Information and discussion

Report on progress of strategic directions: 2012/2013 business year (EMA02.02.04)

Purpose

1. To report on progress with strategic directions and initiatives for the year 1 July 2012 to 30 June 2013.

Council's Strategic Goals

2. **GOAL ONE –** Optimise mechanisms to ensure doctors are competent and fit to practise.

3. **GOAL TWO –** Improve Council's relationship and partnership with the public, the profession, and stakeholders to further Council's primary purpose – to protect the health and safety of the public.

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

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

6. **GOAL FIVE –** Promote good medical education and learning environments throughout the under-graduate / postgraduate continuum to help ensure all doctors have achieved the necessary standards for their practice.

Strategic Directions

7. In 2007/8 Council established four strategic directions:
   - Fitness to practise.
   - Medical workforce.
   - Medical education.
   - Accountability to the public and stakeholders.

8. Each strategic direction links to one or more of the goals. As the initiatives within the strategic directions are implemented, Council moves closer to achieving its goals.

9. During the 2012/2013 year we have continued to implement the initiatives within our four strategic directions. The report is a summary of the progress with key initiatives over the 12 months from 1 July 2012 to 30 June 2013.

10. Benefits maps (Appendix 1) demonstrate the link between each of the strategic directions and Council's strategic goals. The benefits maps also demonstrate the outcomes, the benefits and the value to Council of completing the initiatives, and the progress made within each strategic direction.

Direction one - Fitness to practise

Key outcome of Fitness to practise strategic direction

11. *"We will apply right touch regulation to ensure doctors are competent and fit to practise throughout their medical career. The key outcome of this strategic direction is to continually improve the current high quality of medical practice in New Zealand. The Council will continue to provide leadership to the profession and work collaboratively and constructively with key stakeholders to achieve this outcome."*

Recertification for doctors registered in a general scope of practice

12. At its October 2011 meeting Council resolved to approve bpac^{nz} as the provider for Council's strengthened recertification programme for doctors registered in a general scope of practice. The recertification programme called *inpractice* commenced in May 2012.

13. The first year of the implementation of the recertification programme is now complete. Doctors have been required to enrol in *inpractice* as their practising certificate has come up for renewal through the APC cycles of May 2012, August 2012, November 2012 and February 2013. There are approximately 1800 doctors currently enrolled in the *inpractice* programme.

14. Quarterly monitoring of individual doctors will ensure that all required doctors are enrolled and participating in the *inpractice* programme.

15. An escalation process has been implemented for those who are required to enrol in the programme but have not done so. This is proving effective with only a very small number of doctors currently involved in an escalation process. Any doctor who has not enrolled following a second escalation letter will be brought to Council's attention at a Council meeting, for consideration of the imposition of conditions.

16. In June 2013 this project was handed over from the Strategic team to the Registration team to administer as 'business as usual'. The exception to this is the implementation of regular practice review (RPR) as part of the recertification programme, which commenced in July 2013. Oversight of this aspect will remain in the Strategic team.

17. A project completion report on the implementation of the first year of the recertification

programme discussing issues, challenges, improvements made, lessons learned and the project outcome along with a project report from bpac[nz] is included in this meeting agenda as item 3.2.

18. Priorities for 2013/2014

- Implementing an evaluation programme to determine whether the recertification programme is delivering the benefits we expect.
- Monitoring the regular practice review component (RPR) of the recertification programme.

Multisource (colleague and patient) feedback

19. A working group was established to carry out this work. Several valid and reliable tools used by international medical regulatory and professional bodies were analysed to determine which tool would be the most appropriate for use within Council's processes. After reviewing extensive international research, the working group recommended the GMC multisource (colleague, patient and self assessment) feedback tools as the most appropriate tool for use in Council processes.

20. At its August 2012 meeting, Council resolved that the GMC multisource (colleague, patient and self assessment) feedback tools are to be implemented for use within Council's PAC and VPA processes, with a review to take place 12 months after implementation.

21. An invitation to submit an expression of interest (EOI) to administer multisource (colleague, patient and self-assessment) feedback questionnaires on behalf of the Medical Council of New Zealand was circulated on 29 October 2012.

