Medical Council of New Zealand

Protecting the public, promoting good medical practice

Business plan from 1 July 2013 to 30 June 2014

Our purpose

Our purpose is to ensure that doctors are competent and fit to practise medicine in order to protect public health and safety.

Our values

- Consistency and fairness
- Respect
- Integrity
- Openness and accountability
- Commitment
- Effectiveness and efficiency

Our principles

- In undertaking all its functions, Council will focus primarily on achieving its purpose of protecting the health and safety of the public.
- Council will be accountable for its decisions to the public, Parliament and the Minister of Health and, in relation to the efficient use of funds to achieve its purpose under the HPCAA, to the profession.
- Council will make its decisions as an independent regulator of the medical profession free of influence from external bodies.
- Council will operate as a right touch regulator, ensuring the most effective, efficient, consistent and proportionate regulation for the profession.
- Council will consider whether there is a risk or harm or risk of serious harm to the public when managing doctors with competence, conduct and/or health concerns.
- Council will work in a collaborative and constructive manner with all key stakeholders and continue to foster mutual trust and respect in all our relationships.
- Council will aim for excellence in everything that we do and will focus on continually improving our performance.
- Council will aim for excellence in our people and will focus on being an employer of choice and applying best practice human resource policy and practice.
- In all decisions, Council will honour the principles of natural justice.
- Council will work with other international medical regulators to promote national and international best practice in medical regulation.
- Council will work with other health regulators in New Zealand promoting greater collaboration to support an effective and efficient regulatory environment.
- Council will set standards that signify a high and readily attainable level of medical practice.

Our 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 their successful integration into the health service.

Goal five –   Promote good medical education and learning environments throughout the under-graduate / postgraduate continuum to help ensure all doctors have achieved the necessary standards for their practice.

1.   Our four strategic directions

Direction one – Fitness to practise

The fitness to practise strategic direction relates mainly to strategic goals one and three:

> *Goal one -   Optimise mechanisms to ensure doctors are competent and fit to practise.*
>
> *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.*

Outcome of Fitness to practise strategic direction:

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.

Initiatives to achieve outcome:

- We will continue to assist and support medical colleges and branch advisory bodies to develop processes for regular practice review, and to share information and knowledge about regular practice review with other medical colleges and branch advisory bodies.
- We will evaluate the effects of a regular practice review (RPR) and share the results with our key stakeholders.
- We will continue to review and develop tools for use in performance assessments, vocational practice assessments, and regular practice review, particularly those for assessing cultural competence and professionalism.
- We will encourage the use of multisource feedback tools as a valid and reliable continuing professional development activity that contributes towards improving the standards of medical practice.
- We will promote the best practice application of credentialling across all service providers and work with the appropriate sector leaders to explore the setting of national standards for credentialling.
- We will review and work towards providing greater clarity to the definition of both the general and vocational scopes of practice, incorporating a review of the breadth and boundaries of the general scope of practice.
- We will work collaboratively with medical colleges and branch advisory bodies to identify risk factors and groups at risk, and to encourage medical colleges to develop processes for assuring and improving the standard of medical practice. This includes encouraging the medical colleges to take a greater responsibility for monitoring and remediation when competence concerns may come to their attention.
- We will host the International Physician Assessment Coalition (IPAC) 2013 Annual Conference with the theme "Closing the loop: Best practice for doctor assessment."

Direction two – Medical workforce

The medical workforce strategic direction relates mainly to strategic goals one and four:

Goal one -   Optimise mechanisms to ensure doctors are competent and fit to practise.

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

Outcome of Medical workforce strategic direction:

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 1200 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.

Initiatives to achieve outcome:

- We will continue to provide support and training for supervisors of international medical graduates.
- We will continue to promote the implementation of Approved Practice Settings as a model of supervision for IMGs.
- We will work collaboratively with medical colleges and international medical graduates to;
  - streamline medical college and the Council's processes, including timeliness, for assessing international medical graduates applying for a vocational scope of practice
  - research qualifications for the special purpose scope of practice, locum tenens pathway.
- We will engage with IAMRA and individual overseas medical regulators to foster international collaboration on issues related to medical migration, including the proactive sharing of information on doctors.
- We will implement MedSys on-line capability to facilitate applications for practising certificates and registration.
- We will identify and assess any emerging patterns for any particular group of IMGs for whom there are concerns about meeting the required standards of medical practice, and develop with stakeholders mechanisms to minimise such repeated problems.

Direction three – Medical education

The medical education strategic direction relates mainly to strategic goals three and five:

***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 five** - Promote good medical education and training throughout the under-graduate / postgraduate continuum to ensure all doctors have achieved the necessary standards for their practice.*

Outcome of Medical education strategic direction:

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.

Initiatives to achieve outcome:

- We will use the feedback from the extensive consultation undertaken during the first half of 2013 to inform changes to be made to prevocational training requirements during the first 2 years following graduation from medical school (the intern years or postgraduate year 1 and postgraduate year 2). Following consideration of all feedback we will work with stakeholders on a transitional plan for changes that may include implementing:
  - the *New Zealand Curriculum Framework for Prevocational Medical Training*
  - a greater focus on interns completing a portion of their training in a community setting
  - the use of a professional development plan for interns to help guide and inform assessment
  - a nationally consistent method of maintaining a record of learning, via an e-portfolio
  - a training programme for supervisors that covers the new curriculum, the elements of assessment, how to provide feedback, and how to deal with issues of poor performance. The training framework will be developed in collaboration with HWNZ and training providers and will take into consideration the needs of both:
    a. the Intern Supervisors appointed by Council, and
    b. Senior Medical Officers who provide ongoing day to day supervision and assessment of interns in their clinical attachments.
  - strengthened standards for training provider accreditation and accreditation of individual clinical attachments, and processes for those who do not meet the standards
  - an improved structure for ongoing training during postgraduate year 2, that includes the requirement for a professional development plan to be completed as part of a competence programme.

