Responsible Authority Core Performance Standards Review Report

Authority Name	**Medical Council of New Zealand**
Date of Review Report	**16 December 2021**
Name of reviewing Designated Auditing Agency	**BSI Group New Zealand Limited**

Executive Summary

The Medical Council of New Zealand is the responsible authority under the Health Practitioners Competence Assurance Act (the Act), for the regulation of the doctors medical profession.

The Medical Council of New Zealand has 70 staff and 18,000 registered doctors out of the 28,836 that can be searched for on the Council's website.

The Council membership (governance) consists of 13 members, including eight doctors and five non-health professionals (lay persons). The Council has 36 areas of medicine or 'scopes of practice' to be registered and work as a general or specialist medical practitioner in New Zealand. It accredits and monitors three types of education programmes. The accreditation of New Zealand and Australian medical schools is undertaken jointly with the Australian Medical Council (AMC) for programmes leading to medical qualification. This includes the University of Auckland and University of Otago. Council accredits 19 district health boards (DHBs) as the providers of intern training and seven New Zealand-based medical colleges to provide vocational training and/or recertification for Council accredited scopes.

In addition to the close relationship with the Australian Medical Council the Chief Executive sits on the Board of the International Association of Medical Regulatory Authorities (IAMRA) and several senior Council staff hold positions on various IAMRA committees. The Chief Executive is also a member of the WHO Technical Expert Group on Health Practitioner Regulation.

Processes and systems are well established for registration of applicants, issuing practicing certificates, competence and clinical standards, and to respond to competence, conduct and health notifications including complaints. The MedSys practitioner information management system provides the engine room to guide staff's workflow through Council processes with links to documentation. There are well established processes and decision making for all types of notifications with supporting committees. The Consumer Advisory Group provides valuable feedback and input into all the standards and policies.

The response to COVID-19 involved close collaboration with the Ministry of Health and other regulatory colleagues in New Zealand and internationally. This included changes to a number of standards for the profession to support new ways of working such as prescribing and telehealth.

Policies, statements, standards and processes consistently recognise the Council's principal purpose to protect public safety and demonstrate the principles of right-touch regulation.

The public website is comprehensive with dedicated sections for doctors, patients, and the public. This includes policies, statements, consultations, newsletters, accreditation reports, annual reports and the strategic plan.

The Council is currently finalising its Strategy for 2021-2025. Tā Mātou Matakite / Our Vision: A medical profession all New Zealanders can trust He mahi rata e whakawhirinakitia e tātou. This direction sets strategic priorities that demonstrate accountability, promote equity of health outcomes, apply right-touch regulation in everything, use data to inform innovation and improvement and invest in organisational capability and culture.

The Council is currently employing a new senior leadership position, Kaitiaki Mana Māori, to support the principles of equity and Te Tiriti o Waitangi. This role will be able to provide cultural support with the strategic direction.

Relationships throughout the sector are well established and the Council applies a continuous improvement approach that is informed by changes in the sector and ongoing developments in its regulatory functions.

A recommendation for improvement identified from this performance review is to continue building on this current initiative:

- to continue the organisational commitments for Te Tiriti o Waitangi.

Recommendations

The below table summarises the areas for improvement identified from this review with associated timeframes. Refer to the next section of the report for the full reviewer's comments associated with the recommendation.

Ref #	Related core performance standards	Rating	Risk Level	Recommendation	Timeframe (months / date)
10.1	The RA: Ensures that the principles of equity and of te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in Whakamaua: Māori Health Action Plan 2020-2025) are followed in the implementation of all its functions	PA	L	To continue this positive mahi with the Kaitiaki Mana Māori providing the leadership to further build the organisational commitments for Te Tiriti o Waitangi and the capacity and capability in te ao Māori.	3 -9 months (up to 1 July 2022 and ongoing)

Functions under section 118 HPCA Act 2003 and their related core performance standards

Purpose and requirements

Responsible Authorities are designated under the Health Practitioners Competence Assurance Act 2003 (the Act) to fulfil certain functions. An amendment in 2019 to the Act adding section 122A, required a performance review of all Responsible Authorities be conducted within three years of enactment. The Ministry of Health (the Ministry) is responsible for the facilitation of these reviews.

Performance reviews provide assurance to the Crown and the public that responsible authorities are performing their functions efficiently and effectively. This includes the assurance that: the responsible authorities are carrying out their required functions in the interests of public safety, their activities focus on protecting the public without being compromised by professional self-interest, and their overall performance supports high public confidence in the regulatory system.

This initial performance reviews will assess a responsible authority's performance against the full set of Core Performance Standards. These standards are aligned with the functions under section 118 of the HCPA Act.

Risk management

Identify the degree of risk to patient safety and/or public confidence that is associated with the level of attainment the responsible authority achieves for each criterion. Review the 'risk' in relation to its possible impact based on the consequence and likelihood of harm occurring if the responsible authority does not fully attain the criterion. Use the risk management matrix when the audit result for any criterion is partially attained or unattained.

To use the risk management matrix, you need to:

1. consider what consequences for consumer safety might follow from the responsible authority achieving partially attained or unattained for a criterion, within a range from extreme/actual harm to negligible risk of harm occurring
2. consider how likely it is that this adverse event will occur due to the provider achieving partially attained or unattained for a criterion, within a range from being almost certain to occur to rare
3. plot the findings on the risk assessment matrix to identify the level of risk, and prioritise risks in relation to severity
4. approve the appropriate action the provider must take to eliminate or minimise risk within the timeframe. Note that timeframes are set based on full resolution of the requirement, which may include a systems change or staff training programme. Anything requiring urgent attention is identified in the report, along with any longer timeframe needed to make sustainable change.

The Risk management matrix uses a probability versus impact quadrant with the following risk categories: low, low-med, medium and high.

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
1.1	the RA has defined clear and coherent competencies for each scope of practice	The Council has a number of scopes of practice, each designed to fit a specific aspect of medical practice. They are designed to reflect both short term and longer term (or permanent) medical practice. Scopes of Practice are identified in the New Zealand Gazette Notice: *Scopes of Practice and Prescribed Qualifications for the Practice of Medicine in New Zealand 2018*. The Council's website includes these 36 areas of medicine or 'scope of practice' to be registered and work as a specialist in New Zealand.	FA			
1.2	the RA has prescribed qualifications aligned to those competencies for each scope of practice	The Council's New Zealand Gazette Notice: *Scopes of Practice and Prescribed Qualifications for the Practice of Medicine in New Zealand 2018,* includes the qualifications and requirements for each scope of practice. The design of scopes of practice for permanent practice in New Zealand provides a structured, objective, and competence based progression. This starts from medical graduation and then progresses to early supervised medical practice, from supervised practice into independent general practice and, through	FA			