22. Council received three EOIs which were reviewed by the evaluation panel. Two EOIs were shortlisted and invited to present to the evaluation panel on 14 February 2013 for further consideration.

23. At its meeting in April Council resolved that bpac[nz] is the preferred organisation to administer the multisource feedback process on behalf of the Council. Contract negotiations with bpac[nz] have now taken place and an agreement has been made in principal. We expect the contract to be signed in the coming weeks with a view to implementing the process in October 2013.

24. Planning for implementation is underway in liaison with the relevant Registration and Professional Standards team members.

Regular Practice Review (RPR)

25. Regular Practice Review (RPR) is a supportive and collegial review of a doctor's practice by peers, in a doctor's usual practice setting. The primary purpose of RPR is to help maintain and improve the standards of the profession. RPR is a quality improvement process. It may also assist in the identification of poor performance which may adversely affect patient care.

26. The Council's approach to RPR differs depending on whether a doctor is registered in a

vocational or general scope of practice.

27. *General scope*
The *inpractice* recertification programme includes RPR to be undertaken 3 yearly, with the first review to be undertaken 3 years after the doctor achieves registration in a general scope of practice.

28. *Vocational scope*
The Council is encouraging Vocational Education and Advisory Bodies (VEABs) to develop RPR processes for doctors registered in a vocational scope of practice, and make these available as part of the CPD programme on a voluntary basis.

29. A meeting was held on 26 November 2012 focusing on RPR. There were 26 attendees and they included representatives from 13 medical colleges. The purpose of the meeting was for those who have experience in implementing RPR to share their experiences with other organisations that have yet to establish these processes as part of their CPD programmes.

30. Presentations were provided by those medical colleges who have experience with RPR. The presentations focused on implementation of RPR, how they went about it, what they learnt and an overview of the process. The meeting was very well received by those who attended.

31. A number of medical colleges are currently developing and implementing RPR process as part of their CPD programmes. Those who have already implemented RPR include the Royal Australasian College of Physicians (RACP), Royal New Zealand College of General Practitioners (RNZCGP), Royal Australian and New Zealand College of Obstetrician and Gynaecologist (RANZCOG), and the New Zealand Orthopaedic Association (NZOA).

Evaluation of regular practice review

32. In 2011 a small working group explored how we could evaluate the effectiveness of RPR. At that time Council indicated support for the proposed programme, and agreed that this work should be put aside and recommence once the *inpractice* recertification programme was implemented. This would allow an evaluation of the RPR component of the recertification process to be put in place from the commencement of RPR.

33. An invitation to submit an EOI to manage an evaluation programme that looks at the effectiveness of RPR as implemented through the bpac^{nz} *inpractice* programme on behalf of Council was circulated 31 May 2013.

34. An evaluation panel led by Council's Medical Adviser, Dr Kevin Morris has been formed to review the expression of interest and determine the next steps.

Review and develop tools for use in performance assessments, VPAs and RPR

35. In December 2012 Council's Medical Adviser, Dr Steven Lillis convened a small team to review and update tools used in performance assessments. The review focused on adapting generic tools to the individual needs of each vocational scope of practice.

36. Some scopes of practice required minor modifications, others required considerable development. An important part of the development was to ensure that the modifications were in line with best practice in medical education within specific vocational scopes. The assistance of senior members of relevant VEABs was invaluable in this process.

37. There are now individualised suites of assessment tools for psychiatry, anaesthetics, radiology, paediatrics, and major proceduralists.

38. The feedback from those who have used our new suites of assessment tools has been positive. Having scope specific tools will improve the quality of the assessment process.

Audit of medical practice

39. Doctors are required to participate in audit of medical practice each year.

40. A revised definition and criteria for audit of medical practice was approved by Council in August 2012 following consultation with stakeholders, and consideration by Council's Education Committee.

41. Council agreed to allow medical colleges and VEABs until June 2013 for the new definition and criteria for "audit of medical practice" to be implemented within their CPD programmes.