- Particular focus will be placed on making training providers and DHBs accountable to provide the delivery of high quality training and education of interns including time and support for supervisors to adequately supervise and assess, provide feedback and attend training sessions. This will be achieved through:
  - accreditation of District Health Boards and training providers against the standards set by Council
  - monitoring and reporting on the performance of the memorandum of understanding we have with District Health Boards, in particular section 5 *Environment for intern learning*
  - working with HWNZ and the National Health Board (NHB) to ensure Key Performance Indicators (KPIs) that are linked to meeting Council's accreditation standards are established for training providers to allow the delivery of high quality training and education of Interns, and that meeting these KPIs is linked to the funding of Intern training.
- We will work collaboratively with the Otago and Auckland Medical Schools and other stakeholders to consider and consult on the requirement that Trainee Interns be registered under the HPCAA.
- We will continue to work collaboratively with the Australian Medical Council to implement joint accreditation processes for training and recertification programmes offered by Australasian specialist colleges.
- We will explore the introduction of similar accreditation standards and criteria for New Zealand specialist colleges that apply to Australasian specialist colleges together with robust but cost effective accreditation processes.

Direction four – Accountability to the public and stakeholders

The accountability to the public and stakeholders strategic direction relates mainly to strategic goals two and three:

Goal two -   Improve Council's relationship and partnership with the public, the profession, and stakeholders so that Council can fulfil its role under the Health Practitioners Competence Assurance Act 2003.

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.

Outcome of Accountability to the public and stakeholders strategic direction:

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.

Initiatives to achieve outcome:

- We will continue to obtain public and patient feedback into our policy development through our Consumer Advisory Group and through our commitment to stakeholder engagement and consultation.
- We will develop a memorandum of understanding with primary care stakeholders (initially with PHOs), and use this to clarify our respective roles and responsibilities related to the regulation of doctors in New Zealand, and the management of any competence, performance, conduct or health issues.
- We will review Council's communication and information sharing protocols to ensure openness and accountability. We will consider:
  – Publishing anonymised summaries of PCC and PAC reports
  – Appointing a consumer representative to the CTT

2.   COUNCIL'S KEY ACCOUNTABILITY STRUCTURE

Key to reading this table: If the table entry is marked with D, E, A and / or F, this refers to who is accountable for the Design **(D)**, Endorsement **(E)**, Approval **(A)** and / or Facilitation **(F)** of this area of work.

Area	Governance	Management
Policy	Council - strategic level (E, A)	CEO - strategic & operational (D) Management team (F)
Business plan and budget	Council (E, A)	CEO (D) CSM (F)
Delegations of authority	Council (E, A)	CEO (D) Registrar (F)
New entities, structures, facilities	Council – strategic level (E, A) Audit Committee (E)	CEO – strategic and operational (D)
Implementation (of policy, plans, strategy)		CEO
Performance monitoring system	Council – for management of CEO performance and for governance (E, A)	CEO – management systems (D) HR Manager (F)
Intervention (in management or Committee operations)	Council Chair	CEO
Audit & financial reporting oversight	Audit Committee	CEO CSM (F)
Risk management oversight	Council (through the Audit Committee)	CEO HR Manager (F)
Media statements & Representation	Council Chair	CEO Communications Manager (F)

3. COUNCIL'S PERFORMANCE METRICS

3.1 Doctors' fitness to practise metrics

Metrics	Applies to	Is it a current measure? How is it reported?	Source of data	How often measured	Quantitative or qualitative
Proportion of doctors not registered in vocational scope and not in vocational training	General scope	No	Medsys	6 monthly	quantitative
Complaints referred to Complaints Triage Team and actions taken (incl HDC)	Doctors registered in all scopes	Yes Separate paper in Conduct papers	Prof standards team	2 monthly	Quantitative
PCC referrals and outcomes (as set out in section 80 HPCAA)	Doctors registered in all scopes	Yes	Prof standards team	6 monthly	PQuantitative
PAC referrals and outcomes (category 1, 2 or 3)	Doctors registered in all scopes	Yes Six monthly report to Council	Prof standards team	6 monthly	Quantitative
HPDT cases and outcomes	Doctors registered in all scopes	Yes in part Outcomes reported in Registrar's report	HPDT	Annually	Quantitative
Recertification audit and outcomes	General scope Vocational scope	Yes Six monthly report to Council	Medsys APC team	6 monthly	Quantitative
VPA processes and outcomes	Provisional vocational scope by specialty	Yes Six monthly report to Council	Voc team	6 monthly	Quantitative
IMGs working under supervision # of poor reports	Provisional general Provisional vocational Special purpose	Yes Six monthly report to Council	Medsys	6 monthly	IQuantitative
Health referrals and action taken	Doctors registered in all scopes of practice	No	Health Team	6 monthly	Quantitative

3.2   Organisational metrics

1. Customer (the public, the profession, parliament and stakeholders)

Metrics	Is it a current measure? How is it reported?	Source of data	How often measured	Quantitative or qualitative
1.1 Number of new / reviewed publications & standards published	Yes Report will be provided to Council annually	Snr Policy Analyst	Annually	quant and qual
1.2 Stakeholder meetings held consistent with engagement plan	Yes Reported as part of Strategy report	Strategic Prog Mngr	2 monthly	quant and qual
1.3 Number of consultations undertaken by Council	No Report will be provided to Council annually	Snr Policy Analyst	Annually	quant
1.4 Number of feedback responses to consultations undertaken by Council	No Report will be provided to Council annually	Snr Policy Analyst	Annually	quant

2. Internal processes (including registration, competence, conduct and health)

Metrics	Is it a current measure? How is it reported?	Source of data-	How often measured	Quantitative or qualitative
2.1 Number of registered doctors	Yes Annual statistics	MedSYS	Annually	quant
2.2 Number of doctors with current practising certificates	Yes Annual statistics	MedSYS	Annually	quant

