWO

Improve Council's relationship and partnership with the public, the profession and stakeholders to further Council's primary purpose – to protect the health and safety of the public.

GOAL THREE

Promote good regulation of the medical profession by providing standards of clinical competence, cultural competence and ethical conduct and ensuring that the standards reflect the expectations of the public, the profession and stakeholders.

GOAL FOUR

Improve medical regulatory and workforce outcomes in New Zealand by the registration of doctors who are competent and fit to practise and ensure their successful integration into the health service.

GOAL FIVE

Promote good medical education and learning environments throughout the undergraduate/postgraduate continuum to help ensure all doctors have achieved the necessary standards for their practice.

THE COUNCIL'S STRATEGIC DIRECTIONS

In 2007/08, Council established four strategic directions:

- **Fitness to practise.**
- **Medical workforce.**
- **Medical education.**
- **Accountability to the public and stakeholders.**

DIRECTION ONE – FITNESS TO PRACTISE

We will apply right-touch regulation to ensure doctors are competent and fit to practise throughout their medical career. The key outcome of this strategic direction is to continually improve the current high quality of medical practice in New Zealand. The Council will continue to provide leadership to the profession and work collaboratively and constructively with key stakeholders to achieve this outcome.

Recertification programme for doctors in a general scope of practice

This was the 3rd year bpacnz have overseen the Inpractice programme (the recertification programme for general registrants). Participation in the programme has stabilised at just under 2,000 doctors, with approximately 25 percent of them working in general medical and surgical attachments in hospitals, 18 percent in general practice and the rest working in District Health Boards, spread across a range of areas of medicine.

bpac[nz] has a robust monitoring system in place to ensure collegial relationship meetings take place and that doctors meet Council's requirements. Council receive regular notifications from bpac[nz] about doctors who are not meeting requirements, and an approved escalation process is followed by Council staff.

bpac[nz] has referred 171 doctors to the Council for unsatisfactory participation and a further 62 for non-participation in continuing professional development activities over the last year. Of these, 11 have been referred to Council for consideration where conditions have been ordered or the doctor suspended.

Regular practice review (RPR)

RPR is a supportive and collegial review of a doctor's practice by peers, in a doctor's usual practice setting. RPR is a quality improvement process with the primary purpose of improving the standards of the profession. RPR may also help in the identification of poor performance that may adversely affect patient care.

RPR for general scope doctors

The recertification programme administered by bpac[nz] requires RPR to be undertaken 3-yearly, with the first review to be undertaken 3 years after the doctor gains registration in a general scope of practice.

RPR visits are now well established in the *Inpractice* recertification programme, and a total of 162 visits have been completed in the last year. These have primarily been for doctors practising in general practice (153), and the first nine hospital-based RPR visits have now also been completed.

Altogether 366 RPR visits have been completed for doctors registered in a general scope of practice through the *Inpractice* programme over the past 2 years.

bpac[nz] has fallen slightly behind target for the number of RPR visits completed this year due to delays in recruiting reviewers from secondary care. A focus on recruitment over the last quarter has been successful, with 12 secondary care reviewers now on board. RPR visits are currently occurring in internal medicine and obstetrics and gynaecology with RPR visits in psychiatry and emergency medicine booked for August 2015. There are now 29 contracted reviewers.

Some RPR visits result in an action plan being implemented following recommendations from the Inpractice medical adviser, and these doctors are monitored over the following year. In the 12 months to

July 2015, a total of 18 such plans were implemented.

If there are serious concerns about a doctor's practice following an RPR visit, bpacnz refers the doctor to Council. A doctor referred in this way goes through our usual review process for consideration of a performance assessment.

Vocational scope

The Council encourages medical colleges to develop RPR processes for doctors registered in a vocational scope of practice and to make these available as part of their continuing professional development programmes on a voluntary basis.

A number of medical colleges have developed and implemented the RPR process as part of their continuing professional development programmes. Those who have already implemented RPR include the Royal Australasian College of Physicians, Royal New Zealand College of General Practitioners, Royal Australian and New Zealand College of Obstetricians and Gynaecologists and New Zealand Orthopaedic Association.

Evaluation of RPR

In July 2014, Malatest International commenced its evaluation of RPR as implemented through the recertification programme for general registrants administered by bpac^{nz} on behalf of Council.

The *Evaluation report– mid-year progress report: Evaluation of the regular practice review programme* (July 2015) provides information drawn from interviews and surveys of doctors who have participated in RPR at two points in time. This happens 2 weeks after their RPR and 12 months after their RPR.

