



STRATEGIC PLAN

1 July 2016 to 30 June 2017

TE KAUNIHERA RATA O AOTEAROA
MEDICAL COUNCIL OF NEW ZEALAND

Protecting the public, promoting good medical practice

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

OUR VISION

We will provide leadership to the medical profession and enhance public trust by promoting excellence and openness in medical practice.



OUR STATUTORY PURPOSE

Our statutory purpose is to protect the health and safety of the public by providing mechanisms to ensure that doctors are competent and fit to practise.



OUR VALUES:

- Consistency and fairness
- Respect
- Integrity
- Openness and accountability
- Commitment
- Effectiveness and efficiency

OUR PRINCIPLES



- In undertaking all its functions, Council will focus primarily on achieving its purpose of protecting the health and safety of the public.
- Council will be accountable for its decisions to the public, Parliament and the Minister of Health and, in relation to the efficient use of funds to achieve its purpose under the HPCAA, to the profession.
- Council will make its decisions as an independent regulator of the medical profession free of influence from external bodies.
- Council will operate as a right touch regulator, ensuring the most effective, efficient, consistent and proportionate regulation for the profession.
- Council will consider whether there is a risk of harm or risk of serious harm to the public when managing doctors with competence, conduct and/or health concerns.
- Council will work in a collaborative and constructive manner with all key stakeholders and continue to foster mutual trust and respect in all our relationships.
- Council will aim for excellence in everything that we do and will focus on continually improving our performance.





- Council will promote the Treaty of Waitangi principles of partnership, participation and protection.
- Council will work to improve cultural competence within the medical profession with the aim of improving health equity for disadvantaged groups within New Zealand.
- Council will aim for excellence in our people and will focus on being an employer of choice and applying best practice human resource policy and practice.
- Council will make decisions within a transparent natural justice-based decision-making framework.
- Council will work with other international medical regulators to promote national and international best practice in medical regulation.
- Council will work with other health regulators in New Zealand promoting greater collaboration to support an effective and efficient regulatory environment.
- Council will set standards that signify a high and readily attainable level of medical practice.



OUR STRATEGIC GOALS

■ GOAL ONE

Optimise mechanisms to ensure doctors are competent and fit to practise.

■ GOAL TWO

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

■ GOAL THREE

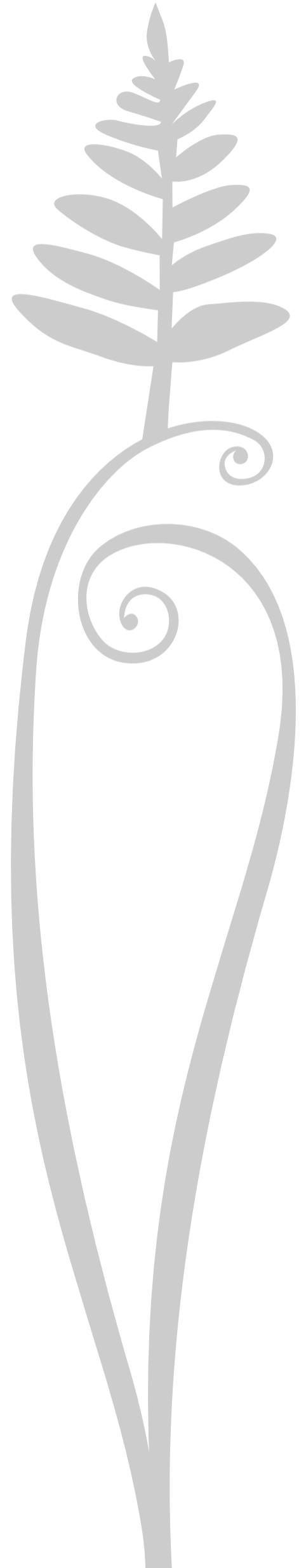
Promote good regulation of the medical profession by providing standards of clinical competence, cultural competence and ethical conduct and ensuring that the standards reflect the expectations of the public, the profession and stakeholders.

■ GOAL FOUR

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

■ 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.



OUR FOUR STRATEGIC DIRECTIONS

DIRECTION ONE – FITNESS TO PRACTISE

The fitness to practise strategic direction relates mainly to strategic goals one and three:

■ GOAL ONE

Optimise mechanisms to ensure doctors are competent and fit to practise.