2.3 Average processing time for applications	Yes Annual statistics	MedSYS	Annually	quant
2.4 Number and substance of ministerial requests / responsiveness	Yes In CEO report	CEO	2 monthly	quant and qual

3. Learning and growth

Metrics	Is it a current measure? How is it reported?	Source of data	How often measured	Quantitative or qualitative
3.1 Culture / engagement survey results (leadership, communication, morale)	Yes Results / comparisons reported to Council	JRA Best Places to Work survey	Annually	qual
3.2 Employee turnover	Yes Report to Council	HR	Annually	quant
3.3 Absenteeism - unplanned absence	No	HR	6 monthly	quant
3.5 Staff complaints or PGs	Yes In CEO report	HR	Annually	quant and qual

4. Financial and Risk Management

Metrics	Is it a current measure? How is it reported?	Source of data	How often measured	Quantitative or qualitative
4.1 Actual expenditure (to budget)	Yes To Audit and Council	Finance	2 monthly	quant
4.2 Forecast income and expenditure (to budget)	Yes To Audit and Council	Finance	2 monthly	quant

4.3 Unqualified external audit reports	Yes To Audit and Council	External auditor OAG	Annually	qual
4.4 Level and trend in Fees (vs. target)	Yes	Finance	As required	quant

COUNCIL'S PEOPLE FOCUS

4. Ensure that the Council is a "Good Employer"

	Objective	Key Deliverables	Date Due	Person Responsible	Key risks & mitigation strategies
4.1	A culture that builds professionalism, accountability, capability and empowers employees and teams	• The HR framework, strategies and policies are maintained and continue to support the Council as a "good employer" • An employee engagement survey is undertaken and results compared with the 2010, 2011 and 2012 surveys • Results shared and areas for improvement discussed amongst all staff and process agreed to identify and implement solutions • HR policies are reviewed, updated to reflect best practice and communicated to all staff through face to face and electronic methods	Ongoing Oct 2013 Dec 2013 Ongoing	**CEO** **H R Adviser** **CEO / all staff** **H R Adviser**	Strategic - Governance Operational / Process - Strategic leadership - People/HR management
4.2	Council's values are reinforced and behaviours encouraged that model these values	• Desired behaviours are demonstrated by all staff in individual behaviour and practices • CEO regularly communicates information to keep all staff informed about the RA Strategy • CEO leads consultation on any proposed changes from the RA Strategy or other changes to HR policy that would impact on staff • All feedback is considered before any final decisions are made	Ongoing	**CEO**	Operational / Process - Strategic leadership - People/HR management
4.3	An employee competency framework is established that incorporates value models and links to strategic goals	• Service standards confirmed and implemented (in conjunction with implementation of MedSys workflows) • Standards cascaded through to HR processes, including recruitment and selection, performance management, training and development, etc	Jan 2014	**H R Adviser**	Operational / Process - People/HR management - Brand management Project - Resource
4.4	The organisation wide capability plan identifies development needs and provides training and skill development for the individual, team, and	• Capability plan in place and available to all staff and organisational and employee capability is enhanced • Training and development initiatives occur as	Ongoing	**H R Adviser**	Strategic - Succession planning Project

	organisation. The training should: ♦ enhance organisational capability ♦ empower staff through personal and professional growth ♦ improve staff wellbeing ♦ promote service effectiveness and efficiency	agreed / scheduled ♦ Plan is able to be flexed to respond to training and development needs that arise out of performance partnership discussions ♦ Training and development spending is to budget ♦ All staff complete customer service training ♦ Staff wellbeing plan implemented	Jul / Aug 2013	**H R Adviser**	- Resource Operational / Process - Strategic leadership - People/HR management - Risk & Quality management - Brand /risk management
4.5	Effective induction and orientation of new employees	♦ CEO induction for new employees occurs in first week of employment ♦ Secondary Induction programme runs regularly for new and existing employees (all sessions to be attended within 6 months of commencing employment) ♦ Employees feedback used to determine efficacy of programme	Ongoing Ongoing Quarterly	**H R Adviser/CEO**	Operational / Process - People/HR management
4.6	Recruitment and selection of the right people for the right positions	♦ Continue to use targeted methods in advertising and selection processes, incorporating job competencies ♦ Vacancies filled within reasonable timeframes, reflecting market best practice	Ongoing	**H R Adviser**	Operational / Process - People/HR management - Succession
4.7	A successful performance partnership programme is in place	♦ Objectives and key deliverables are clear for all staff ♦ Managers and staff meet regularly and at least 6 monthly to provide performance and record feedback	Ongoing	**Managers** / Team leaders / H R Adviser	Operational / Process - Strategic leadership - People/HR management

COUNCIL'S BUSINESS IMPROVEMENT FOCUS

5. Ensure that the Council continues to improve the quality and effectiveness of its services

	Objective	Key Deliverables	Date Due	Person Responsible	Key risks & mitigation strategies
5.1	The key principles of trust, accountability and professionalism are applied	⬩ Review and develop service standards for delivery of all core business (in conjunction with implementation of MedSys workflows and competency framework) ⬩ Report on key business metrics to Council six monthly ⬩ Report on progress on strategic directions to Council two monthly	Ongoing At February and August Council Bi-monthly	**CEO** / Managers	Operational / Process - Strategic leadership - Governance - People/HR management - Customer service management
5.2	Council policies, procedures and compliance are proactively reviewed to ensure the purpose and functions of the Council are being achieved	⬩ Review Council's legislative delegations and ensure they are consistent with the HPCAA and good management principles ⬩ Review and maintain Council Gazette Notices to ensure they accurately reflect Council policy ⬩ Review Council's Privacy policy to ensure it is consistent with the Privacy Act and the Health Information Privacy Code ⬩ Three internal audits are undertaken by KPMG, with the report and recommendations reviewed by the Audit Committee ⬩ Recommendations agreed with the Audit Committee are implemented ⬩ Maintain a reliable electronic, controlled manual of all Council policies ⬩ Review the Council's definitions of risk of harm and risk of serious harm	Oct 2013 Ongoing Oct 2013 Jun 2014 Jun 2014 Ongoing Dec 2013	**Registrar /CEO** Managers / Team Leaders	Strategic - Regulatory / legal - Governance - Strategic planning - stakeholders - PR
5.3	Internal systems are aligned to improve core business processes and outcomes, including improving information sharing and collaboration across service areas	⬩ Share information about development of processes and tools for the assessment of doctors across performance, vocational registration and strategic areas ⬩ Strategic programmes of work or projects are implemented into business effectively	Ongoing Ongoing	**Service Managers / Team Leaders** /Registrar /Strategic Programme Manager / CEO	Operational / Process - People/HR management - Customer service management

