Update of Strategic Plan towards 2010

The primary purpose of the Medical Council of New Zealand is to promote and protect public health and safety.

Protecting the public, promoting good medical practice

Purpose

Ensuring that doctors are competent and fit to practise medicine in order to protect and promote the health and safety of the public.

Values

Integrity
Openness and accountability
Consistency and fairness
Effectiveness
Commitment
Respect

The Council has the following key functions:

- registering doctors
- setting standards and guidelines
- recertifying and promoting lifelong learning for doctors
- reviewing practising doctors if there is a concern about performance, professional conduct or health.

The Health Practitioners Competence Assurance Act 2003 (HPCAA) has clarified the role of the Council as the body that registers doctors and maintains competence, standards and provides guidance to the profession. The role of complaints investigation is now undertaken by the Health and Disability Commissioner (HDC) and discipline of doctors is considered by the Health Practitioners Disciplinary Tribunal (HPDT).

The Council ensures the competence of all doctors in New Zealand through such processes as the accreditation of New Zealand and Australian medical schools, examination of overseas qualifications and accreditation of postgraduate training and continuing professional development programmes.

The Council has established supervision processes for newly registered doctors, and recertification processes for those who renew their practising certificates each year. Maintenance of standards also requires identification of and assistance for those doctors who, for health or other reasons, are not practising at an adequate standard. The Council must work with the public and the profession to achieve this.

Public health and safety is dependent on an adequate number of suitably trained doctors. Around a third of New Zealand's doctors have been trained overseas and there is an international medical workforce shortage. One of the Council's strategic roles is to work with stakeholders to achieve an adequately trained medical workforce of sufficient numbers to deliver health services in New Zealand.

All of the Council's policy statements are available on the web (www.mcnz.org.nz) or direct from the Council.

To meet its statutory obligations the Council needs a clear strategic plan. We would welcome comment on this strategic plan, the roles and direction of Council. This plan like others will be under frequent and critical review. Public and professional input is therefore essential for this process.

John Campbell
Chairperson
Medical Council of New Zealand
October 2005

Strategic goals

Strategic Goal 1 Implementation of mechanisms to ensure doctors are competent and fit to practise.

This is Council's key statutory role as set out in the Health Practitioners Competence Assurance Act 2003.

Strategic Goal 2 Improvement of the understanding of the Council and its role in implementing the primary purpose of the Health Practitioners Competence Assurance Act 2003.

The Council needs public confidence and understanding, as well as professional and political support to achieve its purpose.

Strategic Goal 3 Improvement of standards of practice and maintenance of self-regulation with input from the public, profession and stakeholders.

The profession needs to be monitored by those with medical expertise to assess standards and performance.

Strategic Goal 4 Increased awareness about medical regulatory and workforce issues both in New Zealand and internationally.

The Council has a role to ensure public health and safety through registration of doctors. A properly planned and well-trained workforce relies on a consistent approach being taken to workforce planning including retention, induction, training and support for new graduates.

The Council will achieve its key strategic aims through the following goals and objectives:

Strategic Goal 1 Implementation of mechanisms to ensure doctors are competent and fit to practise.

This will be achieved by:

1.1 Ensuring that registration is granted only to doctors who have adequate skills and knowledge to practise medicine.
1.2 Implementing the competence provisions of the HPCAA.
1.3 Protecting the public by assisting doctors with health conditions to ensure that they are fit to practise safely.
1.4 Ensuring complaint systems are effective.
1.5 Ensuring examination systems are fair, equitable and appropriate without creating barriers to registration for competent doctors.
1.6 Promoting quality medical practice through medical education and lifelong learning.
1.7 Working with branch advisory bodies (BABs) to improve research on the basis for assessing overseas trained doctors, recognition of prior learning and recertification.

Key objectives include work to:

- Refine and maintain HPCAA registration policies.
- Receive applications for registration, and related enquiries, and monitor standards required within provisional and special purpose scopes of practice.
- Maintain an up-to-date register.
- Continue to develop and improve systems for verification of identity of applicants for registration.
- Proactively identify poorly performing doctors via the audit and recertification process.
- Review the future of professional isolation research after the International Physicians Assessment Coalition (IPAC) meeting and continue on an international basis, if feasible.
- Review performance assessment tools.
- Ensure any written complaints that are received are referred to the HDC in a timely manner.
- Implement an Objective Structured Clinical Examination (OSCE) with a selected external provider.
- Consider vocational branches for reaccreditation and integrate systems more effectively with those delivered by the Australian Medical Council.
- Improve systems to monitor recertification especially for those registered within a general scope.
- Develop strategies for ways forward for the Council, using a competencies framework.