42. This project is now complete.

Credentialling - exploring setting of national standards

43. The project aims to raise the standards of credentialling processes undertaken by service providers and DHBs. This will be achieved through promoting the best practice application of credentialling across all service providers and working with stakeholders to explore the setting of national standards for credentialling, building on the MoH publication *The Credentialling Framework for New Zealand Health Professionals 2010.*

44. No progress has been made on this project in the 2012 / 2013 business year.

Direction two - Medical workforce

Key outcome of Medical workforce strategic direction

45. *"The Council aims to ensure that its registration and other processes ensure the competence and fitness to practise of doctors working in New Zealand, and their successful integration into the health system. We do this to protect the health and safety of the public. We also recognise that the failure of DHBs and other service providers to provide health services is a risk to the health and safety of the public. We will work in a collaborative and equal relationship with relevant stakeholders to ensure our roles and responsibilities in the regulation of doctors and related workforce issues are clear.*

The New Zealand medical workforce is heavily reliant on international medical graduates with 41 percent of doctors practising in New Zealand holding a primary medical qualification from overseas, although this figure reduces to around 26 percent if those

doctors with a New Zealand or Australasian postgraduate medical qualification are removed from the calculation. The Council registers up to 1200 international medical graduates every year.

The key outcome of this strategic direction is to assist all doctors, including international medical graduates to integrate safely and successfully into the New Zealand medical workforce."

Training workshops for supervisors of IMGs

46. Over the last 12 months four training workshops for supervisors of IMGs have been held with approximately 100 supervisors attending. Feedback continues to be positive. Most attendees have found it useful in helping them learn different methods of dealing with issues of cultural competence and communication. One of the key aspects of the training focuses on providing feedback to individual IMGs who are being supervised and addressing concerns that may arise with the performance. The workshops also provide supervisors with a forum to meet with other supervisors so they can share ideas and experiences and form networking groups.

47. Since we introduced the workshops in 2009, 17 workshops have been held, and over 400 supervisors have attended the training. Sue Hawken and Richard Fox from Connect Communications continue to facilitate the workshops, along with one of Council's Medical Advisers and senior staff from Council office.

48. The responsibility for coordinating the workshops for supervisors of IMGs has now shifted to the Council's Registration Team.

Approved practice settings (APS)

49. Accreditation as an APS demonstrates that appropriate support and supervision is available and provided to IMGs. This ensures their safe integration into medical practice in New Zealand, and demonstrates there is ongoing assessment being provided. Benefits of being accredited as an APS include:

- Recognition of a service or practice that spans more than one site and providing a mechanism to streamline their internal processes and policies.
- Quicker processing time for registration of IMGs.
- Decrease need for paper work for services, for example individual supervision plans and supervision reports do not need to be submitted to Council.

50. Three services have been accredited in the 2012 / 2013 year as an APS.

51. We are aware a number of services are in the process of completing and submitting their applications for accreditation as an APS, however the applications are slow to be completed.

Streamlining processes for IMGs applying for a vocational scope

52. The vocational registration team began reviewing the processes at the beginning of 2013, and this work will continue for the rest of the 2012/13 year.

Research qualifications for the special purpose scope of practice, locum tenens pathway

53. An internal review of qualifications is being carried out, followed by a consultation on approved qualifications during September 2013.

Proactive sharing of information on doctors with IAMRA and international medical regulators

54. In the first half of 2012 the IAMRA PIE (Physicians Information Exchange) Group prepared a draft Statement of Intent (SOI) on proactive information sharing. In August 2012 the Registration Manager (Council's representative on the PIE Group) sought Council's support to be a signatory of the SOI.

55. Council subsequently resolved to be a signatory and on 5 October 2012 the IAMRA General Assembly ratified the SOI so that it is now IAMRA policy. The PIE Group is now working on developing strategies to assist international regulators to share information proactively.

MedSys online capability to facilitate applications for practising certificates and registration

56. The costs of developing online capability have been identified and a paper requesting approval will be considered by the Audit Committee in August.

Direction three – Medical education

Key outcome of the Medical education strategic direction

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

Review of prevocational training

58. Council considered the feedback from the consultation paper *A review of prevocational training requirements for doctors in New Zealand: Stage 2* at its July 2013 meeting.

59. Council agreed to a number of decisions about changes for prevocational training, and a project plan has been drafted to further develop and implement the various work streams resulting from Council's decisions. Council will be requested to further consider particular issues and make key decisions as the work progresses in each work stream.

Trainee intern registration

60. A working group was formed to explore the possibility and options for trainee intern registration (formerly medical student registration).