5.4	Council staff and external stakeholders have an understanding of the Council's key strategic directions and business objectives	• Stakeholder engagement plan is fully implemented • Communicate goals, objectives and progress to staff six monthly • Update the Council website on a 6-monthly basis with progress on the Council's four strategic directions • Communicate key strategic and operational initiatives to all key stakeholders on a 6-monthly basis • Staff are fully informed of responsibilities under all MOUs.	Jun 2014 Feb / Aug Jun/Dec Jun/Dec Ongoing	**CEO** / Strategic Programme Manager/ Comms Manager **CEO / Registrar**	Strategic - Strategic planning - Stakeholder relations PR and Media Operational / Process - People/HR management - Customer service management - Guidance & standards - Education & training
5.5	Council and Committees are supported in their governance and decision-making roles	• All Council and Committee meetings are managed in accordance with standing orders • Council planning, induction and training workshops are held • Agenda papers are of high quality, accurately identifying background, issues and reasons for all recommendations • Agenda papers are delivered to Council and Committee members according to agreed framework • Risk management framework applied throughout	Ongoing	**CEO**	Strategic - Governance - Project governance - Strategic leadership
5.6	Our website, MedSys and EDRMS provide the Council with an effective and efficient information and communication system	• Council's website is actively maintained • Workflows for the key processes are successfully implemented	Ongoing Dec 2013	**CEO** / **Project Manager** and team / Managers	Operational / Process - Technology/IT management - Project governance

COUNCIL'S BUSINESS OPERATIONAL OBJECTIVES

6. Protect the public by ensuring that registration is granted only to doctors who have the qualifications, training and experience to practise medicine (consistent with Part 2 of the Health Practitioners Competence Assurance Act 2003)

	Objective	Key Deliverables	Date Due	Person Responsible	Key risks & mitigation strategies
6.1	Registration and practising certificate applications are managed in a way that is consistent with the HPCAA 2003, policies, Council's values, and within service agreements and delegations	◆ Assess and process applications for registration and practising certificates effectively ◆ Conditions are monitored or referred appropriately ◆ Audit at least 10 percent of the profession at the quarterly practising certificate cycle to ensure compliance with recertification requirements ◆ Assure recertification compliance at 30% of practising registrants	Ongoing Ongoing Ongoing Jun 2014	**Registration Manager /** Team Leaders	Operational / Process - Customer service management - Case management
6.2	Case management (including interventions) for doctors registered in a provisional or special purpose scope of practice is consistent with the HPCAA 2003, policies, Council's values, and within service agreements and delegations	◆ Supervision reports are obtained for doctors registered in a provisional or special purpose scope of practice ◆ Concerns about performance are followed up, with appropriate action taken ◆ Vocational registration assessment requirements are monitored ◆ Vocational practice assessments are arranged within three months of eligibility ◆ Multi source feedback is used for all VPAs	Ongoing Ongoing Ongoing Ongoing Ongoing	**Registration Manager/** Team Leaders	Operational / Process - Customer service management - Risk & Quality management - Case management
6.3	Internal systems and processes are aligned to allow efficient and effective processing across general, vocational and APC areas	◆ Ensure all registration roles and responsibilities in MoUs with DHBs, BABs and other key stakeholders are achieved. ◆ Review of the vocational pathway to registration to determine if any processing time efficiencies can be	Ongoing Ongoing	**Registration Manager /** Team Leaders	Operational / Process - Strategic leadership - Customer service management

		♦ achieved ♦ Review NZREX pathway to determine whether any policy changes should be considered for the intern year	Jan 2014		
6.4	Systems for verification of identity of applicants for registration are effective and efficient	♦ Review CGS policy; align with international best practice standards ♦ Increase electronic exchange with other regulatory authorities ♦ Review general registration internal audit recommendations and implement improvement actions as required	Ongoing Ongoing Jan 2014	**Registration Manager** & Team Leaders	Operational / Process - Customer service management - Risk & Quality management
6.5	The registration team has the capability and expertise to work effectively	♦ Registration staff to participate in ongoing training on relevant topics such as risk assessment, document verification, etc ♦ Registration staff exposed to the doctors' perspective to further develop the team's customer service skills	Ongoing	**Registration Manager** & Team Leaders	Operational / Process - Customer service management - Risk & Quality management - Case management
6.6	Assessment processes of IMGs applying for a vocational scope of practice are efficient and effective	♦ Work with BABs to improve the vocational assessment process ♦ Research qualifications for locum tenens pathway and align this pathway with vocational pathway	Ongoing Jan 2014	**Registration Manager**/ Vocational Team Leaders	Operational / Process - Customer service management - Risk & Quality management - Case management
6.7	The APS model for supervision is implemented effectively	♦ The APS model is promoted with relevant stakeholders and support is provided to ensure understanding of requirements ♦ Policy and protocols are reviewed, taking into account feedback from stakeholders ♦ Applications are processed within policies and protocols and service areas advised of outcomes	Ongoing Ongoing Ongoing	**Strategic Programme Manager** / Project Coordinator **/** Registration Manager	Operational / Process - Customer service management - Risk & Quality management - Case management
6.8	Continuing support and training is provided for supervisors of IMGs	♦ Four training workshops for supervisors of IMGs are undertaken	Jun 2014	**Registration Manager**	

