



# REPORT ON PROGRESS OF STRATEGIC DIRECTIONS – 6-MONTH REPORT

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This report outlines progress with Council's strategic directions and initiatives for the 6-month period 1 July 2015 to 31 December 2015.

TE KAUNIHERA RATA O AOTEAROA  
MEDICAL COUNCIL OF NEW ZEALAND

Protecting the public, promoting good medical practice

Te tiaki i te iwi whānui me te whakatairanga pai i te mahi e pā ana ki te taha rongoā

# 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

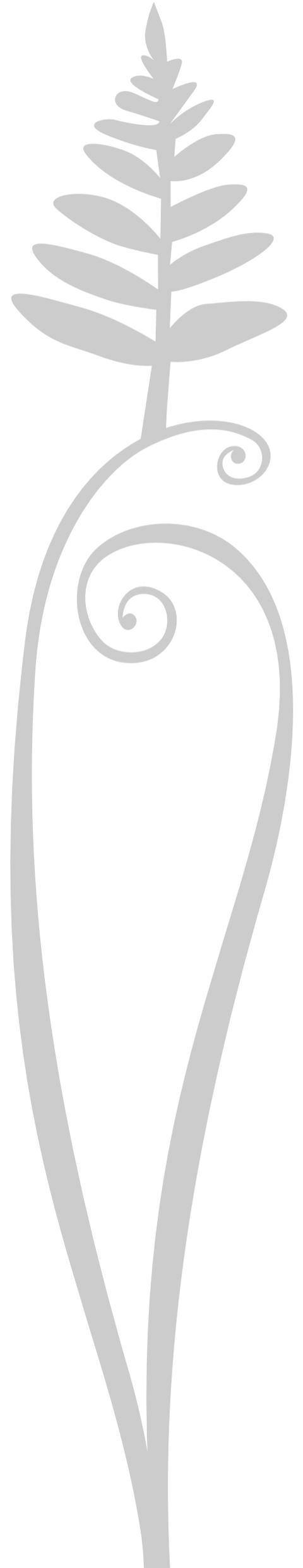
Promote good regulation of the medical profession by providing standards of clinical competence, cultural competence and ethical conduct and ensuring that the standards reflect the expectations of the public, the profession and stakeholders.

## ■ GOAL FOUR

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

## ■ GOAL FIVE

Promote good medical education and learning environments throughout the undergraduate/postgraduate continuum to help ensure all doctors have achieved the necessary standards for their practice.



# THE COUNCIL'S STRATEGIC DIRECTIONS

In 2007/08, Council established four strategic directions:

- Fitness to practise.
- Medical workforce.
- Medical education.
- Accountability to the public and stakeholders.

