



Policy on regular practice review

Policy Statement

The Medical Council of New Zealand (the Council) wants to ensure that recertification programmes for all doctors are robust, help assure the public that the doctor is competent and fit to practise, and improve the current high standards of practice of doctors in New Zealand.

Background

One of the mechanisms the Council uses to ensure doctors are competent is the requirement for doctors to 'recertify' by participating in approved continuing professional development (CPD) programmes provided by medical colleges or approved providers of recertification programmes. Participation in CPD activities should deliver an improvement in the performance of doctors and better patient outcomes.

The Council views effective medical education for doctors to be based on their own work environment and individual practice.

The Council's long term goal is that all medical colleges will adapt or expand upon existing processes, or develop new processes, so that all doctors (except those participating in a recognised vocational training programme) will have the opportunity to undertake a form of regular practice review (RPR) that is a formative assessment and that does not duplicate existing processes.

Primary purpose of RPR

The primary purpose of RPR is to help maintain and improve standards of the profession. RPR is a quality improvement process. RPR may also assist in the identification of poor performance which may adversely affect patient care. The goal of RPR is to help individual doctors identify areas where aspects of their performance could be improved, benefiting not only their own professional development but also the quality of care that their patients receive.

The Council's approach to RPR differs depending on whether a doctor is registered in a vocational or general scope of practice:

1. Vocational scope

The Council is encouraging medical colleges to develop RPR processes for doctors registered in a vocational scope of practice, and make these available as part of the CPD programme on a voluntary basis.

2. General scope

The recertification programme for doctors registered in a general scope of practice, *Inpractice*, includes RPR which is to be undertaken 3 yearly, with the first review to take place 3 years after the doctor achieves registration in a general scope of practice.

**RPR
Principles**

The key principles of RPR include, but are not limited to;

- That RPR is a formative process. It is a supportive and collegial review of a doctor's practice by peers, in a doctor's usual practice setting.
- That the primary purpose of RPR is to help maintain and improve the standards of the profession. RPR is a quality improvement process. RPR may also assist in the identification of poor performance which may adversely affect patient care.
- That RPR provides an assessment across the domains of competence outlined in *Good Medical Practice* focusing on the area in which the doctor works.
- That RPR is informed by a portfolio of information provided by the doctor, which may include audit outcomes and logbooks.
- That multi source assessment forms part of a RPR.
- That RPR must include some component of external assessment, that is by peers external to the doctor's usual practice setting.
- That the RPR must include a process for providing constructive feedback to the doctor being assessed.
- That RPR will be led by the profession with support and assistance from Council.
- That medical colleges develop RPR processes using specific tools relevant to that specialty. Alternatively they may expand upon existing processes or tools to include Council's principles of RPR.
- That the organisation responsible for undertaking the RPR must have a process for assisting the doctor in identifying and addressing learning needs.
- That personal development plan (PDP) should be developed for each doctor following the RPR process as a core component of RPR.

**Continuum
when
deficiencies in
practice are
identified**

Where areas of practice needing work are identified, colleges work with the doctor to ensure their PDP and CPD activities address any deficiencies.

1. Where there are small areas of a doctor's practice identified that need improvement, doctors will often be able to ensure that their CPD activities are targeted to those areas, with the assistance of a PDP.
2. If the areas identified are more significant the medical college or organisation providing the recertification programme will need to work closely with the doctor to ensure CPD activities address the deficiencies.
3. When reviewers have concerns that a doctor's practice is placing patient health and safety at risk, then the reviewers and the medical college have a professional obligation to report this separately to Council, just as they would do if the poor performance had been identified in any other way. Council will consider the information through its usual processes and consider whether a performance assessment is necessary.

The Council has published a statement called: '*What to do when you have concerns about a colleague*', which outlines further how issues of this nature should be addressed.

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