Strategic Goal 2 Improvement of the understanding of the Council and its role in implementing the primary purpose of the HPCAA.

This will be achieved by:

2.1 Promoting to the public and stakeholders the Council's role of maintaining standards and competence under the HPCAA.
2.2 Working with the profession to gain support for the work of Council.
2.3 Continuing to improve the services delivered by Council staff.
2.4 Continuing to develop the Council's use of technology to deliver services and inform the profession, public and other medical regulators.

Key objectives include work to:

- Increase understanding of the Council's purpose and processes by the public, stakeholders and health advocates.
- Promote understanding of the principles, policy and procedures of the HPCAA and increase understanding of the work of the Council.
- Increase understanding of the profession about Council's statements.
- Complete and publish induction and orientation guidelines for doctors.
- Negotiate a Memorandum of Understanding with universities on exchange of fitness to practise information, and promote to medical students.
- Develop strategies to improve supervision.
- Ensure the audit of the Council's office procedures relate to statutory provisions of the HPCAA.
- Ensure the Council is a "good employer".
- Ensure website content and structure is informative, relevant and up-to-date, and survey key stakeholders on further improving the Council's website.
- Develop extranet sites for those individuals or organisations that assist the work of the Council.

Strategic Goal 3 Improvement of standards of practice and maintenance of self-regulation with input from the public, profession and stakeholders.

This will be achieved by:

3.1 Giving guidance to the profession on maintaining high standards and competence.
3.2 Ensuring progressive and competent leadership and management of the Council in consultation with the public.
3.3 Providing efficient services to the HPDT.

Key objectives include work to:

- Review the Council's current statements to ensure they comply with current legislation and reflect the expected standards of the profession.
- Continue to develop standards for cultural competence and a framework for implementation, with input from the profession.
- Develop guidance for the public and standards for the profession, relating to cosmetic surgery and appearance medicine.
- Improve decision making and the effectiveness of the Council through development of policy and processes to aid good decision making.
- Ensure Health Practitioners Disciplinary Tribunal hearings are efficiently organised.

Strategic Goal 4 Increased awareness about medical regulatory and workforce issues both in New Zealand and internationally.

This will be achieved by:

4.1 Ensuring the Council processes meet best practice and international standards.
4.2 Collecting, analysing, distributing and commenting on information about the medical workforce.
4.3 Being a catalyst for change in medical students' and interns' training and for developing new models of care throughout the health care system.

Key objectives include work to:

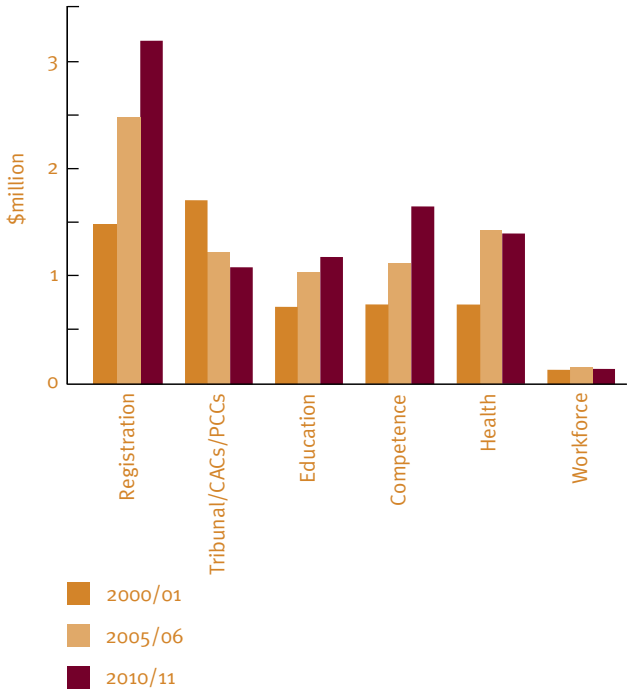
- Maintain international networks and help develop international standards.
- Support Health Regulatory Authorities of New Zealand as a forum to promote professional self-regulation.
- Complete and publish the Workforce Survey Analysis Report for 2004 and five year review report in 2005.
- Debate matters relating to workforce issues within Council's mandate.

