



Policy on recertification for doctors

Policy statement

1. Recertification is a mechanism used by the Medical Council of New Zealand to assist in ensuring that doctors are practising competently thus protecting the health and safety of the public. Council sets and reaccredits recertification programmes under section 41(1) of the Health Practitioners Competence Assurance Act 2003 (HPCAA).
2. As a rule, all doctors must comply with, and satisfy the requirements of a recertification programme prescribed for the scope of practice within which they practise.
3. In general terms, Council's intentions is for approved recertification programmes to apply to groups of doctors with the same registration. This ensures consistent processes and standards of ongoing learning, incorporating peer interaction, and enables effective monitoring of compliance and satisfaction of requirements. It also minimises increased compliance costs and inefficiencies that may arise from a proliferation of individualised programmes.
4. Doctors may apply for an exemption from a recertification programme requirement and/or the approval of an individual recertification programme. A group of doctors may request that a programme be accredited as a recertification programme applicable to that group. Council will consider such applications on a case by case basis.
5. Doctors who are registered in a vocational scope of practice must enrol, and actively participate, in a Council-accredited recertification programme relevant to the vocational scope of practice in which they are registered. Doctors who are registered in the General scope of practice, and who are not participating in an accredited vocational training programme, must be enrolled and participating in *Inpractice*, the Council-approved recertification programme administered by bpac^{nz} on Council's behalf.
6. Participation in recertification programmes will be audited.

Rationale	The HPCAA requires Council to ensure doctors are fit and competent to practise medicine. Council does this in part by setting and recognising recertification programmes under section 41 of the HPCAA, and requiring doctors' participation in those programmes.
Requirements	<p>1. Recertification requirements for doctors registered in a vocational scope of practice</p> <p>Doctors registered and practising within a vocational scope, and/or working in a closely related scope, must participate in:</p> <ul style="list-style-type: none"> • a Council-approved Vocational Education and Advisor Body (VEAB) recertification programme, or • an alternative programme accredited under Council policy. <p>Groups of doctors may apply to Council for the accreditation of alternative recertification programmes. For Council to consider approving an alternative, it will need to be satisfied, as a minimum, that the alternative programme will provide assurance of ongoing competence equivalent to that of the current VEAB programme and has clear and suitable requirements, satisfaction of which can be effectively monitored and reassured by Council. The alternative programme should incorporate collegial contact and interactive learning, where Council has identified that to be a goal of the VEAB programme.</p> <p>A doctor registered and practising within a vocational scope, may also choose to work in another area of medicine under their General scope of practice. In this situation, for general scope purposes, the doctors must establish a collegial relationship with a doctor with vocational registration in the same or a related vocational scope, or must satisfy Council that the recertification programme they participate in for their vocational scope, also adequately covers the breadth of their work. (For example, a vocationally registered general practitioner may also be working in urgent care under their general scope, and may then rely on their RNZCGP MOPS participation for recertification in both general practice and urgent care.) It will be at Council's absolute discretion to decide whether a collegial relationship is required for general scope purposes.</p> <p>A doctor who has vocational registration but is not practising in his/her vocational scope (and is not participating in the relevant VEAB recertification programme), but is practising within their general scope of practice, is required to participate in an approved recertification programme for doctors in the General scope of practice (ie, either a vocational training programme, or <i>Inpractice</i> – see below for more information).</p> <p>2. Recertification requirements for doctors registered in the General scope of practice only</p> <p>Doctors who are registered in the General scope of practice must meet one of the options below:</p> <ul style="list-style-type: none"> • participate in an accredited vocational training programme. (Doctors who are also working under their general scope in another area of medicine, must

- establish a collegial relationship with a doctor registered within the same or a related vocational scope.); or
- be enrolled and participating in *Inpractice* (the Council-approved recertification programme that is administered by bpac^{nz}); or
- meet specific requirements while working solely in a DHB as a Medical Officer. That is, the Medical Officer must:
 - be employed full-time in a permanent position at the DHB (not fixed-term or locum),
 - have been enrolled in the RACP or ANZCA recertification programme on or before 14 March 2012,
 - be participating actively in the RACP/ANZCA recertification programme; and
 - must be undertaking both credentialing and professional development reviews annually that are overseen by the CMO of the employing DHB.

3. Recertification requirements for doctors working in non-clinical practice

Doctors whose practice of medicine does not relate to the care of an individual patient may have different recertification requirements if their practice is assessed as posing a low risk of harm to the health and safety of the public.

Council may impose conditions to have these doctors' vocational scopes limited to non-clinical practice. These doctors must complete continuing professional development (CPD) activities through their own VEAB (if the VEAB offers a recertification programme for Fellows/members in non-clinical practice) or through RACMA. A VEAB programme may exempt a doctor working in non-clinical practice from clinical peer review; however the CPD activities must cover their non-clinical practice.

Doctors who have their vocational scopes limited to non-clinical practice but who wish to return to clinical practice, may be required to undertake retraining with their VEAB.

The recertification requirements of doctors registered in a general scope of practice who are working in non-clinical practice, will be determined based on a broad assessment of the level of risk of harm to the health and safety of the public posed by the doctor's practice. A decision will be made by the Registrar, under delegation from Council, based on advice from Council's Medical Adviser. Doctors who have had their risk assessed as 'low' will ordinarily be required to establish a collegial relationship or a relationship with a CPD Associate (see para 6 below).

