



Policy on recertification

Policy Statement

1. To ensure that all registered medical practitioners maintain and improve competence to practice within the scope of practice in which they are registered, the Council recognises recertification programmes and requires all registered medical practitioners to participate in them. (Section 41(1) Health Practitioners Competence Assurance Act 2003.)
2. To enable this group of medical practitioners to satisfy the recertification provisions of the Act, Council has recognised the recertification programmes administered by the Branch Advisory Bodies (BAB). These programmes may also be known as maintenance of professional standards, quality assurance, continuing medical education, re-accreditation or continuing professional development.
3. Recertification programmes must include:
 - A) Audit, peer review and team based assessment to verify that individual practitioners practise competently, for example:
 - External audit of procedures; and
 - Quality assurance activity; and
 - Peer review of cases, review of charts, practice visits; and
 - Analysis of patient outcomes; and
 - B) Educational conferences, course and workshops
 - C) An understanding and respect of cultural competence.
5. Recertification programmes may include:
 - Self directed learning programmes and learning diaries
 - Assessments that have been designed to identify learning needs, e.g. of procedural skills, diagnostic skills, knowledge
 - Journal reading
 - Examining candidates for College examinations
 - Supervision, mentoring others
 - Teaching

- Publications in medical journals and texts
 - Research
 - Committee meetings which have educational content, such as guideline development.
6. The branch must define the following key elements of their recertification programme:
- The categories of practitioners and the number of practitioners undertaking their recertification programme, and
 - Any categories of practitioner which are not enrolled in recertification programmes, and
 - Whether the recertification programme is available for vocational registrants who are non-members and, if so, in what form, and
 - Whether the branch has the ability to identify poor performance on the part of a member and, if so, how this is done; and
 - The procedures that can be put in place to assist the poorly performing doctor; and
 - The steps to be taken if a doctor fails to respond to this assistance.
7. Members are required to spend at least 50 hours per year on recertification activities. It is appropriate for each vocational branch to set a minimum number of tenths of clinical work per week required of members.
8. The branch must ensure that a specified cyclical process is in place for evaluating whether medical practitioners participating in the programme are meeting the requirements.
9. The Council will audit enrolment of practitioners in recertification programmes.
10. Vocationally registered medical practitioners working in closely related branches in which they are not vocationally registered do not need general oversight for that work if their recertification programme adequately covers the breadth of that work.
11. If any medical practitioner who is required to complete a recertification programme does not satisfy the requirements of that programme, Council may take action under section 43 of the Health Practitioners Competence Assurance Act 2003. Council may either:
- Alter the medical practitioner's scope of practice by:
 - changing the services that the practitioner is permitted to perform; or

- including any condition(s) that Council sees appropriate; or
- Suspend the practitioner's registration

Notes

1. From 1 July 2001 all vocationally registered medical practitioners will be asked to indicate on their APC application form the recertification programme in which they are participating.
2. Once Council has recognised a BAB programme as a recertification programme the Registrar will, within 20 working days, notify every medical practitioner who is required to undertake the programme of that fact and also the details of the programme (section 41(6) Health Practitioners Competence Assurance Act 2003).
3. Medical practitioners will have "reasonable time" to comply with the requirements of the recertification programme (section 41(4) Health Practitioners Competence Assurance Act 2003).
4. This policy is separate from and additional to any policies that refer to competence programmes (section 40 Health Practitioners Competence Assurance Act 2003).
5. Under sections 41(1) and (2) of the Health Practitioners Competence Assurance Act 2003, overseas recertification programmes must meet Council criteria for recertification programmes including cultural competence, audit and review. Doctors participating in these programmes must demonstrate that they have ongoing links with members of the professions in New Zealand.
6. Under section 41(5) Health Practitioners Competence Assurance Act 2003, Council has the ability to exempt any medical practitioner from all or any of the requirements of any recertification programme.
7. Exemptions to Section 41(5) of the Health Practitioners Competence Assurance Act 2003 have been agreed to only in the following circumstances:
 - The medical practitioner has agreed to work under general oversight and to have his/her name removed from the register; or
 - The medical practitioner has agreed to work under general oversight and have conditions of his or her APC limiting their practice; or
 - The medical practitioner is no longer in active clinical practice and has agreed to have conditions of his or her APC stating this fact.

Exemptions from recertification will be valid for three years only and medical practitioners will need to re-apply for an exemption at the end of three years if their situation remains the same.

Definitions

Audit – the process used by medical practitioners to assess, evaluate and improve the care of patients in a systematic way in order to enhance their health and quality of life. It involves objectively measuring performance against previously set standards and when the actual performance does not meet the standard, making recommendations for change. The Audit may include altering the standards if they are found to be inappropriate.

Quality Assurance Activity – means an activity that is undertaken to improve the practices or competence of 1 or more medical practitioners by assessing the health services performed by those medical practitioners. It includes the following acts that are done in the course of, or as a result of, that activity:

- The whole or part of any assessment evaluation;
- The whole or part of a study of the incidence or causes of conditions or circumstances that may affect the quality of health services performed by 1 or more of those health practitioners;
- Any preparation for that assessment, evaluation or study;
- Making recommendations about the performance of those services;
- Monitoring the implementation of those recommendations

Sections 52-63 of the Health Practitioners Competence Assurance Act 2003 encourages effective quality assurance activities by protecting the confidentiality of information and documents developed solely for the QA activity and giving immunity from civil liability to people who engage in such activities in good faith.

Peer review – a group activity where peers systematically review aspects of a medical practitioner's work, e.g. review of first 6 cases seen or presentation on a given topic, normally including guidance, feedback and a critique of the medical practitioner's performance.

Competence – is defined as whether a medical practitioner has the attitude and knowledge and skills to practice medicine in accordance with his or her registration and meets the reasonable standard expected of a medical practitioner with his or her level of registration.