

# Medical Council of New Zealand

*Protecting the public, promoting good medical practice*



## Strategic plan from 1 July 2014 to 30 June 2015

### Our vision

We will provide leadership to the medical profession and enhance public trust by promoting excellence and openness in medical practice.

### Our statutory purpose

Our statutory purpose is to protect the health and safety of the public by providing mechanisms to ensure that doctors are competent and fit to practise.

### 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 Health Practitioners Competence Assurance Act 2003 (HPCCA), 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. Irrespective of the number of hours worked or patients seen, a doctor must still maintain competence and up-to-date knowledge. 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, including the Colleges, DHBs, and the Ministry of Health, to achieve this outcome.

### Initiatives to achieve outcome:

- We will work collaboratively with medical colleges to encourage the development of processes for assuring and improving the standard of medical practice. This includes encouraging the medical colleges to take a greater responsibility for identifying, remediating and monitoring Fellows and non-Fellow members undertaking CPD who may have competence concerns.
- We will continue to assist and support medical colleges to develop processes for regular practice review and multi-source feedback as valid and reliable continuing professional development (CPD) activities.
- We will work with the Council of Medical Colleges, individual Colleges, DHBs, and the Ministry of Health to promote CPD across all health care settings, including regular practice review, credentialing and performance appraisal and to facilitate sharing of information across boundaries as far as permissible.
- We will research risk factors that may impact on the competence and performance of doctors, including aging and isolation, and work with the profession and other stakeholders to develop strategies that will mitigate the risks to public health and safety.
- We will continue to evaluate the effectiveness of regular practice review.

## 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 fair 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. The Council registers up to 1,300 international medical graduates every year. International Medical Graduates (IMGs) must hold a combination of qualifications, training and experience that is assessed as being *equivalent to, or as satisfactory as* the relevant prescribed (Australasian or New Zealand) qualification.

The key outcome of this strategic direction is to ensure all registered doctors are competent and fit to practise and that they are integrated safely and successfully into the New Zealand medical workforce.

### **Initiatives to achieve outcome:**

- We will work collaboratively with medical colleges to ensure advice about IMGs is consistent with the qualifications, training and experience of the doctor and complies with the legal test – “equivalent to, or as satisfactory as.”
- We will explore the feasibility of limiting the time that a doctor can have either provisional vocational or provisional general registration.
- We will engage with International Association of Medical Regulatory Authorities (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 stakeholder mechanisms to minimise such.

## 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:

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

### Initiatives to achieve outcome:

- In 2014/15 we will implement:
  - the *New Zealand Curriculum Framework for Prevocational Medical Training*
  - from November 2014, the use of a professional development plan for doctors entering their postgraduate year one (PGY1), 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 and funded in collaboration with HWNZ and will take into consideration the needs of both:
    - a. the Prevocational Educational Supervisors appointed by Council, and
    - b. Senior Medical Officers who provide ongoing day-to-day supervision and assessment of prevocational trainees in their clinical attachments.
- In 2015/16 we will continue with the implementation of changes to prevocational training focusing on:
  - From November 2015, a competence programme for doctors entering their postgraduate year 2 (PGY2) year
  - From November 2015, the use of a professional development plan for doctors entering their PGY2 year
  - Training and experience in a community setting
  - Strengthened standards for training provider accreditation and accreditation of individual clinical attachments, and implementing processes to manage those who do not meet the standards.
- We will work collaboratively with the Otago and Auckland Medical Schools, HWNZ and the Ministry of Health to implement the requirement that Trainee Interns be registered under the HPCAA.
- We will introduce clear and relevant accreditation standards and criteria for New Zealand 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 formally survey the public, the profession and key stakeholders periodically to obtain their feedback on the regulation of doctors in New Zealand.
- We will hold a media day to create an awareness and knowledge of the Council's role, functions and processes.
- We will agree a memorandum of understanding with primary healthcare organisations (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 develop a memorandum of understanding with the New Zealand Police to provide principles for the timely and relevant exchange of information in relation to doctors under investigation and/or facing charges, with a view to ensuring each agency is able to take necessary and informed steps, within our separate roles, to ensure public health and safety.
- We will finalise and publish our principles on the Assessment and Management of Complaints and Notifications.