

Business Plan for Medical Council of New Zealand From July 2009 - June 2010

COUNCIL'S PURPOSE

... to protect the health and safety of members of the public by providing for mechanisms to ensure that doctors are competent and fit to practise ...

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 self-regulation by providing standards for medical practice and ensuring that the standards reflect the expectations of the public, the profession and stakeholders.

GOAL FOUR – Improve medical regulatory and workforce outcomes both in New Zealand and internationally through promoting increased knowledge and awareness of issues.

1 COUNCIL'S STRATEGIC DIRECTIONS

DIRECTION ONE – Fitness to Practise

This strategic direction relates mainly to Council's Strategic Goals One and Three. It focuses mainly on ensuring doctors are competent and fit to practise throughout their medical career.

We will:

- Provide support and assistance to the profession in the development and implementation of regular practice reviews.
- Clearly define CPD and monitoring requirements for those doctors registered in a general scope of practice.
- Lead development of tools and processes to identify doctors at risk, including exploring the use of pre performance assessment inquiry and extended performance assessment.
- Review existing tools and develop new tools for use in performance assessments and vocational practice assessments.

DIRECTION TWO – Medical Migration

This strategic direction relates mainly to Strategic Goals One and Four. It focuses mainly on assisting international medical graduates integrate into the New Zealand medical workforce.

We will:

- Review current employer orientation and induction processes for international medical graduates and develop best practice guidelines.
- Develop and implement a new improved framework for supervision of international medical graduates.
- Promote credentialling processes as a mechanism to ensure the competence and fitness of doctors to practice.
- Undertake research about the impact of international medical graduates on medical practice in New Zealand and why doctors leave New Zealand.
- Develop and facilitate training for supervisors.
- Contribute to the development of international medical regulatory standards.

DIRECTION THREE – Medical Education

This strategic direction relates mainly to Strategic Goals One and Three. It focuses mainly on the education of doctors from entry to medical school through to their postgraduate education.

We will:

- Work collaboratively with the Australian Medical Council setting standards and accrediting medical schools and branch advisory bodies throughout New Zealand and Australia.
- Continue to develop and promote the competency framework for junior doctors.
- Promote greater clinical practice for junior doctors, particularly in General Practice, prior to full registration.

DIRECTION FOUR – Accountability to the Public and Stakeholders

This strategic direction relates mainly to Strategic Goals Two and Three. It focuses mainly on engaging with the public and stakeholders.

We will:

- Define and communicate to stakeholders our decision making principles.
- Develop and follow consistent and robust processes for consultation with stakeholders.
- Investigate options for greater public involvement in our policy and strategic development.
- Review how we disclose and share information.
- Meet regularly with stakeholders to discuss strategic and operational initiatives.

Business Management issues

Council's people focus

Over the past couple of years we have given special priority to developing our people. We have used more targeted methods to recruit new people; established new structures; promoted people with suitable skills and attributes; built capability; and focused on values.

Our objective is to ensure that the Council is a 'Good employer'. To achieve this in 2009/10, we will ensure that:

- the human resources framework, strategies and policies are maintained and continue to support Council as a 'good employer'
- values are demonstrated by all staff in their behaviour and practices
- a competency framework is implemented and understood by all employees and cascades throughout the organisation
- all staff have access to opportunities for professional development.

Council's business improvement focus

We have created a strong business improvement focus with processes and structures to support this. In 2009/10 our objective is to ensure that we continue to improve the quality and effectiveness of services. This will be achieved by:

- creating a more systematic framework for driving business improvement initiatives
- reviewing and developing service standards for the delivery of our core business
- reviewing the terms of reference for all committees
- reviewing and maintaining the Council's Gazette notices
- reviewing and (if necessary) changing the Council's case management processes to improve communication across teams and ensure a more holistic approach to managing difficult cases
- capitalising on information technology initiatives to support our business improvement drive
- completing the design, build and implementation of the new MedSYS database.

Council's business operational objectives

Our core business objectives are driven by the requirements of the Health Practitioners Competence Assurance Act (HPCAA). Under the Act our overriding

objective is the protection of public health and safety by ensuring all doctors are competent to practise.