Projected expenditure of Council towards 2010

The Council's costs have moved over time, reflecting changes in legislation and policy focus. In 2000/01, the cost of the Tribunal (including CAC costs) was the most significant cost area, followed closely by registration. Competence, education and health required similar funding.

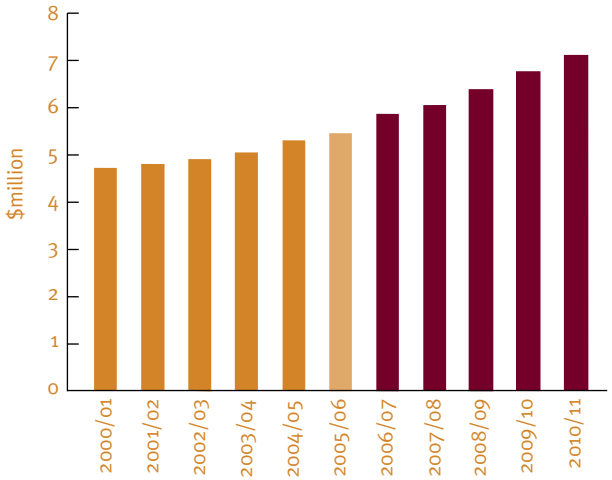
The Council expects the costs of the Tribunal (including PCC costs which only investigate professional conduct matters), to fall further with the introduction of the HPCAA last year, as fewer doctors are directed to the discipline pathway, and as the competence provisions are used more frequently.

The projected outlook to 2010/11 indicates less significant change is expected over the next five years. The Council forecasts Tribunal costs will continue to decrease, while the costs of registering and monitoring doctors will continue to rise as these are the prime focus of the HPCAA.



Fees revenue: actual and projected forecast towards 2010

The Council anticipates that a further gradual increase of funding may be necessary during the period of this strategic plan to cover operational and legislative compliance costs as shown by the above graph which indicates actual revenue for the period 2000/05. The graph also shows budgeted revenue for 2005/06 and projected revenue for the period 2010/11.



Environmental factors

The environment in which the Council works is dynamic and subject to political, economic, social and technological factors.

The political factors include:

- Public, media and political perceptions that regulations can eliminate unsafe care and adverse medical events.
- Continuing lack of awareness within the profession and by consumers that the Council is not a disciplinary body.
- Government involvement in workforce re-design.
- Changes in the delivery of health care.
- Changes in international medical regulation environment.
- Continuing high volume of the Council's workload in areas of registration and assessment of competence, and expectations of the Council from employers to deliver services immediately.

Social factors include:

- Changing patterns in delivery of care that will limit the types of clinical placements for trainees and interns, and the need to develop more general practice placements.
- Changing work patterns with more focus on shift and part-time work and midcareer changes.
- Lack of pathways and recognition of prior learning to enable medical practitioners to move across specialties.
- Difficulties with recruitment and retention of graduates and experienced medical professionals in rural and provincial areas.
- Public expectations for immediate access to good health care regardless of where they live.
- Low morale within some sectors of the medical profession.
- Change in demographics of medical workforce.
- High turnover of doctors in some areas of the country.
- The perception by some doctors that the environment is antagonistic and focused on complaints and litigation.
- The changing demographics of New Zealand and the need for culturally competent doctors.
- The need for effective working relationships between the health and education sectors and BABs.

Technological factors include:

- Globalisation of medicine through use of telemedicine and the internet.
- Limits to the control that statutory bodies may have outside the borders of the country.
- Verification of qualifications and standards via technology made easier for doctors from certain countries, possibly adding to the perception that the Council registers in a discriminatory manner.
- Practices becoming outdated more rapidly.
- Pressure on the Council to provide services via internet and email.
- Increased specialisation of practice and use of technology.

Economic factors include:

- Concern about insufficient resources to meet the increasing needs in the health sector.
- Demand for health care outstripping available resources.
- Increased demand because of ageing of the population and concern about the ageing of the medical workforce.
- Existence of medical student debt.
- Competition in a global market for recruitment of well-trained health professionals.
- New forms of medicine and drugs being promoted to the public directly.
- The drive to improve quality standards and reduce adverse events within current budgets.

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