4. Continuing Professional Development (CPD)

For recertification programmes that incorporate mandatory CPD, Council has prescribed minimum requirements regarding content and hours. These are set out in Appendix 1.

5. Collegial relationship

In cases where a doctor is required to practise within a collegial relationship, they must establish this relationship with a doctor who is registered within the same or a closely-related vocational scope.

The colleague will be a:

- role model of good medical practice
- sounding board for the doctor's ideas
- resource in time of difficulty.

Their key role is to help develop a CPD plan each year. They may also facilitate:

- random auditing of a specified number of clinical records in any one calendar year and giving feedback on areas for improvement
- observing a specified number of consultations in any one calendar year and giving feedback on areas for improvement
- helping the doctor in any other mutually agreed way to enhance his or her practice skills and personal growth.

Colleagues are expected to meet at least six times a year, at least until the relationship is established, and then four times a year thereafter.

The colleague should confirm for Council, as part of the applicant's practising certificate (PC) application that he or she has been part of this relationship. This approval is now done online. Both doctors should keep records of CPD activities. These are to be sent to the Council, on the relevant Council forms, if the doctor is selected for a recertification compliance audit.

The colleague has a responsibility to ensure that he or she meets his or her commitment to provide a collegial relationship according to the Council guidelines and to document this by keeping adequate records of meetings and activities.

6. CPD Associate

A general scope doctor who is in non-clinical practice, and where risk to the health and safety of the public has been assessed by the Council's Registrar as low (eg, Director / Member of a Board), may (at the Registrar's discretion) be permitted to meet recertification requirements by forming a relationship with a CPD Associate. It is the CPD Associate's role to guide the general scope doctor to ensure his or her competence is maintained in the area the doctor is working in.

7. Exemptions

Council may exempt any doctor from all or any of the requirements of any recertification programme (section 41(5) HPCAA). Where exemptions are granted, Council may specify an alternative recertification programme, where compliance can be measured and monitored.

In general terms, Council currently exempts:

- doctors in vocational training who have an established relationship with a VEAB-appointed supervisor of training. While the doctor remains in the vocational training programme, as verified by the VEAB, the doctor is exempt from additional recertification requirements;
- New Zealand, Australian or NZREX graduates registered in the General scope of practice, in PGY2, who are actively participating in the competence programme (ie, the prevocational training programme) set by Council. This programme requires these doctors to be working towards the substantive attainment of the requirements for prevocational training in PGY1 and PGY2 (including achieving the learning outcomes of the New Zealand Curriculum Framework);
- doctors who are based abroad and travel to New Zealand from time to time to practise for short periods of time. This will apply only if the doctor
 - lives and practises abroad and is enrolled and actively participating in a recertification programme recognised by the relevant overseas authority, and can provide evidence to support this; and
 - practises in New Zealand for no more than 2 months per year (cumulatively); and
 - has provided favourable references and COPSs in support of his / her application.

Doctors in this category will have an endorsement placed on their practising certificates that records that each time the doctor applies for a practising certificate they must provide evidence of participation in a recertification programme recognised by the relevant overseas authority or as specified by the Council.

Further exemptions will be considered on a case by case basis.

Compliance	Recertification audits
	<p>Every time a PC application is made, Council will ask doctors to declare that they are meeting Council’s recertification requirements. In each quarterly PC renewal cycle administered by Council staff, an audit of compliance will be undertaken of a portion of the doctors within that quarterly cycle. During this audit Council staff will take the necessary steps to verify a doctor’s compliance with their recertification requirements. This will include (but is not limited to) asking for confirmation of compliance from the relevant VEAB or from bpac^{nz}.</p>
Notes	<p>Council’s <i>Policy on alternative recertification programmes</i> was rescinded by Council in March 2015.</p>

Approved by Council:	December 2004
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**Requirements
for CPD
component of
recertification**

Recertification involves a process for maintaining or improving competence and performance through CPD and other activities and programme participation.

CPD programmes **must** include:

- quality audit of medical practice (one required per annum), for example:
 - external audit of procedures
 - quality assurance activity
 - analysis of patient outcomes
- peer review (minimum 10 hours per annum), for example:
 - peer review of cases
 - review of charts
 - practice visits
- continuing medical education (CME) (minimum 20 hours per annum)
 - educational conferences, courses and workshops.

CPD **may** include:

- regular practice review
- self-directed learning programmes and learning diaries
- assessments designed to identify learning needs in areas such as procedural skills, diagnostic skills or knowledge
- journal reading
- examining candidates for College examinations
- supervision, mentoring others
- teaching
- publications in medical journals and texts
- research
- committee meetings that have an educational content, such as guideline development
- providing expert advice on clinical matters.

For clinicians it should not include:

- practice management
- matters relating to practice premises or systems
- non-clinical research
- non-clinical education
- activities on College or other committees that are not of a clinical nature.

CPD requirements are the same whether a doctor is working full-time or part-time. However, if a doctor has a break from practice in a particular year, the Council can review the requirements for that year.

The minimum time that should be spent on CPD activities is 50 hours per annum.