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		vocational training into independent vocational practice. International medical graduates (IMGs) wishing to practice in New Zealand permanently must meet standards that demonstrate they are equivalent to New Zealand graduates. Polices are in place to take into account if an aspect of the prescribed qualification relates to an overseas qualification, examination pass, registration, or health service provision not directly accredited or monitored by Council. IMGs are required to practice under supervision for a prescribed period and demonstrate acceptable standards of competence before having their registered scope of practice changed to one allowing independent practice. The Council has processes for recognition of new vocational scopes of practices and training programmes. If that scope is endorsed in principle by Council, Council will consult on the proposed scope of practice and associated qualification. As part of its consideration, Council will assess the relevant body (typically a medical college) that intends to deliver the training programme. The most recent example is a change to a prescribed qualification was a modification of the prescribed qualifications for the provisional general and general scopes of practice,				

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		introducing a new pathway to registration in each scope (the *Australian general registrant* pathway). Another example is current work around extended scope of practice, particularly targeting those working in rural areas, that would allow doctors with a vocational scope of general practice, or rural hospital medicine to extend their scope to practice in obstetrics, within a framework on training and ongoing professional development.				
1.3	the RA has timely, proportionate, and transparent accreditation and monitoring mechanisms to assure itself that the education providers and programmes it accredits deliver graduates who are competent to practise the relevant profession	Council also holds an accreditation team member training day each year to ensure the pool of assessors used for Council led accreditation assessments have a thorough understanding of the accreditation standards and the process of the assessment from start to finish. The Council plans, implements, accredits and monitors three types of education programmes. 1. The accreditation of New Zealand and Australian medical schools (undertaken jointly with the Australian Medical Council (AMC)) for programmes leading to medical qualification. The New Zealand and Australian medical schools that award primary medical degrees have defined clear and coherent	FA			

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		competencies, which are monitored through the regular accreditation cycle. Medical schools in both Australia and New Zealand are assessed against the same set of accreditation standards. The purpose of accrediting undergraduate education is to recognise and monitor primary medical programmes that are delivering high quality medical education and producing graduates who are competent to practice safely and effectively under supervision as interns in Australia and New Zealand. The AMC and Council work together to assess New Zealand's two medical schools (University of Auckland and University of Otago) and their programmes. The medical schools accreditation process is based on self and peer assessment. The AMC led assessment team includes at least one assessor from New Zealand and ideally two appointed after consultation with Council. The assessment normally occurs over one working week. For a reaccreditation of an established medical programme, the medical school submits a comprehensive self-assessment against the standards, which is considered by the accreditation team. A limited follow-up assessment may also be conducted which usually occurs when a provider has				

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		been granted a limited period of accreditation or there are a number of conditions placed on the accreditation. New Zealand's medical schools are generally accredited for a six-year period subject to satisfactory progress reports on any conditions placed on the accreditation. In the year that the accreditation ends, the medical school may submit a comprehensive report for extension of accreditation. Subject to that report being satisfactory, Council and the AMC may grant a further period of accreditation, up to a maximum of four years, before a new accreditation review. University of Auckland: Bachelor of Medicine / Bachelor of Surgery (MB / CHb) 2015 accreditation report is to 31/3/22. University of Otago: Bachelor of Medicine / Bachelor of Surgery (MB / CHb) 2018 accreditation report is to 31/3/25. The above reports are published on the MCNZ website. Also published on the Australian Medical Council's website. 2. The accreditation of district health boards (DHBs), as the providers of intern training. Nineteen DHBs are currently accredited to provide prevocational medical training (the intern training programme) to doctors in				

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		their first two years following registration with Council. Prevocational medical training must be completed by all graduates of New Zealand and Australian accredited medical schools and doctors who have sat and passed the New Zealand Registration Examination (NZREX Clinical). The purpose of accrediting the DHBs and their intern training programmes is to ensure that each DHB is meeting Council's standards for the provision of education and training to interns. Accreditation is based on self and peer assessment. Since early 2020, the default format for the two-day accreditation visit to the DHB has moved to a hybrid model with the first day by zoom and the second day in-person at the DHB. The impact of COVID-19 has meant that a number of scheduled 2020 assessments were postponed, which has resulted in Council granting several DHBs limited extensions of accreditation to enable these accreditation visits to be rescheduled for 2021. DHBs are generally accredited for a period of four years subject to satisfactory progress reports on any required actions (conditions) placed on the accreditation.				

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		The DHB accreditation expiry dates and reports are published on the MCNZ website. 3. The accreditation of medical colleges, as providers of vocational training and recertification programmes, leading to specialty postgraduate qualification (e.g. Fellowship). The Council accredits medical colleges to recognise vocational (specialist) medical training programmes that produce medical specialists who can practice unsupervised in the relevant medical speciality This competency-based training is central to the ongoing Council re-accreditation that colleges are subject to. The standards for recognition of a vocational scope of practice and accreditation (and reaccreditation) and the appropriate accreditation and monitoring mechanisms, ensure that the College has established and maintain clear and coherent competencies for the scope of practice. Through this same accreditation process, these Colleges are accredited to provide the recertification programmes for vocationally registered doctors. In this way, competence-based training and the maintenance of current and core competencies are linked.				

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		Seven New Zealand-based medical colleges are currently accredited by Council to provide vocational training and/or recertification for Council accredited scopes. The medical colleges' related scopes of practice and accreditation expiry dates are published on the MCNZ but not the reports, although there is a column for this. Thirteen Australasian medical colleges are currently similarly jointly accredited by Council and the Australian Medical Council. These are identified on the MCNZ website and there is a link to the AMC website for the published reports. New standards which align more closely with those of the Australian Medical Council have been effective since 1 July 2020. From 1 July 2021, following extensive consultation, revised standards are being implemented which update the standards to reflect the new recertification requirements, cultural safety, and health equity. These standards are coming into effect from 1 July 2022 and also reflect recent changes that Council has made to strengthen recertification requirements for vocationally registered doctors in New Zealand. Council expects that Australasian colleges will embed a focus on cultural safety and health equity into learning				

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		activities and assessments across their training and recertification programmes. Between the formal accreditation assessments, the Council monitors developments in education and training and recertification programmes through annual reports from the accredited medical colleges. This is being further strengthened to request comment on specific areas of interest noting that currently have the ability to request reporting on specific areas. This has been done in the past, for example if a matter comes to light outside of the accreditation cycle.				
1.4	the RA takes appropriate actions where concerns are identified	If the accreditation assessment of medical schools, prevocational training providers (DHBs) and medical colleges identifies significant deficiencies or there is insufficient information to determine that the programme satisfies the relevant accreditation standards, then the Council may: • grant accreditation with required actions (conditions) to be met within a defined timeframe and/or • grant accreditation for a shorter time period than the usual time period or	FA			