61. At a meeting in April 2012 the group explored the issues pertaining to registering medical students at their 6th year of medical school under the current legislation, the HPCAA 2003. Following a discussion about the role of trainee interns in DHBs, the group agreed that there is a need for medical student registration for the trainee intern year, primarily because it provides a mechanism for protecting the public.

62. No progress has been made on this initiative in the last 12 months and it is likely that this

project will not recommence until the review of the HPCAA 2003 has been completed.

Review of GPEP and Rural Hospital training programmes

63. The GPEP project has now been completed, with the new GPEP being formally accredited by Council in October 2012.

64. The Division of Rural Hospital Medicine' training and recertification programme is due to apply for reaccreditation in the 2013 / 2014 business year.

Accountability to the public and stakeholders

Key outcome from Accountability strategic direction

65. *"The Council is accountable to the public, to Parliament, and to the profession. Within this model there are many individuals and groups with whom we collaborate in the performance of our functions. The key outcomes of this strategic direction are through engagement with the public and stakeholders to raise awareness of Council's role and functions, obtain valuable feedback into our strategic and policy development and improve how we perform our functions ."*

Stakeholder engagement plan

66. A stakeholder engagement plan has been implemented.

67. In the year July 2012 to June 2013 Council staff have attended approximately 195 stakeholder meetings.

68. A statistical breakdown of meetings held with stakeholders for the 2012/2013 year is attached. All of these meetings have been reported on individually in the Stakeholder meeting report attached to each Strategic update paper, in the agenda papers for each Council meeting.

Consumer Advisory Group (CAG)

69. The Consumer Advisory Group (CAG) provides advice and feedback to the Commissioner on strategic issues including the handling of consumer complaints about health and disability services, public interest issues and policy. The HDC have agreed that Council may use the services of the CAG three times each year. The purpose of using the CAG is to gain feedback into strategic and policy development.

70. Meetings of the CAG were held in October 2012, December 2012, and April 2013. Among the issues discussed were:
- Doctors and social media.
- The Council's complaints process.
- The review of Good Medical Practice.
- Review of the cultural competence resource.
- Sexual boundaries.
- Curriculum Framework for prevocational training – communication and professionalism sections.

71. The CAG will continue to meet three times each year.

Accreditation of Australasian medical colleges (AMC)

72. An alignment strategy exists for every Australasian College. In 2012 three Colleges underwent joint processes. We are continuing to work with the AMC to ensure assessment teams and working parties understand and assess programmes for our additional criteria. Work towards developing consistent standards for New Zealand only Colleges is progressing and we are currently seeking stakeholder feedback on the consultation paper *Standards and processes for recognition and accreditation of New Zealand colleges* up to 30 August 13.

Develop a MoU with primary care stakeholders

73. A working group has been established to explore the potential for a MoU between the Council and the primary care sector. A number of stakeholders groups are involved and these include primary healthcare organisations (PHOs), RNZCGP, College of Urgent Care Physicians (CUCP), New Zealand Medical Association GP Council (NZMA GP Council), Health Care Aotearoa and the National DHB CMO Group.

74. A sub-group has begun drafting a MoU focusing on an agreement between the Council and PHOs in the first instance. A working group meeting will be held later in the year to discuss the draft MoU with PHOs.

Develop a MoU with Southern Cross Hospitals

75. The MoU between Southern Cross Hospitals and Council was signed on 7 December 2012. Modifications to information being held on the Register are being made, with a view to implementing changes in the 2013 / 2014 business year.

Annual meeting of Medical Colleges

76. The annual BAB meeting was held on Friday 7 September 2012. The meeting focused on the review of prevocational training, Regulatory Authority collaboration, changes to accreditation standards and processes for NZ Colleges, the review of Good Medical Practice and recertification for general scope doctors.

77. Feedback from the meeting requested further discussion on 'poor performance' which has been included in the 2013 agenda.

78. At its June meeting Council considered the term 'Branch Advisory Body' or 'BAB' and

resolved that the name Vocational Education and Advisory Body (VEAB) be adopted to replace the term 'Branch Advisory Body'.

79. The next annual meeting of medical colleges (formally annual BAB meeting) will be held on 20 September 2013 at Te Papa.