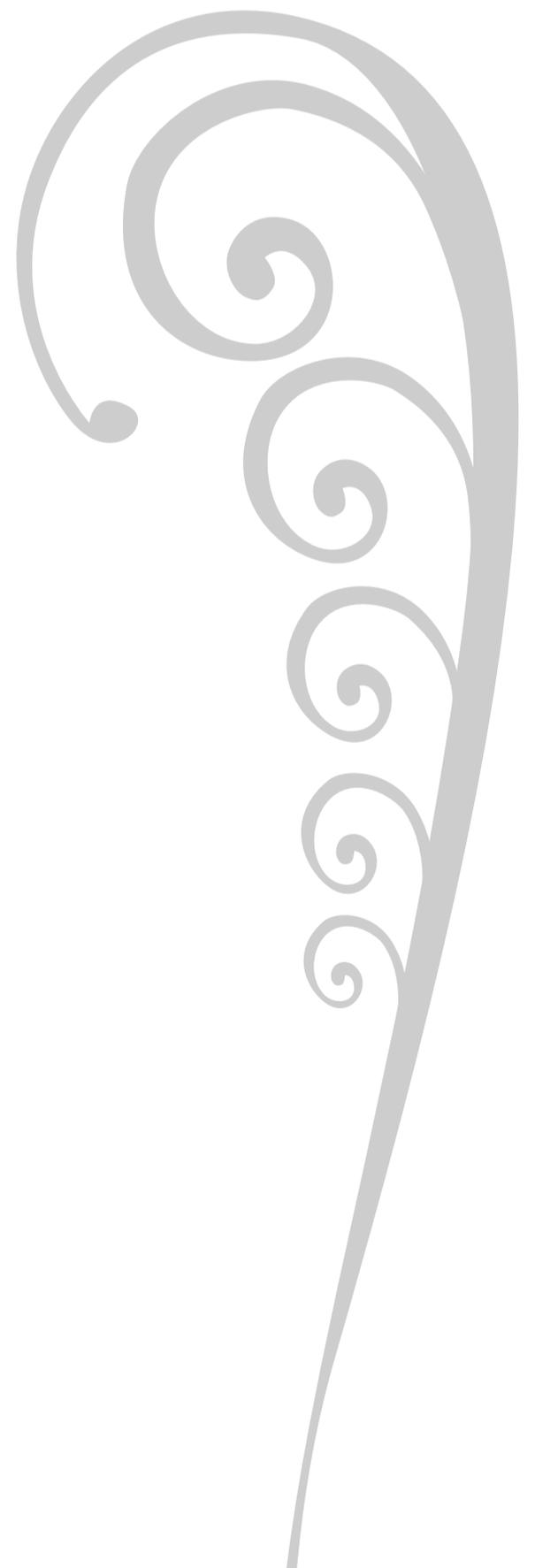
## DIRECTION ONE – FITNESS TO PRACTISE

*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.*

### **Evaluation of regular practice review – update report received from Malatest**

The evaluation findings are based on self-reported changes and interviews of reviewed doctors. Data has been collected through an online survey and interviews.

Nearly half (46 percent) of the 159 doctors who responded to the post-RPR programme online survey reported that they had already made changes to their practice as a result of the RPR



programme, and a further 13 percent intended to make changes.

Changes doctors made included:

- improvements in self-care and self-management
- reviewing prescribing practices
- taking steps to improve interactions with patients
- improved note taking.

Despite the low numbers, the early findings from the 12-month survey look positive. The evaluation will continue to collect data from RPR programme participants. The next evaluation will be available in February 2016.

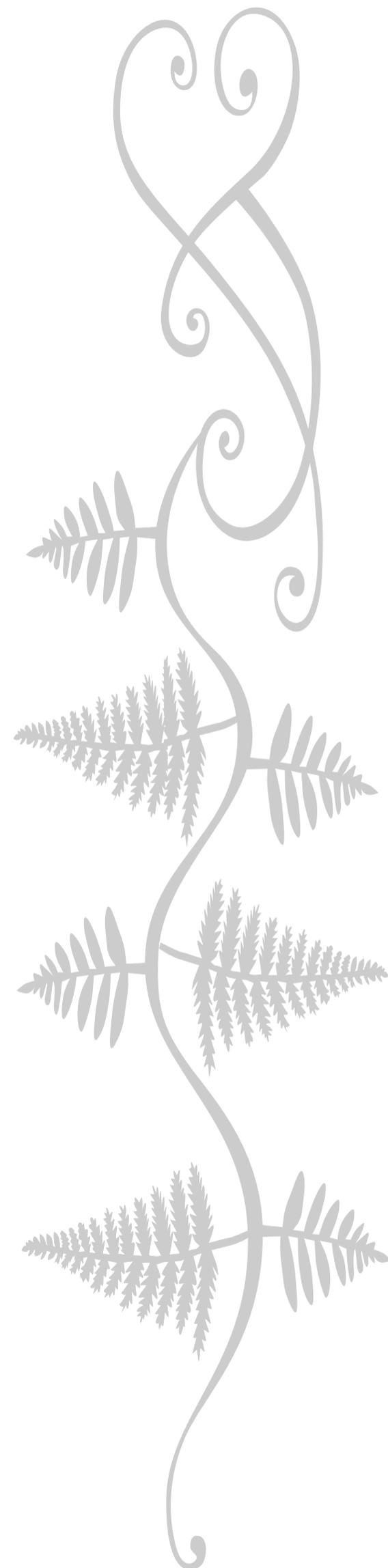
### **Council of Medical Colleges project – *A Best-Practice Guide for Continuous Practice Improvement***

Senior Council staff have been involved in a project being undertaken by the Council of Medical Colleges, in partnership with the Ministry of Health, National District Health Board Chief Medical Officers group, Royal New Zealand College of General Practitioners and Council looking at links between various tools used in the assessment of doctors, with a focus on continuous practice improvement. The project takes into account credentialling, performance appraisal, recertification and RPR.