7. Protect the public by ensuring doctors with competence concerns are assessed and managed (consistent with Part 3 of the Health Practitioners Competence Assurance Act 2003)

	Objective	Key Deliverables	Date Due	Person Responsible	Key risks & mitigation strategies

7.1	Case management (including interventions) for doctors when concerns are raised about their competence is consistent with the HPCAA 2003, consistent with Council's values, and within service agreements and delegations	◆ Complainants are advised of Council's actions and outcomes in accordance with communication protocols.	Ongoing	**Professional Standards Manager** / Team	Operational / Process
					- Customer service
					  management
					- Risk & Quality
					  management
					- Case management

		◆ Comprehensive information and advice is provided to Council when considering doctors with competence concerns, including assessment of risk to public health and safety	Ongoing		
		◆ PAC reports are reviewed to ensure they have been completed accurately by convenors	Ongoing		
		◆ Council is advised on the legal options and thresholds in relation to conditions relevant to competence	Ongoing		
		◆ All conditions placed on doctors relevant to competence are robustly monitored	Ongoing		
		◆ Individual educational programmes for doctors are implemented and supervisor reports are robustly monitored	Ongoing		
		◆ Information provided to PACs, doctors, and lawyers is accurate and complete	Ongoing		
		◆ Provide training to PAC members for ongoing quality improvement of processes and procedures	Ongoing		
		◆ Hold annual educational supervisors' meeting to ensure continuing quality improvement to educational (competence) programme processes	Ongoing		
		◆ Recruit PAC members as necessary to ensure specific scopes of practice are covered within the PAC assessor pool	Ongoing		
		◆ Maintain the *Handbook for Performance Assessment Committee Members*	Ongoing		

		• Implement and monitor communication protocols.			
7.2	Performance processes and tools are valid and reliable	• Coordinate meeting(s) of an advisory group for competence issues, from time to time as required and report recommendations to Council for approval	Ongoing	**Professional Standards Manager** / Team / Medical Adviser	Operational / Process - Customer service management - Risk & Quality management
		• Review, modify and develop tools for assessing competence, particularly focusing upon professionalism and cultural competence	Ongoing		
		• Develop measures for completion of educational programme requirements	Ongoing		
		• Multi source feedback is used for all PACS	From Jul 2013		
7.3	Council contributes to, and remains up to date, with international processes related to the assessment and remediation of doctors	• Continue to liaise with international bodies including IPAC about the assessment and remediation of doctors	Ongoing	**Professional Standards Manager** / team **/** Registrar / Medical Adviser	Operational / Process - Strategic leadership
		• Review and continually improve the Council's tools and processes for assessing competence and fitness to practice.	Ongoing		

8. Protect the public by ensuring doctors with health conditions are fit to practise safely (consistent with Part 3 of the Health Practitioners Competence Assurance Act 2003)

	Objective	Key Deliverables	Date Due	Person Responsible	Key risks & mitigation strategies

8.1	Case management (including interventions) for doctors with mental and physical health problems that have the capacity to affect their practice is consistent with the HPCAA 2003, consistent with Council's values, and within service agreements and delegations	• Initial assessment is timely and an appropriate management plan is developed and actioned
		• Case management system ensures:
		  – documented plan for each case
		  – all plans are robustly monitored
		  – screening programmes to monitor abstinence from drugs/alcohol
		  – escalate non-compliant cases to the Health Manager/Committee Chairperson/Committee
		• Inform fitness to practise reviews and decision making with complete and accurate information
			Ongoing	**Health Manager /** Health Case Managers	Operational / Process
					- Customer service management
					- Risk & Quality management
					- Case management

8.2	Information regarding controlled drug prescribing is available to inform management of cases	Maintain relationship with Medicines Control to facilitate information sharing, risk identification, and management	6 monthly	**Health Manager /** Registrar	Operational / Process - Customer service management - Risk & Quality management - Case management
8.3	Access to qualified and experienced assessors available to advise on fitness to practise	• Educational training delivered with opportunity for assessors to share experiences and ideas	Dec 2013	**Health Manager**	Operational / Process - Risk & Quality management
8.4	Access to qualified and experienced TMVI Expert Advisory Panel	• Meeting held to consider revised guidelines and emerging issues • Council informed on developments in the field and on any recommendations for review of the standards and protocols being applied	Feb 2014 May 2014	**Medical Adviser /** **Health Manager**	Operational / Process - Risk & Quality management

8.5	Profession and other stakeholders to be informed on Health Committee processes and monitoring programmes	• Revise and extend web based resources and framework	Dec 2013	**Health Case Managers /** Comms Manager	Operational / Process - Strategic leadership
8.6	Ensure compliance with the Council's internal compliance and quality programme	• Implement all recommendations from the KPMG internal audit report	Jun 2014	**Health Manager**	Operational / Process - Risk & Quality management

9. Protect the public by ensuring the Council's complaints systems is effective and doctor's with conduct concerns are investigated and managed (consistent with Part 4 of the Health Practitioners Competence Assurance Act 2003)

	Objective	Key Deliverables	Date Due	Person Responsible	Key risks & mitigation strategies
9.1	Case management (including interventions) for doctors who have complaints made against them, is consistent with the HPCAA 2003, consistent with Council's values, and within service agreements and delegations	• Ensure any complaints that are received are referred appropriately and in a timely manner to CTT • All CTT decisions are actioned expeditiously	Ongoing Ongoing	**Professional Standards Manager** / Team / Registrar	Operational / Process - Risk & Quality management
9.2	PCC processes are effective	• Complainants are advised of Council's actions and outcomes in accordance with communication protocols. • Comprehensive information and advice is provided to Council when considering doctors with conduct concerns, including assessment of risk to public health and safety • Council is advised on legal options and thresholds in relation to conditions relevant to conduct • All conditions placed on doctors relevant to conduct are robustly monitored • Ensure information resources are available (eg brochures) for complainants and doctors involved in the process • Provide training to PCC members for ongoing quality improvement of PCC processes and procedures • Maintain the *Guidelines for Professional Conduct Committee Members* • Implement and monitor communication protocols.	Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing	**Professional Standards Manager** / Team / Registrar	Operational / Process - Risk & Quality management - Case management