Attachments

80. Appendix 1 - Benefits maps

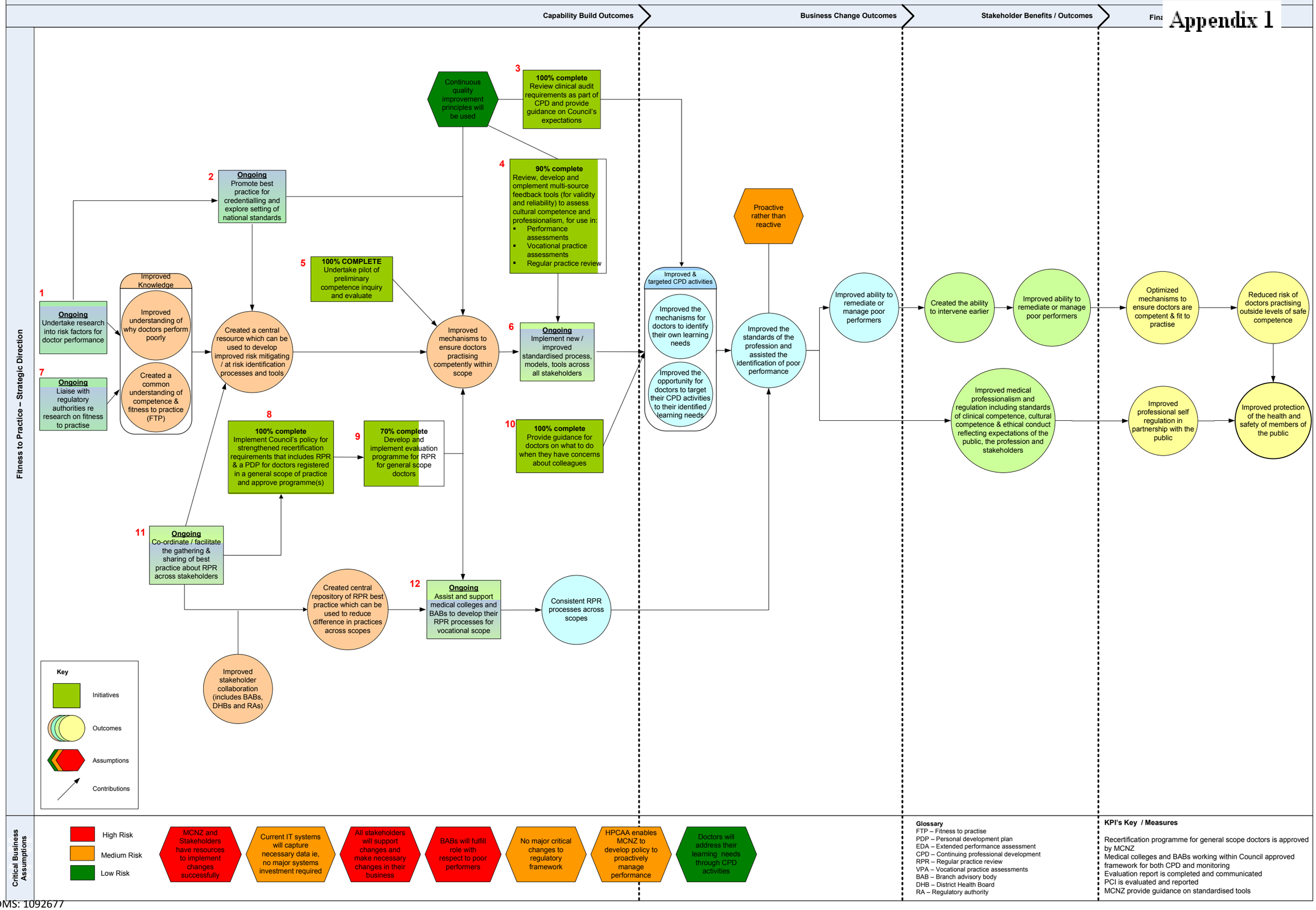
Recommendation

81. **Council receives the report on progress of the strategic directions for the year 1 July 2012 to 30 June 2013, and provides feedback.**

Joan Crawford
Strategic Programme Manager

29 July 2013

Direction 1 FITNESS TO PRACTISE – benefits map for business plan year 1 July 2012 – 30 June 13