### **Council's visions and principles for recertification**

Council's chairman and senior managers attended the International Association of Medical Regulatory Authorities (IAMRA) conference held in Montreal in October 2015.

The conference focused on revalidation ("recertification" under Council's Act). Council's chairman presented on the *Inpractice* programme for general registrants and, in particular, the RPR data obtained by Malatest International.



## DIRECTION TWO – MEDICAL WORKFORCE

*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 district health boards 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 1,200 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.*

### **Collaborative work with medical colleges to ensure consistent advice regarding international medical graduates**

The Memorandum of Understanding (MoU) with medical colleges now includes a clause regarding training and support for college assessors and interviewers. This training will be provided by Council.

The majority of medical colleges have now signed new MoUs with Council, which will form the basis of the ongoing relationship. Council staff and the Royal Australian and New Zealand College of Ophthalmologists, Royal Australian and New Zealand College of Obstetricians and Gynaecologists and Royal Australian and New Zealand College of Radiologists have commenced discussions on how to ensure the consistency of advice received by Council and approach by all parties.



### **Proactive sharing of information on doctors with the International Association of Medical Regulatory Authorities (IAMRA) and international medical regulators**

The Physicians Information Exchange Working Group of IAMRA has been working on a project to establish a portal for IAMRA members to proactively access information held internationally about doctors, in particular, those who work across multiple jurisdictions.

The group met in August (by teleconference) and reviewed the new functionality of the IAMRA website. This functionality will allow IAMRA members to post disciplinary or other conduct information about doctors to be available to all IAMRA members.

It was felt that this would be useful in instances where, in the judgement of a particular member, it is important that other IAMRA members be notified of potential risks presented by the disciplined doctor (for example, attempting to register with fraudulent documents, potential flight risk to another jurisdiction and licences held in multiple jurisdictions).

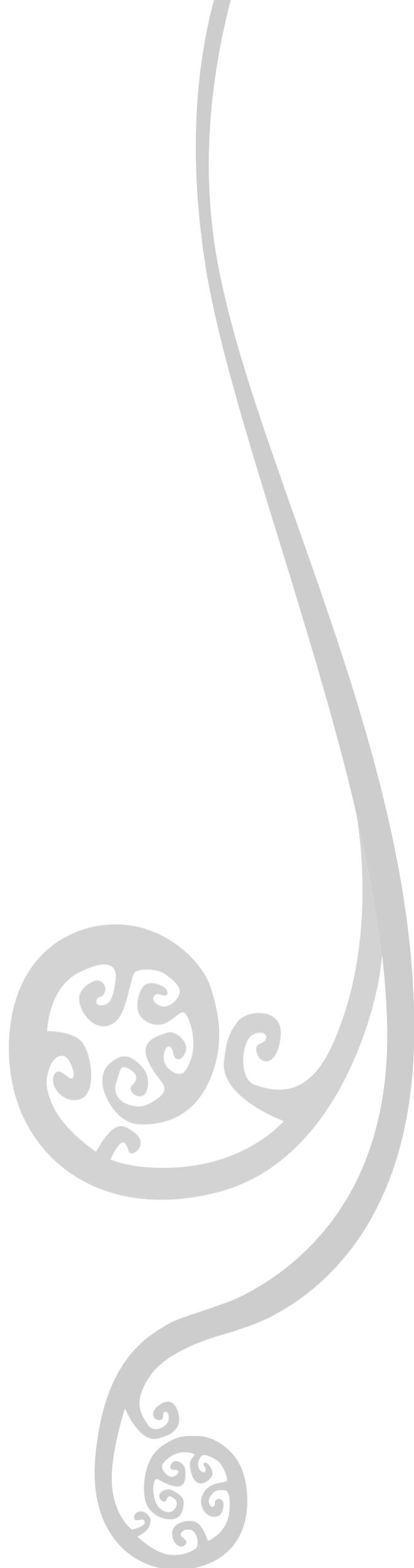
### **MedSys online capability to facilitate applications for practising certificates and registration**

MedSys online (myMCNZ) has been in operation for 12 months allowing for doctors to be able to renew their practising certificate online.