Responses to the online survey were received from 72 percent of the 166 doctors who have had an RPR since July 2014. Eighteen doctors have agreed to and also completed an in-depth interview. Seventy percent of the 44 doctors who had their RPR 12 months ago have completed their online survey, and two have agreed to and also completed the in-depth interview.

In the 2-week survey, 48 percent of doctors indicated that they had already made changes to their practice as a result of the RPR, and a further 15 percent intended to make changes. These included improvements in self-care and self-management, reviewing prescribing practices, taking steps to improve interactions with patients and improving note taking. Fifty-eight percent had made

changes to their professional development plan.

A smaller proportion of doctors (19 percent) at the 12-month survey reported that they had made changes to their practice as a result of the RPR.

The evaluation will continue until 2019.

Council of Medical Colleges project (CMC) – *A Best-Practice Guide for Continuous Practice Improvement*

Senior management are involved in a project being undertaken by the Council of Medical Colleges, in partnership with the Ministry of Health, National District Health Board Chief Medical Officers Group, Royal New Zealand College of General Practitioners and Council, focusing on the links between various tools used in the assessment of doctors as well as a focus on continuous practice improvement. The project takes into account credentialling, performance appraisal, recertification and RPR.

This project demonstrates that the medical colleges are seeing a greater role for themselves in assuring and improving the standard of medical practice in New Zealand. This fits well with Council's strategic directions and links closely with Council's work on RPR.

Council's visions and principles for recertification

At its planning day in March 2015, Council reviewed the current recertification requirements and discussed future directions for recertification.

Feedback from the meeting was incorporated into the discussion paper *Vision and principles for recertification in New Zealand,* which was circulated widely to stakeholders for feedback.

Risk factors – ageing doctors and doctors working in isolation

As part of the work on Council's vision and principles for recertification, Council's two medical advisers have explored risk factors related to ageing doctors and doctors working in isolation.

These issues were discussed at Council's planning day in March 2015 and were again discussed at the annual meeting with medical colleges in August 2015.

DIRECTION TWO – MEDICAL WORKFORCE

The Council aims to ensure that its registration and other processes ensure the competence and fitness to practise of doctors working in New Zealand and their successful integration into the health system. We do this to protect the health and safety of the public. We also recognise that the failure of DHBs and other service providers to provide health services is a risk to the health and safety of the public. We will work in a collaborative and equal relationship with relevant stakeholders to ensure our roles and responsibilities in the regulation of doctors and related workforce issues are clear.

The New Zealand medical workforce is heavily reliant on international medical graduates, with 41 percent of doctors practising in New Zealand holding a primary medical qualification from overseas, although this figure reduces to around 26 percent if those doctors with a

New Zealand or Australasian postgraduate medical qualification are removed from the calculation. The Council registers up to 1,200 international medical graduates every year.

The key outcome of this strategic direction is to assist all doctors, including international medical graduates, to integrate safely and successfully into the New Zealand medical workforce.

Ensuring consistent advice regarding international medical graduates seeking registration

Ensuring consistent advice about the legal test for registration of individual international medical graduates has been a key topic discussed at the last three medical college meetings as part of the review of the Memorandum of Understanding (MoU) between Council and medical colleges. Changes have been incorporated into the MoU relating to Council providing training and support for medical college assessors and interviewers.

Proactive sharing of information on doctors with the International Association of Medical Regulatory Authorities (IAMRA) and international medical regulators

The Physicians Information Exchange Working Group of IAMRA has been working on a project to establish a portal for IAMRA

members to access proactively information held internationally about doctors, in particular, those who work across multiple jurisdictions. The group met on a number of occasions throughout the year.

MedSys online capability to facilitate applications for practising certificates and registration

Following implementation of myMCNZ, an online portal, in November 2014, doctors have been renewing their practising certificates online. The system is stable, and the process is working effectively and efficiently.

DIRECTION THREE – MEDICAL EDUCATION

Ensuring and promoting the competence of doctors through their education and training programmes, from undergraduate to postgraduate education, is a function of the Council. The key outcome of this strategic direction is to ensure a quality educational experience for all doctors and medical students.

Review of prevocational medical training

Council commenced a review of prevocational medical training for doctors in New Zealand in 2011.