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		• revoke accreditation if Council is not satisfied that the complete programme is or can be implemented at a level consistent with the accreditation standards. The Council has not yet revoked accreditation of an accredited training provider, however it has prevented a medical college from enrolling new trainees until it remedied serious deficiencies in its training programme.				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
2.1	The RA maintains and publishes an accessible, accurate register of registrants (including, where permitted, any conditions on their practice)	Council maintains and publishes an accessible, accurate register of doctors registered in New Zealand. It is made available in two main ways: a. On the MCNZ website. This can be searched by name, specialty (area of medicine), and location. The register provides information on the doctor's scope of practice, practising status including practising certificate dates, qualifications, and conditions). b. Through a "full" register that is accessible to approved persons and organisations via a secure area on Council's website. This full register provides the details of all registered doctors in a single file. Organisations with access to this file can import the register for use in their own systems.	FA			
2.2	The RA has clear, transparent, and timely mechanisms to consider applications and to: • Register applicants who meet all statutory requirements for registration • Issue practicing certificates to applicants in a timely manner	The information used to produce the register comes from the practitioner information management system called MedSys that uses a workflow engine to guide staff through Council's registration processes. This workflow builds in decision making. This ensures only doctors are registered who meet our registration requirements. The Council have recently enhanced this	FA			

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
	• Manage any requests for reviews of decisions made under delegation	system with the capability to output changes to doctors' registration in real-time and advised are on track to implement this new capability by June 2022. Council's website includes the following: • a link to the gazetted scopes of practice and prescribed qualifications, • detailed registration policies and pathways, • all registration application forms • information on application processing times, and • the statutory requirements that must be met. Registration application forms explicitly identify the information applicants must provide to inform Council's decisions on questions of fitness for registration and competence within the requested scope of practice. While this is a high trust model (relying on self-disclosure), registration decision-making is supported by formal checks and independently sourced information. This includes: • Primary Source Verification of qualifications • Requirement for Certificates of Professional Status/Certificates of Good standing				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		• Comprehensive satisfactory references Each registration pathway has a prescribed qualification. This may be any combination of: • A medical degree or Diploma • A training programme accredited by Council • A pass in an examination or another assessment • Registration with an overseas organisation that performs a similar function to that of the Medical Council • Experience, either with or without supervision or oversight from a senior colleague All applicants for registration must have a recognised primary medical qualification from a medical school listed in the World Directory of Medical Schools. Doctors who hold overseas qualifications and who want to apply for registration in New Zealand must have key documents verified from their primary source using the Educational Commission for Foreign Medical Graduates' Electronic Portfolio of International Credentials (ECFMG's EPIC) service (since Nov 2017). If the medical school is located outside of Canada or the United States of America, the qualification must have been awarded during the				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		graduation years for which the medical school meets the eligibility requirements for ECFMG Certification. The application forms (REG1, VOC2 and VOC3) include specific questions about English language communication, health, conduct and competence. Applicants are required to provide the following: • a copy of their CV to assess their professional work history and experience, • at least three references from suitable referees, • references from at least three senior medical colleagues who are familiar with the applicant's work and have worked with the applicant for at least six months within the last three years (at least one should come from their current place of employment). For doctors applying for vocational (specialist) or special purpose (locum tenens or teleradiology) scopes of practice references must be completed by consultants/specialists who are familiar with the applicant's current professional practice. These specialist referees must be practising within the same area of medicine as the applicant.				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		For provisional vocational and vocational registration applications, Council staff contact referees directly to verify references provided. Applicants seeking registration in a provisional vocational scope of practice (who are overseas-trained specialists) must have a combination of qualifications, training and experience assessed to Council's satisfaction to be equivalent to, or as satisfactory as, a New Zealand vocationally-trained medical practitioner registered in the same vocational scope. Council seeks advice on this question from the relevant medical college for the area of medicine. Doctors applying for registration in a provisional general, provisional vocational or special purpose scope are required to work under the supervision of a vocationally-registered doctor. All information combined enables an assessment of their competence to practise in the scope in which they have applied. Doctors are required to disclose any health, competence or conduct matters. Council ask a range of questions on the application forms regarding competence. If a disclosure relates to a health condition with the potential to impact on the				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		applicant's practice, the information is provided to Council's Health Team for assessment. If the disclosure is about their conduct or competence, the applicant must provide a description of the event(s) accompanied by any documentation available (court documents, legal correspondence, certificates of professional status (good standing) from every jurisdiction where the investigations or proceedings occurred. The Council Registration team gathers the documentation for consideration, in discussion with the Medical Adviser if required. For the application to proceed the Registrar, or a senior staff member with delegated authority must agree. Once the application is complete, it is peer reviewed in the team. The purpose of the peer review is to ensure that the application satisfies all policy requirements. Issuing a practicing certificate: • MCNZ website includes Policy Practicing certificate, Applying for a practising certificate. Council's procedures in assessing an application are clearly documented. Council staff work to a detailed practising certificate team procedures manual.				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		• The online PC application ensures that applicants are fully aware of Council requirements and makes applying for a practising certificate a straightforward process. • The Annual Practising Certificate (APC) workflow is used to issue practising certificates and the workflow management system ensures that necessary signoffs can be obtained promptly. Provisional general, provisional vocational and special purpose scope doctors are issued with a practising certificate reflecting their scope of practice – providing details about their approved employer, level of position and supervision. These applications are processed within five working days of receipt of all required information. To manage volumes and to support timely issuing of practising certificates, there are four practising certificate renewal cycles in a year. A doctor will be placed in a cycle according to their birth date (February, May, August and November). Doctors log in to MyMCNZ to renew their APC. Practising certificate renewal applications are processed within 10 working days from the time a complete application is received (this includes both the completed application form and receipt of practising				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		certificate fee). Advised that they process over 90% of renewal applications within the stipulated timeframe. The right to seek a review of decisions made under delegation (set out in clause 18, schedule 3, HPCAA). Council considers that its obligations under clause 18 extend beyond the "management" of requests. The right to have a decision reviewed reflects and reinforces the core obligations on Council and its delegates as decision-makers. The right to seek a review is supported by the following: • Documented and published Council policy to be applied by delegates. • Clear and comprehensive documentation setting out delegations ensuring that delegates are aware of decision-making authority. • Workflow management systems that require 'signoff' at those stages where a delegate must record a decision. • The communication to doctors of the reasons for a decision, and the information relied on in arriving at that decision. The Registrar maintains a detailed schedule of delegations to the Manager Registration and senior registration staff.				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers. Section 118c) To consider applications for annual practicing certificates						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		A right of review gives doctors a chance to challenge an adverse decision. Council members consider the doctor's request and are informed of the reasons for the delegate's decision. This enables them to make a fair and consistent decision. The delegations are regularly reviewed to ensure that the delegations support timely but robust decision-making.				