■ 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.

Outcome of Fitness to practise strategic direction:

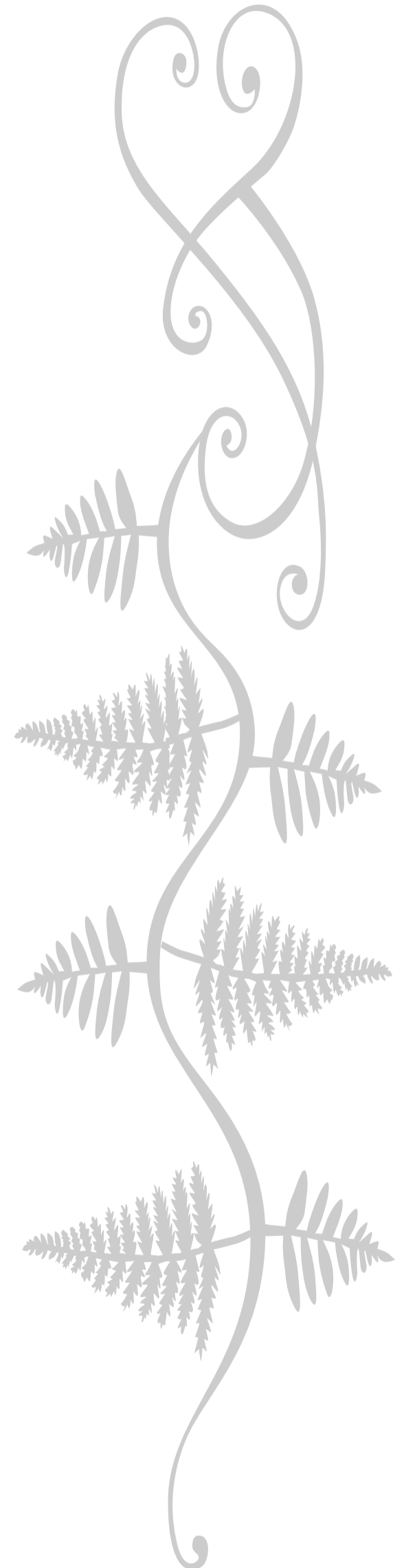
We will apply right touch regulation to ensure doctors are competent and fit to practise throughout their medical career. Irrespective of the number of hours worked or patients seen, a doctor must maintain competence and up-to-date knowledge. They must also be fit to practise. Doctors with health impairment should be supported in practise or rehabilitated back into practice, whilst Council still ensures the health and safety of the public.

The key outcome of this strategic direction is to continually improve the current high quality of medical practice in New Zealand. Council will continue to provide leadership to the profession and work collaboratively and constructively with key stakeholders, including the Colleges, DHBs, primary care, and the Ministry of Health, to achieve this outcome.



Initiatives to achieve outcome:

- We will review our standards for recertification to ensure they are consistent with Council's vision and principles for recertification programmes.
- We will consider establishing specific recertification programmes, consistent with the broader recertification principles, for doctors who fit a risk profile, which may include factors including aging, isolation and poor compliance with recertification requirements.
- We will work with the profession and other stakeholders including the Council of Medical Colleges, individual Colleges, DHBs, primary care, and the Ministry of Health to promote recertification programmes and CPD across all health care settings. This may include regular practice review, multi-source feedback, and credentialing and performance appraisal. We will facilitate sharing of information between stakeholders.
- We will continue to evaluate the effectiveness of regular practice review as a method of maintaining and improving the standard of medical practice.
- We will take a lead role in defining the principles and framework for the collection and use of performance and outcome data, engaging with the profession and working with stakeholders to ensure the release of data is meaningful and informative.
- We will work with colleges and other stakeholders to promote vocational registration for all doctors on a general scope of practice.
- We will review the nature and effectiveness of collegial relationships within the recertification programme for doctors registered in a general scope of practice, including the expectations on the senior colleague.
- We will engage with Colleges, DHBs, private surgical hospitals and primary care to explore improving collegial and employer support for doctors with health, competence and/or conduct concerns.
- We will engage with Colleges, DHBs, private surgical hospitals and primary care to establish clear standards about preventing bullying and harassment. We will review the Council's statement – 'Unprofessional behaviour and the health care team. Protecting patient safety'.