At its July 2013 meeting, Council made a number of decisions about changes to prevocational medical training. All interns (graduates of New Zealand and Australian accredited medical schools) and doctors who sat and passed the New Zealand Registration Examination and began prevocational medical training from late November 2014 have been subject to the new requirements and are recording their learning through ePort (the e-portfolio system for prevocational medical training).

Council's programme of work is currently focused on:

- consideration of applications for accreditation of clinical attachments
- training provider accreditation visits for the first six DHBs in 2015
- training for clinical supervisors for 2015 (10 workshops in 2015)
- increasing the number of prevocational educational supervisors for expansion to postgraduate year 2 (PGY2) effective November 2015
- community-based clinical attachments
- ongoing review and refinement in response to feedback about ePort.

Workstream	Status
Curriculum framework	Complete.
Training supervisors	■ Complete for 2014 – 10 workshops held with 205 attending. ■ 10 training workshops for clinical supervisors are scheduled between July and November 2015. ■ Three annual meetings with prevocational educational supervisors are scheduled between August and October 2015.
Framework for assessment	Complete. Embedded in e-portfolio system, implemented November 2014.
ePort and PDP	In progress. ■ ePort went live on 24 November 2014 for interns, prevocational educational supervisors and clinical supervisors. ■ RMO unit staff gained administrative and reporting functionality in December 2014. ■ Ability to apply for accreditation of clinical attachments implemented April 2015. ■ Electronic reminder functionality provided to RMO unit staff June 2015.
Standards for accreditation of training providers	Developed and approved. Complete.
Accreditation of training providers	Guides for training providers and accreditation visit teams developed, as well as training provider self-assessment books and guides.

Accreditation of training providers	The following visits will take place between July and December 2015: ■ Auckland DHB – 20 and 21 August. ■ Southern DHB – 17 and 18 September. ■ South Canterbury DHB – 22 September. ■ Waitemata DHB – 1 and 2 October. ■ Canterbury DHB – 5 and 6 November. ■ Whanganui DHB – 12 November.
Standards for accreditation of clinical attachments	Developed and approved. Complete.
Accreditation of clinical attachments	50 electronic applications for accreditation of clinical attachments have been received through ePort. There may be issues in getting all clinical attachments accredited by November 2015. Approximately 900 attachments need to be assessed for accreditation. There is some anxiety about this within DHBs, who are slow to submit applications.
Community-based experience	In progress. Additional standards for accreditation of community-based attachments have been developed and approved. Governance group formed and held first meeting, May 2015 – chaired by Mr Andrew Connolly. Symposium held in June 2015 – successful in sharing models and ideas. Management group formed and held first meeting, July 2015 – chaired by Graeme Benny, Health Workforce New Zealand. On track for scheduled implementation for a target of 10 percent of interns in November 2015. Will require transitional plan 2015–2020.

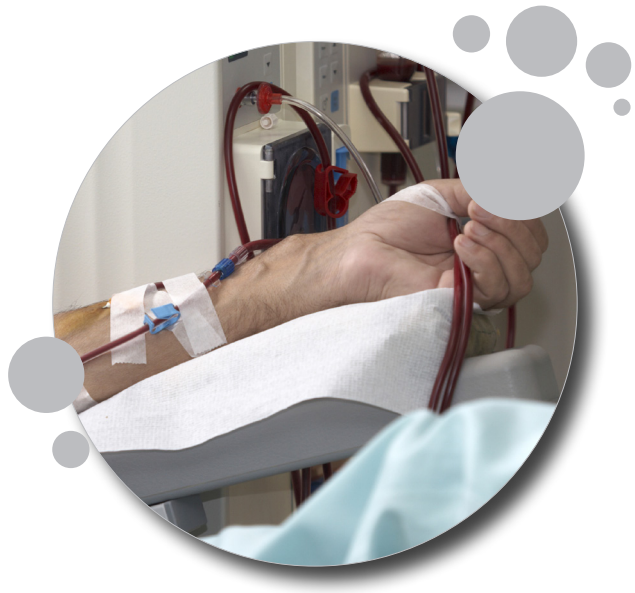
Advisory panel	Further communication about establishing the advisory panel was sent to CMOs, prevocational educational supervisors and RMO unit staff in July 2015.
Additional prevocational educational supervisors for PGY2	Requires further reminders to CMOs.
Changes to PGY2 requirements	In progress. Further communication sent to all interns about requirements for PGY2 in July 2015. On track for scheduled implementation November 2015.
Evaluation programme	Collection of baseline data complete. Evaluation scheduled for 2018/19.
Cost implications	On track and informing all other workstreams.
Multisource feedback	The implementation of multisource feedback has been postponed until November 2016.
Communication	Numerous meetings have been attended with national DHB groups, prevocational educational supervisors and clinical supervisors, and these have been included in regular reports to Council throughout the year. Guides have been developed and circulated widely. The 0800 number and generic email address are both operating effectively for enquiries relating to prevocational training.