Function 3: Section 118d) To review and promote the competence of health practitioners. Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners. Section 118k) To promote education and training in the profession						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
3.1	The RA has proportionate, appropriate, transparent and standards-based mechanisms to: • Assure itself that applicants seeking registration or the issuing of a practicing certificate meet, and are actively maintaining, the required standard • Review a health practitioner's competence and practice against the required standard of competence • Improve and remediate the competence of practitioners found to be below the required standard • Promote the competence of health practitioners	Council may only register a doctor who meets the following three requirements: 1. has a prescribed qualification. 2. is fit for registration. 3. is competent to practise within the scope of practice for which they have applied. Council requires a CV and a summarised work history from doctors to build a picture of their practice history. • <u>Meet and maintain the required standard:</u> Doctors who are registered and practising in New Zealand must fulfil the requirements of an appropriate recertification programme designed to maintain their competence. Exception is made for doctors who are formally required to practice within an approved supervision arrangement or within an accredited vocational programme. In these situations the supervision and training-focus provides assurance of steady growth in competence. Recertification processes ensure the doctor is up to date and fit to practise in their scope of practice. The recertification	FA			

Function 3: Section 118d) To review and promote the competence of health practitioners. Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners. Section 118k) To promote education and training in the profession						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		programme providers are also required to monitor and report to Council when participants drop out of programmes, are disengaged or failing to satisfy requirements. In each of the four annual practising certification cycles at least 20% of doctors are audited to make sure they are complying with their recertification requirements. When a recertification provider advises Council that requirements have not been met, Council staff following a process that aims to re-engage the doctor in their recertification programme, and/or remedy any deficiency. If the doctor continues to fail to comply with the requirements, Council will consider an appropriate course of action which could include conditions or suspension. To ensure that Council can respond promptly and effectively to non-compliance with recertification requirements, Council has delegated authority to the Registrar to propose/impose conditions or to propose suspension where non-compliance is established. • <u>To identify any questions over competence the following occurs:</u>				

Function 3: Section 118d) To review and promote the competence of health practitioners. Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners. Section 118k) To promote education and training in the profession						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		– Disclosures – previous investigations/legal proceedings – Reference requirements as stated in criterion 2.2. – Certificate of professional status (COPS) which are documents used by medical regulators to share information about whether a doctor is in good standing. They also contain information on whether the doctor is the subject of a pending or open complaint or enquiry, and whether any action has been taken on a doctor's registration. Doctors submit a COPS within three months of their employment start date in New Zealand. They must provide COPS from every regulatory authority they have practised under in the last five years. – Council staff also undertake Google searches, which have on occasion identified discrepancies for which we have required explanation. • In certain circumstances, doctors may be required to have their level of competence reviewed and this is known as a "*performance assessment".*				

Function 3: Section 118d) To review and promote the competence of health practitioners. Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners. Section 118k) To promote education and training in the profession						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		Council may require a doctor to undergo a performance assessment if it receives a notification under section 34 that raises concerns about a doctor's competence, or if it receives a recommendation from a Professional Conduct Committee (under section 80(2)(a) of the HPCAA) that a doctor's competence be reviewed. Council may also undertake a review if it has other reason to believe that a doctor may not be practising at the required standard of competence. Council receives notifications from a variety of sources, all of which potentially result in Council requiring a competence review. This includes notifications from (this list is not exhaustive): • doctors • other health practitioners • health consumers and the public • employers • Council-appointed supervisors • ACC • HDC. Council adopts a proactive approach to identifying when a review might be required. It has developed relationships in the health sector and promoted				

Function 3: Section 118d) To review and promote the competence of health practitioners. Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners. Section 118k) To promote education and training in the profession						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		professional obligations to notify Council, such as the MOUs that Council has with a range of key bodies that includes the HDC and DHBs. Council's approach to the 'flexibility' allowed in the HPCAA has been to develop a robust methodology and a structured approach to competence reviews. This approach allows Council to undertake a thorough review against consistently applied standards, using trained assessors, while accommodating the different scopes and contexts within which a doctor might practice. A performance assessment is designed to ascertain whether a doctor is practising at the required standard within their scope of practice. It is carried out by a Performance Assessment Committee (PAC), guided by set terms of reference. The PAC assesses several elements of a doctor's practice and provide a written report on the findings in relation to: • diagnosis • patient management • record keeping • communication (including observation of consultations and patient/colleague surveyed feedback)				

Function 3: Section 118d) To review and promote the competence of health practitioners. Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners. Section 118k) To promote education and training in the profession						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		• prescribing practices • practice systems • surgical skills (if applicable) The PAC does not reconsider, or investigate, the issues from the initial notification. The PAC's focus is educative and solely on the doctor's current practice, to identify any areas that may require further education and development. Specific terms of reference are developed for each PAC, appropriate for the doctor being assessed. In 2020, the Council revised the performance assessment process, from a two-day practice visit to one day, and updated some of the tools to utilise video conferencing Generally, the assessment involves an initial interview with the doctor, interviews with their colleagues, a review of their prescribing practices for the previous 12 months, a review of their clinical (patient) records and an on-site visit to the doctor at their place of work to observe patient consultations and have a further, detailed interview with the doctor to discuss the PAC's observations and assess the doctor's clinical reasoning.				

Function 3: Section 118d) To review and promote the competence of health practitioners. Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners. Section 118k) To promote education and training in the profession						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		Performance assessment should be completed within four months of the date it is ordered. After the assessment, the PAC provides a report to the Council that outlines its findings and a category rating for the doctor's performance: **Category 1:** Performing at an acceptable level for a doctor registered and working within their vocational scope of practice. **Category 2:** Meets the required standard of competence in some but not all areas for a doctor registered and working within their vocational scope of practice – may require education and/or other actions to meet the overall required standard of competence. **Category 3:** Not performing at an acceptable level for a doctor registered and working within their vocational scope of practice – further action by Council is required. In cases where a doctor does not engage with the assessment process, the Council can reach a finding that the doctor is not competent because an assessment is required but has been unable to occur. This then enables Council to manage any potential risk to the public by placing				

Function 3: Section 118d) To review and promote the competence of health practitioners. Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners. Section 118k) To promote education and training in the profession						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		conditions on the doctor's scope of practise or suspending their practising certificate. Complex cases such as these can take longer to resolve than a standard PAC process. • Improve and remediate the competence of practitioners found to be below the required standard If there are immediate concerns about a doctor's competence, Council can mitigate any risk to public safety in the interim through voluntary undertakings, suspension or conditions under section 39 of the HPCAA, and/or through a risk of harm notice issued under section 35. If, after consideration of the PAC report, Council determines that a doctor is not performing at the required standard of competence, Council must make one or more of the following orders under s38 of the HPCAA: a. That the doctor undertake a competence programme b. That 1 or more conditions be included on the doctor's scope of practice c. That the doctor sit an examination or assessment				