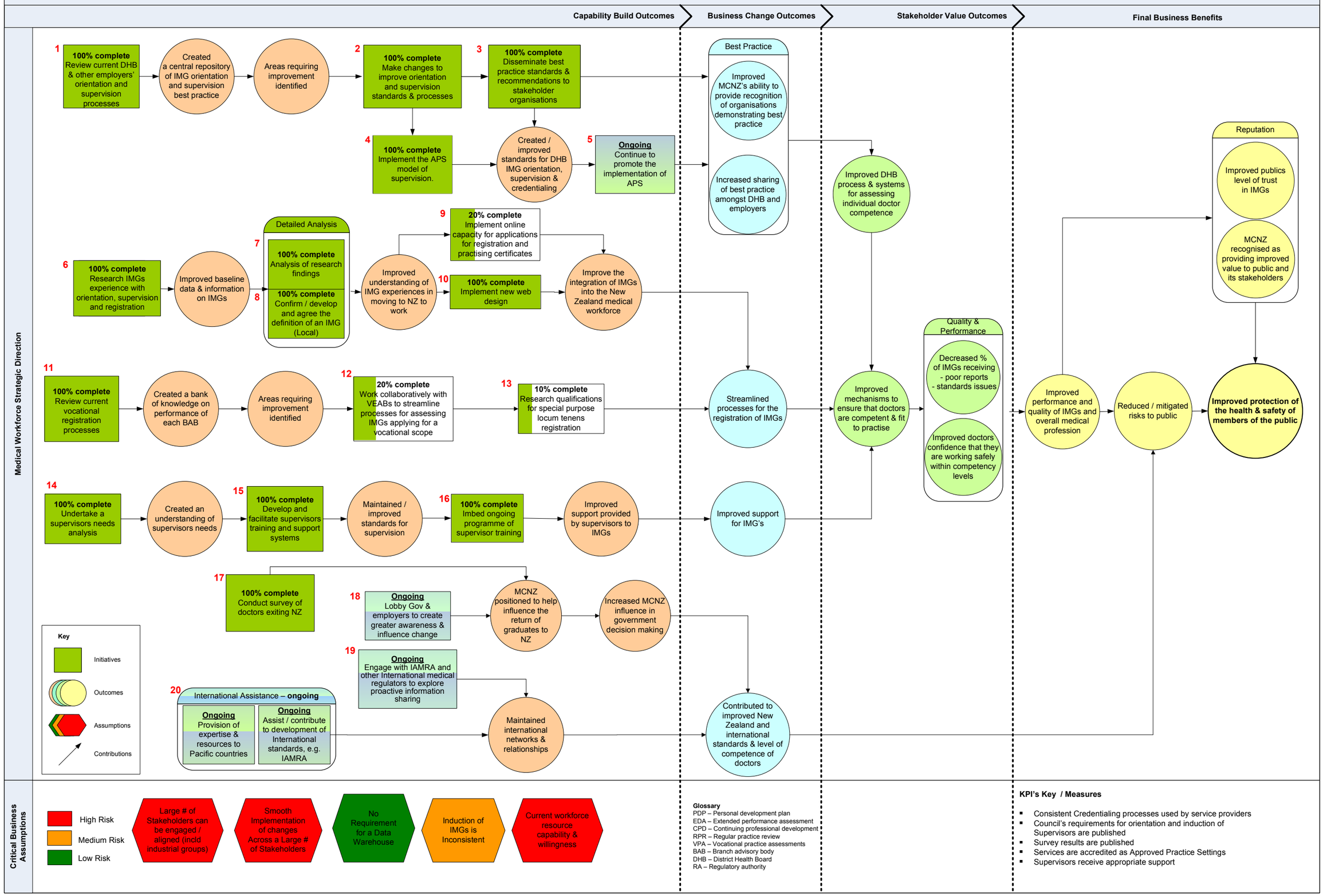


Glossary
FTP – Fitness to practise
PDP – Personal development plan
EDA – Extended performance assessment
CPD – Continuing professional development
RPR – Regular practice review
VPA – Vocational practice assessments
BAB – Branch advisory body
DHB – District Health Board
RA – Regulatory authority