Integration of 6th year medical schools with ePort

All 6th year medical students were given access to ePort system in August.

Students have access to two key areas of ePort as part of their ongoing record of learning. Those areas are setting goals as part of the professional development plan and recording the attainment of the learning outcomes in the New Zealand Curriculum Framework.

This is a key milestone and will help to ease the transition between medical student and intern. The record of learning in ePort will carry over into the intern year. Interns will be able to continue to record goals and their attainment of learning outcomes and consolidate those already recorded as 6th year medical students.



Joint accreditation processes for Australasian specialist colleges

In 2013/14, Council signed an agreement with the Australian Medical Council to align Australian and New Zealand accreditation processes of Australasian training and recertification providers. This approach is working well, and ongoing efforts are being made to ensure that New Zealand -specific accreditation standards are specifically addressed in the accreditation processes.

Accreditation of New Zealand specialist colleges

Work towards developing consistent standards for New Zealand-only medical colleges is progressing. Standards and processes for recognition and accreditation of New Zealand colleges were approved by Council in 2013. Further work has been done on supporting documentation in relation to the new standards for recognition of new scopes of practice and training programmes.

A workshop is intended to be held later in 2015 to educate training and recertification providers on the appropriate preparation for accreditation against these standards.

DIRECTION FOUR – ACCOUNTABILITY TO THE PUBLIC AND STAKEHOLDERS

The Council is accountable to the public, to Parliament and to the profession. Within this model, there are many individuals and groups with whom we collaborate in the performance of our functions. The key outcomes of this strategic direction are through engagement with the public and stakeholders to raise awareness of Council's role and functions, obtain valuable feedback into our strategic and policy development and improve how we perform our functions.

Consumer Advisory Group (CAG)

The Consumer Advisory Group provides advice and feedback to inform strategic and policy development. The CAG group has met three times in the past year (10 July 2014, 13 November 2014 and 11 June 2015), and items discussed include the following:

- The New Zealand Curriculum Framework for Prevocational Medical Training.
- Medical students and informed consent: A consensus statement.
- Proposed research of doctors and health consumers.
- Chaperone requirements for patients and the monitoring of conditions for doctors requiring a chaperone.
- The regulation of doctors in New Zealand.
- Consumer attitudes and experiences with doctors in New Zealand and awareness of the Medical Council (Mobius research).

MoU with primary healthcare organisations (PHOs)

Council has been working with PHOs to develop an MoU to clarify our respective roles and responsibilities related to the regulation of doctors in New Zealand, including the management of any competence, performance, conduct and health issues.

Council/DHB MoU oversight group

The Council/DHB MoU oversight group meetings provide a forum for discussion about a range of common issues and Council's strategic priorities. The group has recently reviewed the MoU and updated some of its content, mostly in regard to prevocational medical training.

Amongst the issues discussed at the Council/DHB MoU meetings include:

- doctors in difficulty
- national referee reports for RMOs
- interns that have partially completed clinical attachments
- changes to prevocational medical training
- guide to observerships
- processing time for registration activities
- 'deemed to hold' provisions for practising certificate renewal
- commencement of the RMO year
- community attachments in prevocational training
- a proposed standard national referee report form for international medical graduates.

Annual meeting of the medical colleges

The annual meeting of the medical colleges was held in October 2014. Guest presenters included bpac^{nz}, who demonstrated the recertification programme for doctors registered in a general scope of practice, Malatest International, who presented early findings from the evaluation programme about the effectiveness of RPR as part of the recertification programme for general registrants, and a representative from the Council of Medical Colleges, who presented on their framework project to enable vocationally registered doctors to demonstrate competence to practise.

Executive Officers of medical colleges meeting

The Executive Officers of medical colleges meeting was held in April 2015. The agenda covered the following topics:

- Council's vision and principles for the recertification programme.
- New Zealand-specific accreditation requirements.
- Council's MoU with medical colleges.

MoU with New Zealand Police

Council's Registrar provided a first draft of an MoU to the New Zealand Police. The Police are currently reviewing this and are working on a second draft to be sent back for consideration.