Function 3: Section 118d) To review and promote the competence of health practitioners. Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners. Section 118k) To promote education and training in the profession						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		d. That the doctor be counselled or assisted by one or more nominated persons In practice, Council will usually order that the doctor undertake a competence programme in the form of an educational programme designed by the Medical Adviser. The educational programme will be specified in terms of duration (most commonly 12 months) and the learning outcomes and objectives will be tailored to address the areas of concern identified in the PAC report. An educational supervisor is appointed. At the completion of the educational programme, the Medical Adviser will review the final report, alongside all the previous reports, and decide if all objectives have been met. All reports are also sent to the doctor for final comment to encourage their reflections on the full programme. If the Medical Adviser confirms that the programme has not been satisfactorily completed, the matter is returned to Council for a decision on next steps. This would usually result in an extension to the programme, to allow the doctor time to complete any outstanding objectives and if				

Function 3: Section 118d) To review and promote the competence of health practitioners. Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners. Section 118k) To promote education and training in the profession						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		necessary a follow-up performance assessment may be required. • <u>Promote the competence of health practitioners</u> The mechanisms to promote competence are relevant to a doctor's scope of practice, their actual work and workplace setting. They include: • Medical school training programme provider accreditation • New Zealand Registration Examination (NZREX Clinical) • Prevocational medical training programme provider accreditation • Vocational medical training provider accreditation • Recertification requirements for general and vocational scopes of practice • Ordered recertification and education programmes • Council's Statements • Educational letters: an effective, right touch tool, through which Council can address minor concerns about a doctor's competence or conduct.				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
4.1	The RA has appropriate, timely, transparent, fair, and proportionate mechanisms for: Providing clear, easily accessible public information about how to raise concerns or make a notification about a health practitioner	The Council maintains a public register on its website and anyone can access it and search for information about a doctor. The Council updates the register every week. The register is a publicly available source of information through which anyone can learn about limitations the Council has imposed on a doctor's scope of practice including if a doctor has been suspended. On the MCNZ's website's home page has a direct link if anyone wishes to make a notification about a doctor. Council is required to refer all patient concerns to the Health and Disability Commissioner (HDC) and this is stated clearly on the notifications page. There is further detail about the HDC's service, links to their website and to the associated nationwide Health and Disability Advocacy Service who can support the patient to raise concerns. There is also information on the website for notifications from Employers or colleagues including things to consider before referring matters to the Council	FA			

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information. Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
4.2	• Identifying and responding in a timely way to any complaint or notification about a health practitioner • Considering information related to a health practitioner's conduct or the safety of the practitioner's practice • Ensuring all parties to a complaint are supported to fully inform the authority's consideration process	• <u>Identifying and responding in a timely way to any complaint</u> When Council receives notifications about a doctor a risk assessment is completed. All notifications are thoroughly reviewed and actioned appropriately. Some notifications may contain information which is high risk, for example notifications about sexual boundary breaches, and these notifications are managed differently to notifications that appear to have a lower level of risk associated. High risk notifications have shorter response timeframes to ensure that the matter can be considered promptly by Council's triage team, and that the health and safety of the public is protected immediately. The Team Leaders in the Professional Standards Team manage all incoming notifications and carry out risk assessments for each notification. High risk notifications are immediately escalated to the Deputy Registrar and a management plan for these notifications is made. New notifications are allocated to Professional Standard Advisers (PSAs) on a weekly basis (or sooner if required). The	FA			

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information. Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		first step is to promptly contact the notifier, explain the process and advise that the information they have provided will be sent to the doctor. All information is then provided to the doctor and their response to the information is requested within 10 working days. The notification, and the doctor's response, is then sent to the Notifications Triage Team (NTT), a triage and case management group, for consideration. However, there are some occasions when it is deemed necessary for cases to go direct to Council for consideration. The role of the NTT is to review notifications about doctors and decide on the initial next steps. NTT will also undertake an assessment and provide advice for the initial management of cases where the NTT identifies a possible risk of harm or a need to protect the public. The NTT also provides advice to the Registrar (and Deputy Registrar) on the exercise of several delegations relating to case management and risk management. NTT options include: • Submit a case to Council for consideration of ordering a				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information. Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		professional conduct committee (PCC), performance assessment committee (PAC), conditions, suspension, or other action • Ask a doctor to undergo a preliminary competence inquiry (PCI) • Advise the Registrar to refer a matter to a PCC under delegation • Advise on the referral of a matter to the Health Team • Send the doctor an educational letter • Take no further action. If the NTT has requested that a doctor signs a Voluntary Undertaking (VU) to restrict their practice, the correspondence advising them of this decision is sent out urgently and the doctor is provided 5 working days (or less depending on the nature of the matter) to advise whether they are agreeable to sign the VU. Council can immediately suspend a doctor's practising certificate without notice under section 69A of the HPCAA. Council can only use this section if: a. a criminal proceeding is pending against the doctor, or b. if there is an investigation pending under the HPCAA or under the Health				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information. Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		and Disability Commissioner Act 1994, *and* c. if Council believes that the doctor poses a risk of serious harm to the public. Doctors are always informed of who the Council will communicate with/notify of matters about them. The Council has Memoranda of Understanding (MoU) with District Health Boards, Primary Health Organisations and the New Zealand Police. There are occasions where it will be required to release information about a doctor to these organisations. The doctor is always informed prior to this occurring and given a copy of the correspondence sent. • Considering information related to a health practitioner's conduct or the safety of the practitioner's practice The Council has established processes and policies for considering information relating to a doctor's conduct or the safety of their practice under Part 4 of the HPCAA. Notifications are handled by the Professional Standards team who obtain initial information and then present this to the Notifications Triage Team (NTT). More				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information. Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		complicated cases are referred to Council meetings for orders and advice on next steps. Emergency Council meetings are held from time to time when urgent concerns about safety of practice/risk to public are identified, and the Council can exercise powers under sections such as 39, 69, or 69A of the HPCAA. Independent committees include a Professional Conduct Committee (PCC) or if a competence review (in the form of assessment by a Performance Assessment Committee (PAC)) is required. The Council have their first Maori focused PCC due to allegations of racism by a practitioner. There are 30-40 PCCs per annum. • Ensuring all parties to a complaint are supported to fully inform the authority's consideration process The primary source of support through the notification process comes from Council staff effectively communicating with parties during the process. Most doctors involved in the notification process are indemnified and are therefore represented and/or provided with additional				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information. Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		support. Despite this, the Council has a role to play in ensuring that doctors subject to a notification are aware of the additional support available to them and experience a timely and fair notification process. Also, those without professional indemnity / legal representation receive additional information to ensure they are aware of the process and their rights. Notifiers and witnesses involved in PCC investigations and prosecutions are also informed about the process, and about the investigation (to the extent possible under the Privacy Act 2020). The Council can meet the costs of counselling for notifiers on a case by case basis. This isn't proactively offered and is limited to one or two sessions in connection with either an interview or Tribunal proceedings. Support persons can be used at any stage of the process, and are particularly encouraged for interviews with the PCC. The Council currently deals with anonymous and informal notifications on a case by case basis, but typically cannot progress anonymous notifications due to natural justice concerns (aside from informing the doctor of the existence of the				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information. Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		notification and giving them an opportunity to respond). The Council is developing a protocol to address these types of notifications. This is intended to also encompass guidance for those wanting to make notifications under the Protected Disclosures Act 2000. Interpreter assistance is available at all stages of the notification. Post PCC investigation surveys have been recently implemented . These go to notifiers and doctors and ask questions relating to whether the person found the process was timely, fair and whether they felt adequately supported. The next step in this process is to collate this information and build it into process improvement programmes, and to assess whether this ought to be part of regular Council reporting.				
4.3	Enabling action, such as informing appropriate parties (including those specified in section 118(g)) that a practitioner may pose a risk of harm to the public	The public register on the MCNZ's website includes information about any conditions on a doctor's scope of practice and references which section of the HPCAA the conditions have been imposed under. The register also shows if a doctor has been suspended.	FA			