In the last 12 months, work has focused on minor fixes to the existing processes. Shortly, work will begin to prioritise and scope the development work for the next phases of this project, which include application for new registrations.

### **Review of time doctors can hold provisional general or provisional vocational registration**

Having considered the options for a form of time-limited registration for provisionally registered doctors, Council decided not to proceed.



## DIRECTION THREE – MEDICAL EDUCATION

*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.*

### **Review of prevocational training**

The staged implementation of the changes to prevocational medical training commenced in November 2014 with further changes being implemented in November 2015. To date, the following initiatives have been implemented:

- New Zealand Curriculum Framework for Prevocational Medical Training.
- Training for supervisors of interns – 21 workshops held across the country.
- ePort – an electronic record of learning for interns in postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2).
- Professional development plan (PDP) for all interns in PGY1 and PGY2.
- The framework for continued structured training and education in PGY2.
- Commencement of community-based clinical attachments.
- New accreditation standards for training providers.
- Accreditation standards for clinical attachments.
- Advisory panels.
- Baseline data collected to inform future evaluation of the changes.
- Appointment of additional educational supervisors.

The following initiatives are being implemented in 2016:

- Multisource feedback.
- Training for accreditation team members.
- Accreditation of clinical attachments.



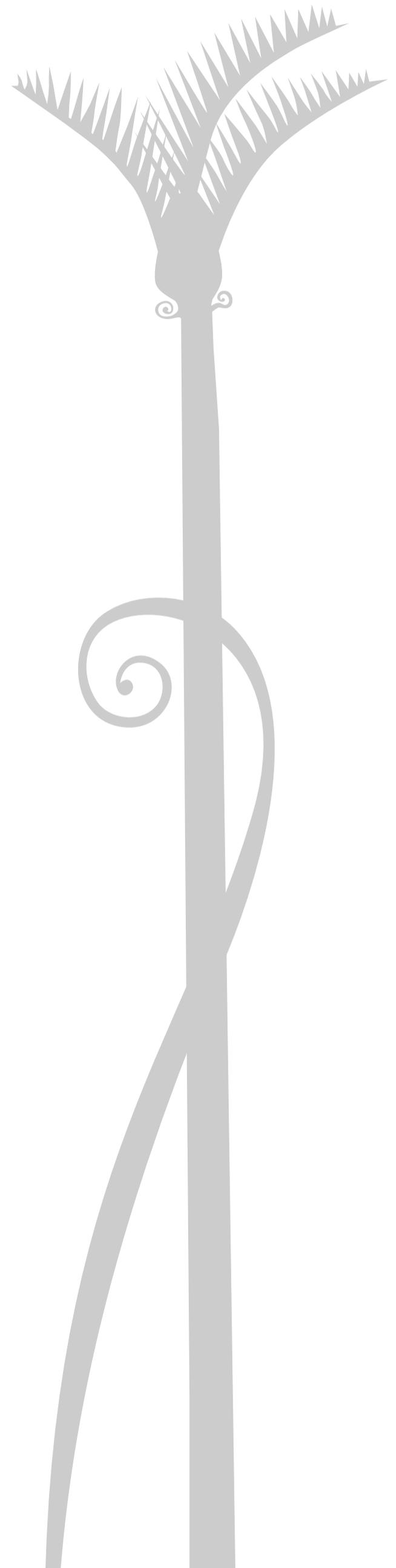
- Further accreditation of training providers.
- Formal appointment process for accreditation team members.
- Intern surveys.