9.3	MoU with HDC is current and appropriately applied	• Review the MOU and agree changes with HDC • Liaise with HDC on a regular basis to ensure the exchange of information between HDC and the Council complies with the terms of the MOU	Oct 2013 Ongoing	**Registrar**/ Professional Standards Manager	Operational / Process - Strategic leadership - Customer service management
9.4	Council has access to a qualified and experienced Sexual Misconduct Assessment Team (SMAT)	• Educational training delivered with opportunity for assessors to share experiences and ideas	Apr 2014	**Registrar/Health Manager**	Operational / Process - Risk & Quality management

10. Ensure examination systems are fair, equitable and appropriate without creating barriers to registration for competent doctors

	Objective	Key Deliverables	Date Due	Person Responsible	Key risks & mitigation strategies
10.1	NZREX applications are managed in a way that is consistent with the HPCAA 2003, policies, Council's values, and within service agreements and delegations	⬧ Process applications within expected service levels ⬧ Organise and hold examinations as appropriate to the volume of applications and Council resource ⬧ NZREX Clinical held consistent with Council policies and procedures	Ongoing	**Professional Standards Team /** Medical Advisers / Examinations Director	Operational / Process - Case management
10.2	NZREX OSCE quality assurance is maintained	⬧ International links are maintained ⬧ Advice is sought from the Examinations Advisory Group about quality assurance ⬧ Examination quality maintained in accordance with international best practice ⬧ Quality assurance activities reported to Council	Ongoing	**Examinations Director**	Operational / Process - Risk & Quality management

11. Promote quality medical practice through medical education and lifelong learning (consistent with sections 12(4) and 41 of the Health Practitioners Competence Assurance Act 2003)[1]

	Objective	Key Deliverables	Date Due	Person Responsible	Key risks & mitigation strategies
11.1	Applications for recognition and reaccreditation for vocational scopes, specialist colleges and medical schools are processed consistently with the HPCAA 2003, Council's MoU with the AMC, our policies, values, and within service agreements and delegations	• Collaborate with the AMC on implementation of the MoU.	Ongoing	**Professional Standards Manager** / CEO	Operational / Process - Brand management - Risk & Quality management
		• Ensure that all New Zealand specific standards for recognition of vocational scopes, specialist colleges and medical schools are explicitly reviewed and reported during accreditation and re-accreditation processes.	Ongoing		
		• Develop for Council consideration revised draft policy on recognition of new vocational scopes of practice and the related training and recertification programmes.	Dec 2013		
		• Develop and consult on accreditation standards and processes for NZ Colleges which are consistent with the joint AMC/MCNZ standards and processes.	Dec 2013		
		• Review submissions for new vocational scopes and for reaccreditation of New Zealand specific vocational scopes in accordance with Council approvals	Ongoing		
		• Coordinate accreditation teams and provide administrative assistance as required	Ongoing		
		• Develop policy around Colleges taking responsibility for ensuring standards are maintained in recertification programmes offered by other organisations within the same scope of practice.	Ongoing		
		• Promote greater recognition of prior			

		learning across specialties			
11.2	Appropriate education, training and support is provided to interns	• Arrange annual intern supervisor meetings for all intern supervisors to attend with possible attendance of RMO coordinators	Ongoing	**Professional Standards Manager and Coordinator /** Team	Operational / Process - People/HR management - Customer service management
		• Develop new policies and processes relating to accreditation of hospitals for intern runs consistent with the new prevocational training standards,	Jan 2014		
		• Complete yearly schedule of hospital accreditation visits to ensure training and employment suitable for interns.	Ongoing		

12. Promote to the public, the profession and stakeholders the Council's role of maintaining standards and competence under the HPCAA

	Objective	Key Deliverables	Date Due	Person Responsible	Key risks & mitigation strategies
12.1	Council publications are published and up to date, including survey of medical workforce and MCNZ Annual Report.	• Council publications are published on time and on budget • Ensure all publications reflect communications best practice, including provisions of the style and edit guide	Ongoing	**Comms Manager**	Project / Programme - Planning & resourcing
12.2	The profession receives regular information from Council regarding key issues.	• Three editions of Medical Council News are published.	Ongoing	**Comms Manager**	Strategic - Political - Stakeholder relations

12.3	Issues are researched and resources developed, and remain up to date, with appropriate input from stakeholders	• Standards developed, circulated for consultation and published as directed
		• Consultation takes place in accordance with Council's protocol for consultation and engagement
		• Review Council's statements to ensure they comply with current legislation and reflect the standards expected of the profession.
		• All statements reviewed within five years of publication.
		• Publish:
		  o Statement on telemedicine (update)
		  o Statement on use of the internet (update)
		• Review and prepare for publication:
		  o A doctor's duty to help in a medical emergency
		  o Maintenance and retention of
			Ongoing
			