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information. Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		The Council can inform appropriate parties that a doctor may pose a risk of harm to the public through a voluntary undertaking (VU) entered in to with the doctor. A VU is a consent-based mechanism by which the Council can involve a doctor's employer in risk management. The Council implements a communications protocol that reflects its obligation to inform parties of specific decisions made under the HPCAA. This includes that an order by Council must be communicated to the doctor's employer, and any person who works in partnership or association with the doctor. Orders communicated according to the Communications protocol include; if a doctor is found to be practising below the required standard of competence, related to unsatisfactory completion of a competence or recertification programme, if Council identifies a risk to the public, and an order related to a doctor's fitness to practice. if the Council has reason to believe that the practice of a doctor may pose a risk of harm to the public, the Council must notify: a. The Accident Compensation Corporation; b. The Director-General of Health;				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information. Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		c. The Health and Disability Commissioner; and d. The doctor's employer. There is a naming policy on the Council's website that sets out the process by which Council may publish information relating to an order about a doctor. To balance several factors before deciding to publish a notice that includes the public interest in publication, the risk of harm to the public, risk of non-compliance with an order, doctor's right to privacy, adequacy of any information already available on the public register, and information that has already been communicated to parties under other sections of the HPCAA. The Council will generally not publish a notice if the order relates to a doctor's competence and a doctor is engaging in remediation efforts, or if there are concerns about a doctor's health.				

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
5.1	The RA has clear and transparent mechanisms to: • Receive, review, and make decisions regarding notifications about health practitioners who may be unable to perform the functions required for the practice of the profession • Take appropriate, timely, and proportionate action to minimise risk	Processes that assist in making decisions if a doctor may be unable to perform the functions required to practice include the following: 1) Disclosure about a mental or physical condition Council proactively requires doctors applying for registration and practising certificates to disclose any mental or physical conditions that may affect their ability to practise. Council reactively receives, reviews, and makes decisions about notifications under ss45(1) and (5) of the HPCAA that a doctor or graduating medical student may be unable to perform the functions required for the for the practice of medicine because of a mental or physical condition. 2) Council's definition of the functions required to practise medicine 'Whether a doctor is in good health or has a health problem, a practising doctor must always be able to: • make safe judgments • demonstrate the level of skill and knowledge required for safe practice • behave appropriately • not risk infecting patients • not act in ways that adversely impact on patient safety.	FA			

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		This gives a framework to help anyone decide whether a notification is required, and it also guides subsequent decisions made by the Health Committee. 3) Capability to ensure informed decision-making: the Health Committee, the Registrar, and the office-based Health Team who act within delegations. The Health Committee is a standing committee which considers doctors who have health problems that may impact on their practice of medicine generally, or in their particular scope of practice. Health Committee has 5 full-day face-to-face meetings a year, and short ZOOM meetings in the other 7 months. The primary role of Council and its Health Committee is to ensure public health and safety. The Health Committee's secondary role is to focus on recovery and vocational rehabilitation of doctors. It carefully balances any risks to patient safety with compassionate management of the doctor and encouraging and facilitating treatment. Doctors with health conditions can usually continue in practice where it is safe to do so. Safety mechanisms can be used such as suitable limitations, safeguards and monitoring, and the involvement of employers and practices helps facilitate this.				

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		The Health Committee can opt to use voluntary agreements instead of formal conditions if limitations are needed, or commitments (therapeutic, monitoring and information sharing) need to be formalised. There can be mandatory notification education, advice, and support. For new graduates (PGY1s) stress of transitioning to the health workforce can compound any mental health challenges students face. The Health Committee tries to ensure that interns have successful learning years and that they meet the set requirements. The Health Committee uses a range of reporting and tools targeted to a doctor's health condition, their scope of practice, and their level of insight. The most common monitoring mechanisms include: reporting by treatment teams, Independent assessment reports, urine or hair strand testing to detect the misuse of substances, blood testing to detect alcohol misuse or to confirm medications used are at a therapeutic level, and breath testing. The Health Committee's minutes and schedules are received by Council to oversee at its next available meeting (approximately 140 notifications per year).				

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
6.1	The RA sets standards of clinical and cultural competence and ethical conduct that are: • Informed by relevant evidence • Clearly articulated and accessible	The MCNZ sets standards of clinical competence, cultural competence (including interaction with Māori), and ethical conduct to be fulfilled by health practitioners of the profession through: • Statements • Accreditation standards • International Medical Graduate (IMG) orientation and supervision requirements Statements set standards for doctors on clinical competence, cultural competence (cultural safety) and ethical conduct. Statements are informed by evidence, clearly articulated and accessible. Statements undergo a regular review process which involves significant research, review of current evidence, gap analysis, a cultural safety lens, consultation and stakeholder input. There are 26 statements and all are on the MCNZ website. The impact of the COVID-19 pandemic resulted in a Telehealth statement (October 2020) and updating the statement on good prescribing practice (25 March 2020). Council sets accreditation standards for training providers and these standards are used to accredit and reaccredit the training providers (refer to criterion 1.3). These	FA			

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		standards are for vocational medical training and recertification programmes (medical schools and colleges) and pre-vocational medical training (DHBs). These standards set Council expectations for postgraduate medical education. Council is currently implementing a strengthened recertification model developed over many years, Recertification requirements for vocationally-registered doctors in New Zealand November 2019. Recertification programmes support doctors to maintain their competence, take responsibility for their performance and to stay current in their practice. Responsibility for determining what is appropriate for each vocational scope falls to the appropriate recertification provider which in most cases in New Zealand, is the medical colleges. Doctors registered in a vocational scope of practice must participate and satisfy all of the requirements of a recertification programme provided by an accredited medical college or other accredited organisation. Accredited providers will advise Council of any doctors who are not complying with this requirement. All programmes include a mix of activities across all 3 CPD categories : reviewing and reflecting on practice, measuring and				

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		improving outcomes, and educational activities High value activities: Providers will offer processes and give appropriate credit for doctors to undertake high value activities including collegial practice visits (RPR) and multisource feedback. Employer-led activities: Providers are expected to recognise and give credit for appropriate activities undertaken through other processes, such as fulfilling the requirements of another accredited recertification programme or during the course of a doctor's employment. Annual conversation: Providers will give guidance to doctors on structuring their annual conversations with a peer, colleague or employer. PDP: Providers will offer a facility and template for doctors to create and maintain a professional development plan. Cultural safety and a focus on health equity are woven through the recertification processes. The revised standards are currently being finalised. Accredited recertification programme providers are expected to work towards the minimum requirements for recertification, with implementation completed by 1 July 2022.				