The ePort system includes the following users:

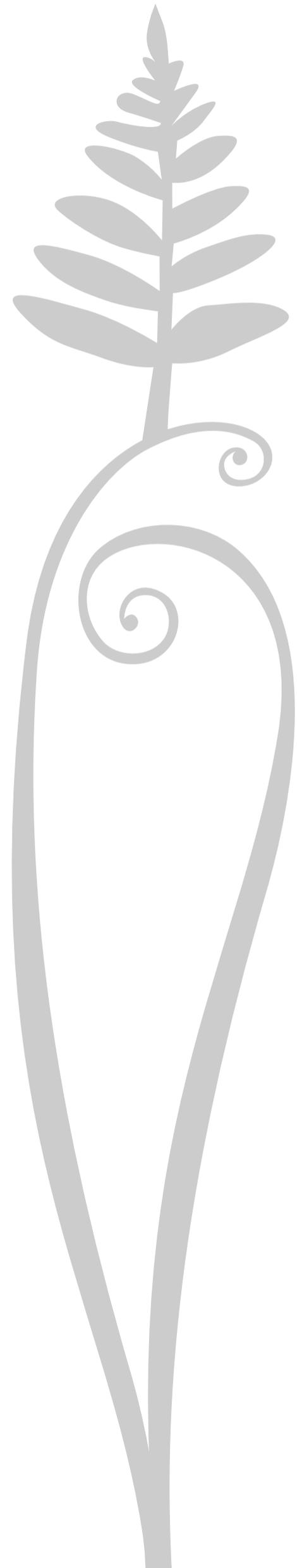
- 854 interns.
- 97 prevocational educational supervisors.
- 1,509 clinical supervisors.
- 58 resident medical officer unit staff.
- In addition, chief medical officers and clinical directors of training at all District Health Boards (DHBs) have access to high-level reporting for their DHB.

The status of each component is provided in the following summary:

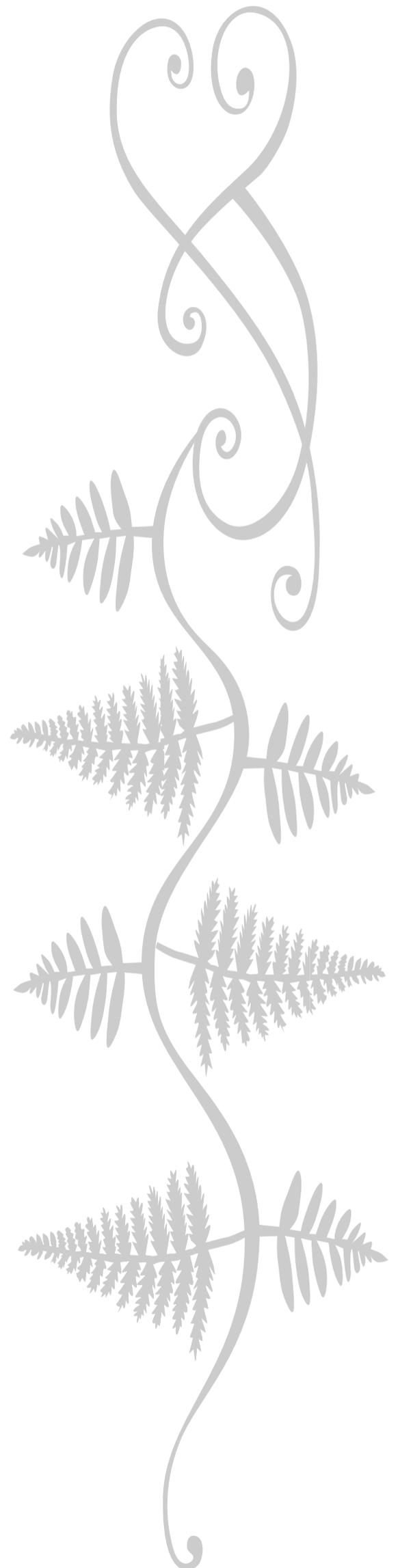
Workstream	Status
Training clinical supervisors	<ul style="list-style-type: none"> <li>■ 21 training workshops for supervisors were held between August 2014 and November 2015.</li> <li>■ These workshops were funded by Health Workforce New Zealand (HWNZ). At its December 2015 meeting, Council approved a report on the workshops, which has been provided to HWNZ who considered the report at a meeting in February.</li> </ul>
Accreditation of training providers	<p>Five training providers have undergone an accreditation process in 2015.</p> <p>Southern, Auckland, South Canterbury and Waitemata DHBs have now completed the accreditation process. Reports are published on Council's website 30 days after the final report is released to each DHB.</p> <p>The accreditation report for Canterbury DHB will be considered by Council in April 2016.</p>