Registration

Our goal of ensuring that registration is granted only to doctors who have adequate skills and knowledge to practise medicine is linked to Part 2 of the Act. We will achieve this by:

- reviewing, modifying and developing additional service standards for registration where 80 percent of all cases are processed within agreed timeframes
- auditing 10 percent of the profession at practising certificate renewal to ensure compliance with continuing professional development and recertification requirements
- reviewing Competent Authority and Comparable Health system pathways
- reviewing our Certificate of Good Standing policy to make sure it is aligned with international best practice
- reviewing our registration and practising certificate processes to facilitate New Zealand trained doctors' return to New Zealand.

Performance measure	Annual target	July/Aug		Sept/Oct		Nov/Dec		Jan/Feb		March/Apr		May/June		Total	
		Target	Act	Target	Act	Target	Act	Target	Act	Target	Act	Target	Act	Target	Act
Provisional general	1000	170	299	110	120	390	438	130	127	100	49	100	75	1000	1108
Provisional vocational	100	17	8	15	20	17	18	17	11	17	31	17	21	100	109
General	600	40	54	52	57	265	268	110	117	70	93	63	70	600	659
Special purpose	260	40	36	55	49	45	40	60	43	35	36	25	24	260	228
Vocational:															
- Aust postgrad qual	340	45	53	45	50	55	56	53	69	70	44	72	53	340	325
- from provisional voc	100	20	17	20	15	20	25	7	8	15	12	18	13	100	90
Restorations- general	20	5	1	6	3	5	1	4	2	4	6	6	0	30	13
Restorations- vocational	10	1	0	2	0	1	0	2	0	2	1	2	1	10	2
Assess and process:															
- provisional variations	600	90	108	90	118	168	243	110	97	105	86	64	166	627	818
- special purpose variations	80	10	10	10	17	23	24	25	10	15	8	14	16	97	85
- advice on appln	35	4	13	4	9	5	5	12	8	11	9	6	11	42	55
- reg applns declined	30	5		4		6		8	0	6	0	7	3	36	16
- voc applns closed after office preassessment	20	4		1		3		3	0	3	0	6	9	20	35
- voc appln recvd	95	10	50	10	29	25	7	25	23	13	17	12	37	95	220
- CGS, COR Lic Verif	1650														1642
Made up as follows															
CGS		198	250	210	203	296	242	243	251	210	208	201	254	1358	1408
COR		6	5	6	17	4	12	5	12	6	11	12	10	39	67
LOS		7	7	8	6	5	0	7	1	4	0	5	1	36	15
Saudi ver		12	16	14	16	13	13	23	18	16	18	15	23	93	104
Lic ver		18	4	25	6	18	1	15	9	28	17	20	11	124	48

Performance Measure	August run		November run		February run		May run		Total	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
PROCESS APC APPLICATIONS										
Applications sent (inc manual and duplicates)	3,151	3380	3,151	3649	3,152	3669	3,152	3421	12,606	14119
1 st follow up		900		994		1089		994		3977
2 nd follow up		221		267		266		387		900
Outstanding		0		0		5		46		51

CPD AUDIT	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
♦ Notified of audit	315	283	315	394	315	285	300	246	1245	1208
♦ Passed audit		235		339		237		206		1017
♦ Deferred/failed/ repeat		25		32		33		13		103
♦ In progress		0		0		2		15		17

Performance measure	Annual target	July/Aug		Sept/Oct		Nov/Dec		Jan/Feb		March/Apr		May/June		Total	
		Target	Act	Target	Act	Target	Act	Target	Act	Target	Act	Target	Act	Target	Act
Performance assessment processes:	25														
• Ordered		4	5	4	5	4	6	4	2	4	7	4	1	24	26
• Set up		4	12	4	4	4	4	4	2	4	4	4	3	24	29
• Completed		4	5	4	12	4	4	4	8	4	4	4	6	24	39
Education programmes set up	-	-	1	-	4	-	0	-	0	-	2	-	0	-	7

Performance measure	Annual target	July/Aug		Sept/Oct		Nov/Dec		Jan/Feb		March/Apr		May/June		Total	
		Target	Act	Target	Act	Target	Act	Target	Act	Target	Act	Target	Act	Target	Act
Professional Conduct Committee processes	16														
• Ordered		3	4	3	3	3	7	3	4	3	3	3	1	18	22
• Ongoing		3	14	3	16	3	14	3	18	3	22	3	21	18	21
• Completed		3	2	3	5	3	3	3	0	3	4	3	4	18	18