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		International Medical Graduate (IMG): Council has an Orientation, induction and supervision handbook that sets expectations of employers and supervisors of IMGs. This includes the expectation that Council's statements on clinical competence, cultural safety, and ethical conduct will be covered as part of the doctor's orientation. Supervision forms for IMGs include questions to assess the doctor's clinical competence, cultural safety, and ethical conduct. This information assists Council when making decisions on registration.				
6.2	Developed in consultation with the profession and other stakeholders	The MCNZ website includes the consultations conducted. Statements are developed in consultation with the profession and other stakeholders including input from the Consumer Advisory Group (CAG) that Council shares with the Health and Disability Commissioner's including the HDC's Consumer Advisory Group Terms of Reference August 2017. For example, the CAG meeting 24 February 2021 included Update on the statement on Telehealth, Update on the statement on Ending a doctor-patient relationship, Māori Graduate Support Initiative, discussion on A doctor's duty to help in a medical emergency and discussion on Non-treating doctors	FA			

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		performing medical assessments of patients for third parties. Statement on Cultural Safety (October 2019) and He Ara Hauora Māori: A Pathway to Māori Health Equity (October 2019) were developed through a robust process beginning with an extensive literature review, expert guidance and advice from taumata, academics and medical professionals and consultation with the profession and key stakeholders. This included two national symposia on cultural safety and health equity with extensive feedback to inform the final statements.				
6.3	Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori	Statement on Cultural safety provides doctors and healthcare organisations with Council's expectations of culturally safe practice and how this can be incorporated into clinical work and more broadly across healthcare services. He Ara Hauora Māori: A Pathway to Māori Health Equity provides more specific guidance on how doctors and healthcare organisations can support the achievement of best health outcomes for Māori and developing and supporting the Māori medical workforce.	FA			

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
7.1	The RA understands the environment in which it works and has effective and collaborative relationships with other authorities.	The Council interacts constantly and constructively with other RAs in several ways. This includes: • seeking comment from other RAs in the development of policy or standards • regular pan-RA meetings of RA CEOs/Registrars to share information • joint work on matters of common interest • formal hui, for shared learning Also, recently hosted a cross RA hui for all health practitioner RAs, with the DDG, MoH, John Whaanga, and this was focused on three key areas: • Meeting obligations of te Tiriti o Waitangi. • How RAs can link to *Whakamaua: Māori Health Action Plan 2020-2025.* • The regulator role in addressing racism.	FA			

Function 8: Section 118ja) To promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
8.1	The RA uses mechanisms within the HPCA Act such as competence standards, accreditation standards, and communications to promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.	The Council's competence and accreditation standards include the professions responsibilities and communication for the delivery of health services. Examples of shared work with the other RAs include: • Cooperation with the Pharmacy Council in the development of a Pharmacy Council statement to pharmacists about the Medical Council requirements regarding doctors self-prescribing. • Discussions and joint/shared submissions on relevant legislation; the Health Practitioners Competence Assurance Amendment Bill and the Subordinate Legislation Amendment Bill. • Cultural safety, health equity: Council's Chair and CEO have formally presented and shared Council's strategy and policy work with about half a dozen of the RAs. • Joint meetings with Nursing Council and Psychology Board, to support Police in understanding the implications of the changes to the Arms Act 1983 and to develop and publicise guidelines for practitioners.	FA			

Function 8: Section 118ja) To promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		• A Joint statement with the Dental Council on COVID-19 vaccinations. • Hosting and facilitating and hosting a joint RA Hui on cultural safety, health equity and embedding principles of Te Tiriti in our work as regulators. • Contributing to the development of the Ministry of Health's new guidance on the diagnosis and surgical treatment of tongue-tie in neonates. There are MoUs in place with District Health Boards, Primary Health Organisations, medical colleges, the universities, HDC and the New Zealand Police.				

Function 9: Section 118l) To promote public awareness of the responsibilities of the authority.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
9.1	The RA: • Demonstrates its understanding of that the principal purpose of the HPCA Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions	The Council's main audiences are the New Zealand public, the wider health sector, and doctors. The Council has a very good understanding of its role in protecting public health and safety which includes an informative and comprehensive website. The publicly available medical register comprehensive list of all doctors registered to work in New Zealand searchable by location, speciality and status. The register is updated weekly and includes suspended doctors, as well as high-level details of any current conditions on, or investigations into, practicing doctors. Policies, statements, standards and processes consistently recognise the Council's principal purpose to protect public safety. The discussions with the Council representatives (chair, deputy chair and lay member), Chief Executive, Registrar and other key staff demonstrated their understanding of the importance to protect public safety.	FA			
9.2	• Provides clear, accurate, and publicly accessible information about its purpose, functions and core regulatory processes	The website provides dedicated sections for doctors, patients, and the public, as well as stakeholders in the broader health sector. This includes policies, statements, consultations, newsletters, accreditation reports, annual reports and the strategic	FA			

Function 9: Section 118l) To promote public awareness of the responsibilities of the authority.						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		plan. The Council also uses LinkedIn and Twitter to connect with the medical profession, health sector and internationally. The report on New Zealand Medical Workforce in 2019 includes age, ethnicity and gender data. The Council added a gender diverse option on their Medsys system on 16 August 2021. The Council is in the process of analysing its website statistics to identify what people are searching for and building more interactive content such as video and audio guidance for both doctors and the public. Also are working on including more Te Reo Māori on the home and landing pages in keeping with our commitment to Te Tiriti o Waitangi and principles of health equity and cultural safety.				