			Jul 2013
			Jul 2013
			
			Dec 2013
				Senior Policy Adviser	Strategic
					- Brand management
					- R & D

		patient records ○ Sexual boundaries resources ○ Safe practice in an environment of resource limitation ○ Medical certification ○ Providing care to yourself and those close to you	Aug 2013 Jun 2014 Jun 2014 Aug 2013		
		♦ Undertake qualitative and quantitative research of 500 health consumers and 500 doctors	Sep 2013	**Comms Manager**	
12.4	Research and develop, with input from stakeholders, resources that will raise the standards of cultural competence.	♦ Review the Statement on Cultural Competence and the Best Health Outcomes for Maori booklet. ♦ As part of that review, research tools that could be used to raise standards. ♦ Develop and implement those tools with input from stakeholders, including the Schools of Medicine and BABs.	Aug 2013	**Senior Policy Adviser**	
12.5	Stakeholders have an understanding and awareness of Council issues and role and function under the HPCAA, including: ♦ HDC ♦ lawyers that work with Council ♦ Specialist colleges and the CMC ♦ DHBs ♦ Council agents ♦ employers and recruitment agencies ♦ supervisors of IMGs ♦ Consumer Advisory Group ♦ media ♦ the public	Meet regularly with stakeholders and implement stakeholder engagement plan, including: ♦ Hold bi-annual BAB meetings and regularly brief individual BABs on strategic and operational initiatives ♦ Registration workshops held in Wellington and Auckland for employers and recruitment agents ♦ Registration training session held for Council agents ♦ Attend quarterly national Chief Medical Officers meetings ♦ Attend national DHB GM HR managers' meeting (annual) ♦ Coordinate meetings of the Consumer Advisory Group ♦ Contribute to or offer DHB training sessions on inter-relationship between Council and DHBs when dealing with doctors with performance or conduct concerns.	Ongoing Nov 2013 May 2014 Dec 2013	**CEO** **Registration Manager** **Registration Manager** **CEO / Strategic Programme Manager** **Registration Manager / Strategic Programme Manager** **Comms Manager** **Professional Standards Manager / Senior Policy Adviser**	Strategic - Regulatory / legal - Stakeholder relations - PR & Media relations

12.6	Members of Parliament and Ministry of Health	Respond to "ministerial" questions within legislated parameters and time frames	Ongoing	**CEO**	Strategic - Political
12.7	Stakeholders have an understanding of the state of medicine in New Zealand, including all the major factors that influence medical practice and the care that patients receive from doctors.	Prepare and publish a resource on the "State of Medicine in New Zealand" which collates and analyses relevant data and material published by the Council, other agencies and researchers.	Jun 2014	**Senior Policy Adviser**	Strategic - Brand management - R&D

13. Provide efficient services to the HPDT

	Objective	Key Deliverables	Date Due	Person Responsible	Key risks & mitigation strategies
13.1	HPDT medical hearings are efficiently organised.	• 22 days' hearings held • All procedures followed • Each hearing completed within timeframe • No complaints relating to administrative procedures	Ongoing	**HPDT Manager** / Legal Officer/ Executive Officer/ Personal Assistant	Operational / Process - Risk & Quality management
13.2	HPDT hearings for other authorities Council has a contract with are efficiently organised	• 70 days' hearings held • All procedures followed • Each hearing completed within the timeframe allocated • No complaints relating to administrative procedures • 3 monthly invoicing of EO's time to appropriate registration authorities	Ongoing	**HPDT Manager**/ Legal Officer/ Executive Officer/ Personal Assistant	Operational / Process - Risk & Quality management
13.3	Working procedures of Council's administration for the HPDT are current	• 3 monthly conference calls with Chair/Deputies to review policy • Changes to policy implemented within 2 weeks from sign off • All Practice Notes published on website and notified to stakeholders within one week of sign off	Ongoing	**HPDT Manager**/ Legal Officer/ Executive Officer/ Personal Assistant	Operational / Process - Strategic leadership - Risk & Quality management
13.4	Implement new website	• Complete transfer of data from current website • Final data check • Go Live	Aug 2013 Sep 2013 Oct 2013	**HPDT Manager** Personal Assistant HPDT Manager Personal Assistant /Executive Officers	Operation/Process - Technology/IT management - Risk & Quality management
13.5	Website remains current	• Publication of decisions one week after receipt by parties • Update Events Calendar after interlocutory decisions • Complete statistical information at each publication	Ongoing	**HPDT Manager**/ Legal Officer/ Personal Assistant	Operational / Process - Technology/IT management - Risk & Quality management

		♦ Complete all outstanding précis	Oct 2013	Executive Officers	
13.6	Organise HPDT training workshop	♦ Draft programme to members ♦ Final programme ♦ Workshop	Dec 2013 Mar 2014 Mar 2014	**HPDT Manager/**Personal Assistant/EOs	Operational / Process - Strategic leadership - Risk & Quality management
13.7	RA strategy / HPCA Act Review	♦ Implement changes	Ongoing	**HPDT Manager** Personal Assistant	Operational / Process - Strategic leadership - Risk & Quality management
13.8	Implement database of MPDC decisions	♦ Scan all MPDC decisions ♦ Add to data base ♦ Archive	Ongoing	**Executive Officer**	Operational/Process - Risk & Quality management

COUNCIL'S FINANCE, RISK AND RESOURCES

14. Ensure effective and efficient management of the Council's finance, risks, and resources

	Objective	Key Deliverables	Date Due	Person Responsible	Key risks & mitigation strategies
14.1	The Audit Committee, Council, CEO and managers have accurate and timely financial and management information	• Prepare financial reports including end of year forecasts for each meeting of Council and the Audit Committee • Prepare annual budget and accounts for Audit Committee and Council approval	Ongoing	**CSM** / CEO	Operational / Process - Financial management - Risk & Quality management - Strategic governance
14.2	Financial reports are prepared and presented accurately and effectively	Prepare the annual accounts • Annual accounts are prepared in accordance with the reporting standards • Unqualified audit report received • Prepare the annual budget for presentation at the May Audit Committee meeting and the June Council meeting	Oct 2013	**CSM** / CEO	Operational / Process - Financial management - Risk & Quality management
14.3	Documentation relating to financial management is accurate and current	• Complete a fees review (excluding PC fees) within Council policy and requirements • Annually review finance-related policies and delegations and update accordingly • Update Council reference documents • Implement all recommendations from the KPMG Internal Audit report	Nov 2013 Ongoing Ongoing Jul 2013	**CSM /** CEO	Operational / Process - Financial management - Risk & Quality management
14.4	Council's risk management framework is effective and integrated with the management of quality and business improvement	• Key risks are known, and strategies are put in place to mitigate these • BCP and DR plans are implemented and communicated to all staff Council and managers kept informed of changes • Undertake at least three internal audits to ensure policies and key processes are being applied and internal control mechanisms are operating, and ensure the implementation of agreed improvements	Ongoing	**CEO /** Registration Manager / HR Advisor	Operational / Process - Risk & Quality management - Project governance - Financial management - Technology/IT management
14.5	The Audit Committee is assisted appropriately in fulfilling its functions	• Arranging and preparing for meetings throughout the year • Develop and implement an annual work	Jun 2014	**CSM** / CEO	Operational / Process - Risk & Quality management - Financial management