KPI's Key / Measures

Recertification programme for general scope doctors is approved by MCNZ
Medical colleges and BABs working within Council approved framework for both CPD and monitoring
Evaluation report is completed and communicated
PCI is evaluated and reported
MCNZ provide guidance on standardised tools

Direction 2 MEDICAL WORKFORCE - benefits map for business plan year 1 July 2012 – 30 June 2013



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Direction 3 MEDICAL EDUCATION - benefits map for business plan year 1 July 2012 – 30 June 2013

Capability Build Outcomes | Business Change Outcomes | Stakeholder Benefits / Outcomes | Final Business Benefits

Medical Education Strategic Direction

Key stakeholders consulted

1 **100% complete** Develop and implement communications plan for consultation (prevocational training)

2 **100% complete** Consider feedback to inform requirements for registration in a general scope

3 **100% complete** Develop standards, supervision support, and consistent assessment procedures for prevocational training that includes boxes 4, 5, 6 and is the basis for stage 2 of consultation

4 **100% complete** Develop an opportunity for community based experience during prevocational period

5 **100% complete** Review the length of the internship

6 **100% complete** Develop a draft curriculum framework

7 **100% complete** Consult with stakeholders on draft curriculum framework

8 **100% complete** Consider feedback to determine requirements for registration in a general scope

Created pre-vocational training framework

Key stakeholders have bought into framework

Assessment tools are adequate to measure whether standards are met

9 **70% complete** Implement curriculum framework

10 **0% complete** Develop robust processes for accreditation of clinical attachments and providers

11 **20% complete** Develop assessment framework for assessment of interns

12 **0% complete** Develop a training framework for SMOs and Intern Supervisors for prevocational training

13 **Ongoing** Continue to collaborate with HWNZ

Prevocational

Vocational

14 **Ongoing** Promote the recognition of prior learning across specialties

15 **100% complete** Develop agreed list of core competencies to enter vocational training for all scopes to include in curriculum framework

Created a common understanding of core competencies across specialties

Eliminate duplication of training for core competencies

16 **20% complete** Explore potential of registration for medical students under the HPCAA

17 **0% complete** Develop a discussion paper

18 **0% complete** Develop and implement communications plan for consultation

19 **0% complete** Consider feedback & determine registration requirements for medical students

20 **100% complete** Review GPEP and Rural Hospital training programme in accordance with our Memorandum of Understanding. The RNZCGP will be a partner with HWNZ and the Council in this project

Ongoing dialogue maintained with stakeholders

Created assessment tool which will be used to assess individual doctors against framework

Improved ability to effectively integrate the framework in to operation

Ensured quality of training by service provider

Achieved setting of required standard of education & training for interns & PGY2

Created greater recognition of prior learning

Created ability for doctors to retrain in different specialties

Improved ability to identify and manage FTP for medical students

Improved ability to define clinical responsibilities for medical students particularly in TI1

Increased awareness of MCNZ standards & processes

Improved competency levels of Interns

Developed flexible and agile workforce training

Created ability to intervene earlier and target interventions

Created ability to meet emergent health workforce requirements

Quality of training for interns

Interns are competent and fit to practise in a general scope

Improved prevocational training

Improved standards of junior doctors

Medical students fit and competent to be registered in a general scope

Improved continuum of training from university to interns to vocation

Improved vocational training

Improved Protection of the Health & Safety of Members of the Public

Key
- Initiatives
- Outcomes
- Assumptions
- Contributions

Critical Business Assumptions

High Risk / Medium Risk / Low Risk

- MCNZ maintains links with Health Workforce New Zealand
- Supervisors will meet MCNZ expectations
- Regular & ongoing consultation will occur
- Resources will be made available to develop & implement (Inclds financial & people)
- Key stakeholders will change current behavior re training of interns (allocation & use of funding & resources)
- Stakeholders will have a sense of ownership of the framework
- Trainee intern is ready for work & teachable
- Training model & structure is determined

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KPI's / Key Measures of Success

Prevocational framework implemented
Assessment tools are developed
Training plan for SMOs is implemented
List of core competencies for vocational scopes agreed
Improved transition from trainee intern to intern
Early intervention and rehabilitation for students with health concerns