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
10.1	The RA: • Ensures that the principles of equity and of Te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in Whakamaua: Māori Health Action Plan 2020-2025) are followed in the implementation of all its functions	The Council is currently employing a new role to support the principles of equity and Te Tiriti o Waitangi. Kaitiaki Mana Māori (Position description). This senior leadership position will drive the development and implementation of two vital initiatives: 1) a Te Tiriti o Waitangi framework that contributes to the organisation's commitments, responsibilities, and obligations under Te Tiriti o Waitangi, and 2) the building of capacity and capability in te ao Māori. It supports the CEO and Executive Leadership Team (ELT) of Te Kaunihera Rata o Aotearoa - the Medical Council of New Zealand (Council) to embed a sound understanding across the organisation now, and for the future. A key aspect of the position is to develop effective external working relationships to support the Council to strengthen its understanding of the needs of the profession it regulates and inform how to provide quality services that lead health equity for Māori. This role also ensures that the Māori worldview is considered and applied throughout the work of the Council. Council promotes equity of health outcomes and to meet obligations under Te Tiriti o Waitangi by:	PA	L	To continue this positive mahi with the Kaitiaki Mana Māori providing the leadership to further build the organisational commitments for Te Tiriti o Waitangi and the capacity and capability in te ao Māori.	3 -9 months (up to 1 July 2022 and ongoing)

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		• Developing and implementing a framework to guide our actions under te Tiriti o Waitangi, in partnership with Te ORA (Te Ohu Rata o Aotearoa, the Māori Medical Practitioners' Association). • Increasing the medical profession's understanding of cultural safety and health equity • Setting standards for cultural safety to ensure that patients receive culturally safe care. • Improving support for Māori graduates transitioning to practice. • Improving IMGs' understanding of cultural safety and health equity in Aotearoa (included in their workshops). • Further strengthening accreditation standards related to cultural safety and health equity for training providers across the training continuum. • Monitoring college adherence to strengthened focus on cultural safety and health equity in recertification programmes and training programmes.				

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
10.2	• Ensure the principles of Right-touch regulation are followed in the implementation of all its functions	The six principles of right-touch regulation are proportionate, consistent, targeted, transparent, accountable, and agile. The Council demonstrates these principles through its policies, processes, systems, consultations, plans, strategic direction and how it works with education providers and doctors. Council delegations apply across the activity of Council. The robust and transparent use of delegations plays a key part in Council's effectiveness and delivery on the right-touch principles. Examples of application of the six principles of right touch regulations includes the Council's approach regarding health notifications, associated monitoring mechanisms, active risk management and whether to immediately suspend a doctor or whether to propose to impose conditions or suspend a doctor.. The Council's most recent 5 year strategic plan was "Towards 2022" and updated in 2019. It set out the vision, values, purpose, principles, five goals and five strategic directions, along with the key influencers in their planning environment. The Council is currently finalising its Strategy 2021-2025. Tā Mātou Matakite / Our Vision A medical profession all New	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		Zealanders can trust / He mahi rata e whakawhirinakitia e tātou "Tā Mātou Kaupapa / Our Purpose: We serve Aotearoa New Zealand by protecting public health and safety through setting and promoting standards for the medical profession. Set strategic priorities that demonstrate accountability to the public, the profession, and stakeholders; promote equity of health outcomes; demonstrate proactive, right-touch regulation in all we do; use data to inform innovation and improvement; invest in organisational capability and culture. The values of Council: Kotahitanga – Togetherness; Manaakitanga – Support; Whakapono – Integrity; Kaitiakitanga – Protect; Whakamārama – Listen".				
10.3	• Identifies and addresses emerging areas of risk and prioritises any areas of public safety concern	There is a current Risk Register as at June 2021 with an associated Policy on Risk Management. The Risk Register applies a consequences versus likelihood matrix for almost certain (level 4), Likely (Level 3), Possible (Level 2), Unlikely (Level 1), Rare (Level 1). Risk contexts include an uncontrolled risk with ratings and mitigating actions and residual risk with ratings and comments. Council considered a governance review paper at its August 2020 meeting and required changes to its reporting	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		requirements, including risk reporting. Council noted that the risk reporting is considered quarterly by the Audit and Risk Committee (Committee) and requested that it be provided to Council annually. The ELT review the key risks at least quarterly and was last reviewed on 29 April 2021. The risk profile was discussed by the Committee on 20 May 2021. The discussion with the Council representatives showed they are very aware of the organisation's risks. A current risk is that a few doctors are not supporting COVID vaccines and the Council issued a media release on 20 August 2021 emphasising that there is no place for anti-vaccination messages in professional practice. The Council is working with the Ministry of Health to further understand the impending implementation of End of Life Choice legislation with the profession. An identified challenge is how to respond to emerging artificial intelligence (AI). There is ongoing monitoring of telehealth and the health sector changes due to take effect from 1 July 2022.				

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
10.4	• Consults and works effectively with all relevant stakeholders across all its functions to identify and manage risk to the public in respect of its practitioners	There are MoUs with key stakeholders to assist in identifying and managing risk to the public. MoUs are in place with the medical colleges to work together to ensure doctors are safe and competent to practice and the public is protected. MoU with HDC is currently being updated and ready to be finalised. It acknowledges their shared role in promoting the safety of health and disability services consumers. To speed up the process of dealing with complaints about registered medical practitioners (doctors), the HDC and the Medical Council agree to the following, in accordance with the relevant provisions contained in the Health and Disability Commissioner Act 1994 (the HDC Act) and the Health Practitioners Competence Assurance Act 2003 (the HPCAA). MoU with University of Auckland and University of Otago updated July 2021. The main purpose is work together regarding the evaluation and fitness to practice issues that may affect a medical student's ability to practice medicine. MoU with DHBs is currently being updated (draft May / 2021): This Memorandum of Understanding (MOU) between the Medical Council of New Zealand (Council) and the District Health Boards (DHBs) commits us	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		to work together, jointly and collaboratively, in relation to ensuring doctors are safe and competent to practise, and the public is protected. The MOU contains information relevant to the Council and DHBs relating to doctors within the service of the DHB. This includes Chief Medical Officers (CMO), doctors, Council's supervisors, DHB management, medical administration units and HR departments.				
10.5	• Consistently fulfils all other duties that are imposed on it under the HPCA Act or any other enactment	The Council has 2 monthly governance meetings. There is an audit and risk committee that meets four times per year.. The annual report is published on the web-site each year. It provides information about key achievements, strategic priorities, committees, standards, conduct, Health Practitioners Disciplinary Tribunal operations, corporate governance and finances. An activity based costing model is used to link to APC fees with ongoing inflation adjustments. Standing Orders of the Medical Council of New Zealand contain rules for the conduct of proceedings in the Medical Council of New Zealand and for the exercise of powers possessed by the Council. These Standing Orders apply to the proceedings of all Council meetings and committees of	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	**Related core performance standards**	**Reviewer's comments**	**Rating (FA/PA/UA)**	**Risk Level if PA /UA (L, L-M, M, H)**	**Recommendation**	**Timeframe (months / date)**
		Council. This includes meetings, committees and other proceedings. New Council members complete an induction checklist and receive a comprehensive orientation that includes (Sept / 2020): Overview of strategic & business plan, primary purpose, strategic goals, values and principles, governance, committee and management structure; accountabilities. HPCAA, Registrar function, delegations. Privacy & security of information, IT Systems.				