<p>Accreditation of training providers</p>	<p>The following accreditation visits are scheduled for the next 6 months:</p> <ul style="list-style-type: none"> <li>■ Whanganui DHB – March 2016.</li> <li>■ Southern DHB – April 2016.</li> <li>■ Hawke’s Bay DHB – May 2016.</li> <li>■ Nelson Marlborough DHB – May 2016.</li> <li>■ Counties Manukau DHB – June 2016.</li> <li>■ MidCentral DHB – June 2016.</li> </ul>
<p>Accreditation of clinical attachments</p>	<p>As at 2 February 2016:</p> <ul style="list-style-type: none"> <li>■ 697 applications have been received</li> <li>■ 489 have been approved</li> <li>■ 208 are awaiting review and approval</li> <li>■ 40 have been declined and are awaiting further information</li> <li>■ 161 clinical attachment applications have been initiated by DHB but have not yet been submitted to Council.</li> </ul> <p>The majority of the clinical attachment applications fall short of Council’s standards and are being approved on an interim basis subject to specific issues being addressed. This means that there will need to be a thorough review of all clinical attachments during the 2016 year. Each DHB will be followed up to ensure the issues identified have been addressed.</p>
<p>Advisory panel</p>	<p>The first rollout of the advisory panel assessments in ePort is now complete. All training providers have established advisory panels, and all eligible interns have been reviewed and recommendations made about their general registration. The majority of interns who were recommended for general registration have now applied in ePort. A small group of interns who have not yet applied have been followed up.</p>



Advisory panel	Early feedback indicates that advisory panel members, training providers and interns have found that the process is robust and has been a positive experience. There have been areas for improvement noted, and these will be included in our processes for the year ahead.
New cohort of PGY1s	All final year medical students who have passed their exam now have PGY1 access in ePort.
Final year medical students	<p>Medical students who will be commencing their final year will be provided a login to ePort in February 2016.</p> <p>All 6th year medical students will have an ePort account with limited functionality to record the attainment of the New Zealand Curriculum Framework learning outcomes and to set goals in their professional development plan. This is being integrated in different ways by each medical school.</p>
Additional prevocational educational supervisors for PGY2	<ul style="list-style-type: none"> <li>■ New prevocational educational supervisors have been appointed in all DHBs. There are now 95 prevocational educational supervisors ensuring cover for all PGY1s and PGY2s.</li> <li>■ An audit commenced in December 2015 at Council's office to ensure that each DHB is within Council's ratio of one prevocational educational supervisor for up to every 10 interns. This audit will be completed once a new education coordinator has been appointed.</li> <li>■ Training on ePort functionality for new prevocational educational supervisors is under way. This will be provided from Council's office using an online tool. Two sessions have been held, and more sessions will be scheduled in the coming months.</li> </ul>