		plan for the Committee • Ensure annual audits are completed on time to ensure the timely production of the annual report • Prepare and present an annual register of actions arising from external audits			
14.6	A comprehensive five year Workforce Survey Analysis report is published	Reports written, peer checked and published on Council's website and in hard copy (analysis will be done from the data collected and entered as part of the PC process)	Sep 2013	**Information Systems Analyst**	Operational / Process - Risk & Quality management

Appendix 1 to Business plan 2013/2014

Registration:

Performance measure	Annual estimate	Jul/Aug Est	Jul/Aug Act	Sep/Oct Est	Sep/Oct Act	Nov/Dec Est	Nov/Dec Act	Jan/Feb Est	Jan/Feb Act	Mar/Apr Est	Mar/Apr Act	May/Jun Est	May/Jun Act	Total Est	Total Act
Provisional general:	1,070	250		90		470		120		60		80		1,070	
General:	735	65		50		300		140		100		80		735	
Special purpose:	220	30		35		35		60		35		25		220	
Provisional vocational:	120	20		20		20		20		20		20		120	
Vocational:															
• Aust postgrad qual	320	50		50		50		50		60		60		320	
• from provisional voc	105	20		15		15		15		20		20		105	
Restorations -															
• general	18	5		5		2		2		2		2		18	
• vocational	7	2		1		1		1		1		1		7	
Assess and process:															
• provisional variations	550	80		70		160		80		80		80		550	
• special purpose variations	80	10		10		15		20		15		10		80	
• advice on application	22	4		2		1		5		5		5		22	
• reg applications declined	6	1		1		1		1		1		1		6	
Certificates and verifications issued:															
• certificates of good standing	1,600	280		280		260		260		260		260		1,600	
• certificate of registration	28	5		4		4		5		5		5		28	
• letters of standing	20	4		4		4		3		2		3		20	
• Saudi verifications	55	20		10		10		5		5		5		55	
• license verifications	40	5		5		5		10		5		10		40	
• confirmations of NZREX pass / NZ internship completed	105	20		20		20		20		15		10		105	

Annual practising certificates:

Performance measure	August run		November run		February run		May run		Total	
	Estimate	Actual	Estimate	Actual	Estimate	Actual	Estimate	Actual	Estimate	Actual
Process APC applications[2]	3,200		3,300		3,400		3,200		13,100	
Applications sent[3]	3,400		3,600		3,600		3,400		14,000	
1st follow up	1,000		1,000		1,000		1,000		4,000	
2nd follow up	200		200		200		200		800	
Outstanding	20		20		20		20		80	

Performance measure	August run		November run		February run		May run		Total	
	Estimate	Actual	Estimate	Actual	Estimate	Actual	Estimate	Actual	Estimate	Actual
CPD Audit	320		330		340		320		1,310	
⬧ Notified of audit										
⬧ Passed audit										
⬧ Deferred/failed/repeat										
⬧ In progress										

Professional standards (all figures based on actuals for the 8 months to end Feb 2013, extrapolated for 12 months)

Performance measure	Annual estimate	July/Aug		Sept/Oct		Nov/Dec		Jan/Feb		March/Apr		May/June		Total	
		Est	Act	Est	Act	Est	Act	Est	Act	Est	Act	Est	Act	Est	Act
Performance assessment processes	36														
• Ordered		7		6		7		7		6		7		40	
• Set up		6		6		6		6		6		6		36	
• Completed		6		6		6		6		6		6		36	
Education programmes set up	-	3		4		3		3		4		3		20	

Conduct and complaints measure	Annual target	July/Aug		Sept/Oct		Nov/Dec		Jan/Feb		March/Apr		May/June		Total	
		Est	Act	Est	Act	Est	Act	Est	Act	Est	Act	Est	Act	Est	Act
PCC processes:	24														
• Ordered		4		4		4		4		4		4		24	
• Ongoing		40		40		40		40		40		40			
• Completed		4		4		4		4		4		4		24	

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[2] Certificates printed, ie excludes doctors in the run who notify us they are no longer practising in NZ

[3] Includes manually created applications and duplicate applications

Complaint measure	Annual estimate	July/Aug Est	July/Aug Act	Sept/Oct Est	Sept/Oct Act	Nov/Dec Est	Nov/Dec Act	Jan/Feb Est	Jan/Feb Act	March/Apr Est	March/Apr Act	May/June Est	May/June Act	Total Est	Total Act
Complaints received from:															
• Public		4		4		4		4		4		4		24	
• Colleagues/Co-workers		2		2		2		2		2		2		12	
• Other		14		14		14		14		14		14		86	
• Employer		2		2		2		2		2		2		128	
HDC investigation notifications/referrals received by Council		9		9		9		9		9		9		54	
ACC notifications of harm received by Council		2		2		2		2		2		2		12	
Disclosures to:															
• HDC															
• Doctor															
• Patient/Complainant															
• Overseas medical boards															

Health:

Health measure	Estimated	Actual
1. Health referrals	**70**	
Source of referrals		
Self		
Employer		
Council		
Treating doctor		
Media		
Other		
Reason for referral		
Alcohol abuse		
Drug abuse		
Psychiatric		
Physical – includes cognitive, transmissible major viral infections		
2. Health assessments	**120**	