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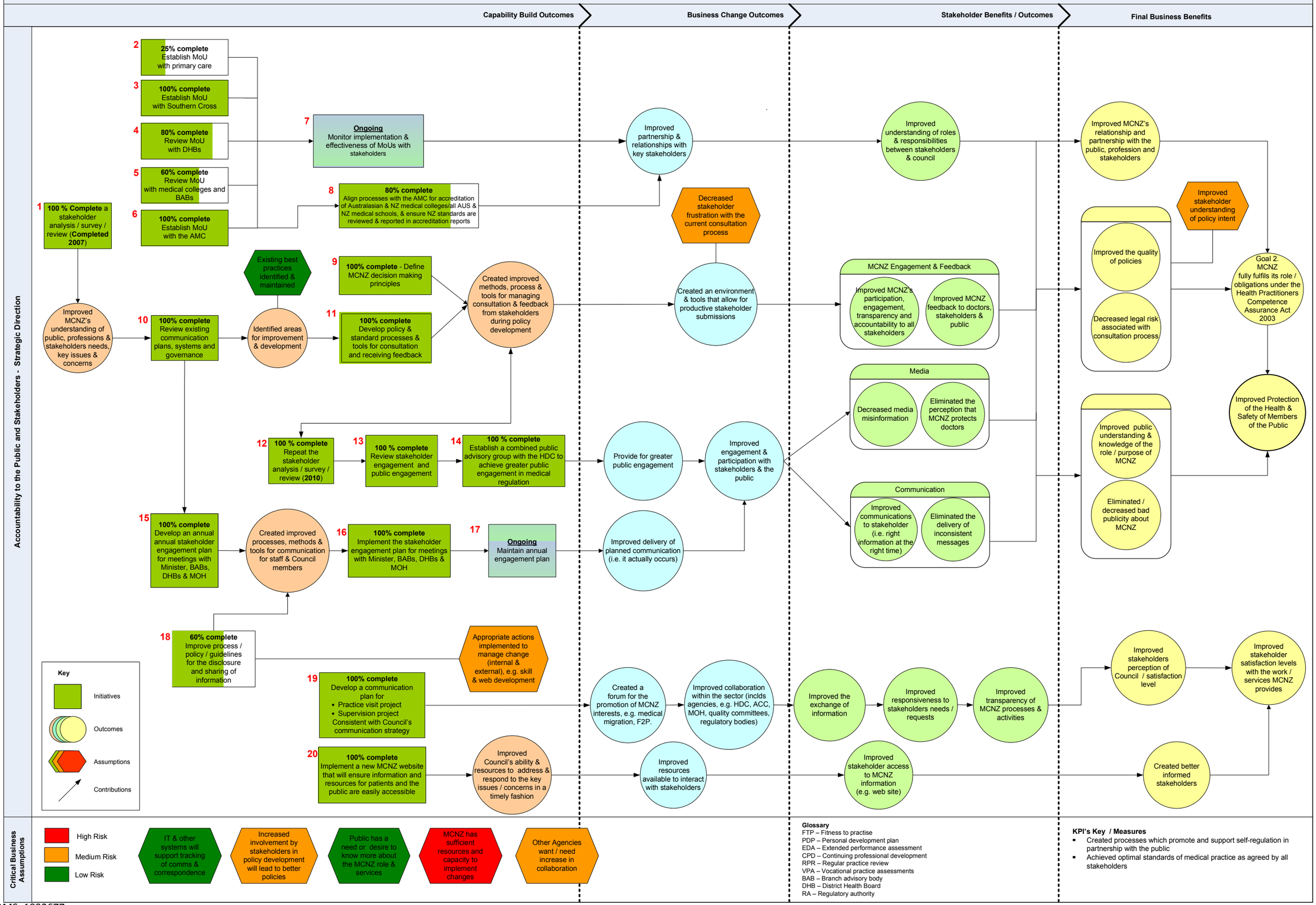
Direction 4 ACCOUNTABILITY TO THE PUBLIC AND STAKEHOLDERS - benefits map for business plan year 1 July 2012 – 30 June 2013



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KPI's Key / Measures
- Created processes which promote and support self-regulation in partnership with the public
- Achieved optimal standards of medical practice as agreed by all stakeholders

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