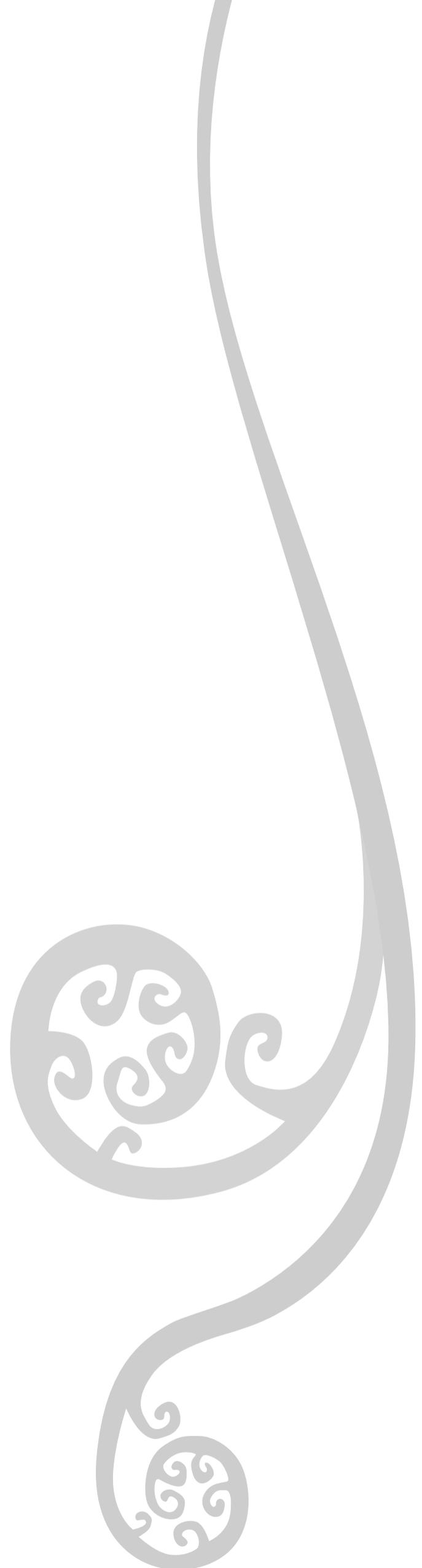
Changes to PGY2 requirements	<p>Changes were implemented in November 2015. All PGY2s will work in accredited clinical attachments and maintain their professional development plan.</p> <p>Further information is available on Council's website.</p> <p>There is flexibility to allow PGY2s to enter into vocational training programmes or to work overseas.</p>
Community-based experience	<ul style="list-style-type: none"> <li>■ 34 community-based clinical attachment applications have been created and 29 received by Council. <ul style="list-style-type: none"> <li>– 22 of these are based in general practice.</li> <li>– One is based in urgent care.</li> <li>– 11 are in other settings, such as hospice and community mental health.</li> </ul> </li> <li>■ Progress with development of community attachments will be reviewed at the governance group meeting in February 2016.</li> </ul>
Evaluation programme	Collection of baseline data has been completed, and an evaluation of the data is scheduled for 2018/19.
Multisource feedback	The implementation of multisource feedback has been postponed until 2016.

### Registration of 6th year medical students

Two years ago, a working group reconvened to discuss the advantages and issues related to registration of 6th year medical students for the Minister of Health.

The working group was made up of representatives from the medical schools, National District Health Board Chief Medical Officers group, New Zealand Medical Association, Doctors in Training Council, Council's Education Committee and Council staff.

The group agreed that the registration of 6th year medical students should proceed. The benefits include providing opportunity for an improved continuum of learning, an enhanced learning environment for 6th year medical students and early and



effective engagement between Council and the 6th year medical students. The group agreed that the benefits would outweigh any challenges.

In 2015, a draft consultation paper proposed:

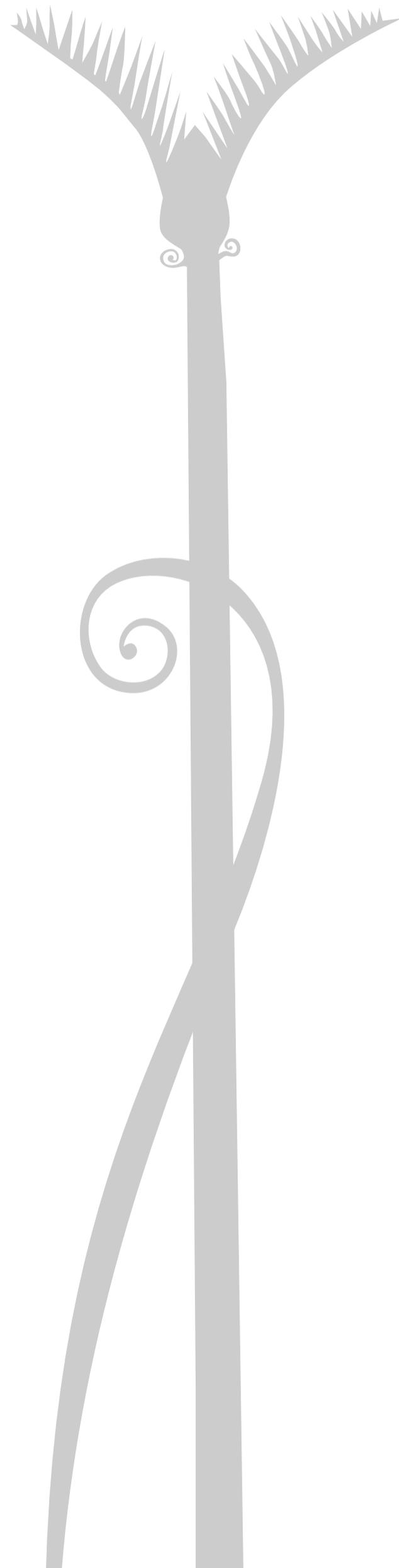
- developing the case for medical student registration
- defining a scope of practice
- defining a prescribed qualification
- management of conduct, competence and health issues
- process for registration with Council and enrolment at university
- a Memorandum of Understanding between the medical schools and placement providers.

In late 2015, the medical schools suggested amendments to this draft consultation paper, which have been included in another draft. The medical schools have been asked to provide final feedback by the end of January 2016. A final draft consultation paper will then be prepared for Council's consideration and confirmation before stakeholders are consulted.

### **Accreditation of New Zealand specialist colleges**

A new standard for the accreditation of New Zealand specialist educational institutions was completed in 2014. Any future accreditation application will be measured against this standard. The New Zealand College of Public Health Medicine has already submitted its application against the standard.

A workshop with relevant stakeholders is being arranged in the first half of 2016 with the aim to train relevant institutions on the preparation of an accreditation application against the standards.



## **DIRECTION FOUR – ACCOUNTABILITY TO THE PUBLIC AND STAKEHOLDERS**

*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.*

### **Consumer Advisory Group (CAG)**

The Health and Disability Commissioner has agreed that Council may use the services of its Consumer Advisory Group twice each year. The purpose of using the group is to gain feedback into Council's strategic and policy development.

At November's CAG meeting, Mobius Research and Strategy presented the research findings of consumer attitudes towards and experiences with doctors in New Zealand, which focused on the consumer experience.

Research objectives included gaining an understanding of what consumers are looking for from their general practitioner and doctors in general.

CAG members also reviewed and provided feedback on Council's revised *Statement on good prescribing practice* and a draft of Council's *Statement on telehealth*.

### **MCNZ/District Health Board MoU oversight group**

The MCNZ/District Health Board MoU oversight group has met twice since July 2015. The meeting provides a forum for discussion about a range of issues and Council's strategic priorities, including prevocational training.

Items discussed at the meetings include:

- a review of the MoU with DHBs
- NZREX exams
- practising certificate reports for each DHB



- registration of international medical graduates
- changes to prevocational training
- ePort functionality updates
- accreditation of training providers
- accreditation of community-based attachments.

### **Annual meeting of the medical colleges**

The annual meeting of the medical colleges was held in August 2015 in Wellington. The meeting was attended by representatives from the colleges and some of their Australian counterparts including executives and fellows.

Topics included:

- cultural competence – eliminating inequity and health equity
- Council’s vision and principles for recertification
- RPR evaluation
- risk factors
- better data
- Council of Medical Colleges *A Best-Practice Guide for Continuous Practice Improvement*.

The sessions that attendees found most valuable were focused on cultural competence and recertification.

### **MoU with New Zealand Police**

The Council’s Registrar and senior staff at New Zealand Police have reached in principle agreement over the format and content of the draft MoU. New Zealand Police managers have been asked to review the draft MoU, and it is hoped that the document will be signed in late February 2016.