DIRECTION TWO – CULTURAL COMPETENCE, PARTNERSHIP AND HEALTH EQUITY

The cultural competence, partnership and health equity strategic direction relates mainly to strategic goals one, two, three and four:

■ GOAL ONE

Optimise mechanisms to ensure doctors are competent and fit to practise.

■ GOAL TWO

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

■ GOAL THREE

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

■ GOAL FOUR

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

Outcome of Cultural competence, partnership and health equity strategic direction:

Cultural competence is not discretionary. It is a standard that Council is required to establish and has done so. All doctors must meet the cultural competence standards.

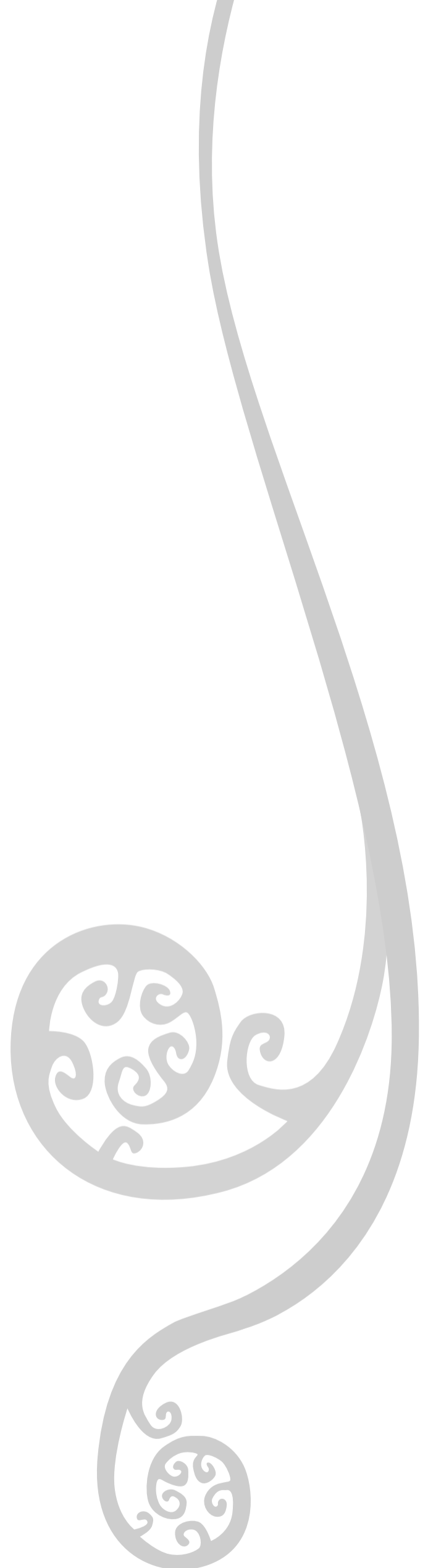
Council expects that doctors will be culturally competent. Council will further encourage doctors and health organisations to establish and strengthen their partnerships with Māori organisations, with the aim of including Māori participation within their governance structures. The aim of these endeavours



is to improve Māori health outcomes and reduce health inequity, through Council's role as the medical regulator responsible for professional standards and ensuring doctors' competence.

Initiatives to achieve outcome:

- We will work collaboratively with medical colleges to ensure that cultural competence is a necessary component of all college vocational training and recertification programmes.
- We will work collaboratively with colleges to improve the number of Māori medical graduates entering and completing vocational training.
- We will update Council's statements and resources on cultural competence. This will include:
 - Cultural competence (August 2006)
 - Best practices when providing care to Māori patients and their whanau (August 2006)
 - Best health outcomes for Māori: Practice implications (October 2006)
- We will amend our accreditation standards for prevocational training to include cultural competence.
- We will review our supervision and assessment processes for IMGs to ensure the doctor meets the required standards of cultural competence.



DIRECTION THREE – MEDICAL EDUCATION

The medical education strategic direction relates mainly to strategic goals three and five:

■ GOAL THREE

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

■ GOAL 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.

Outcome of Medical education strategic direction:

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

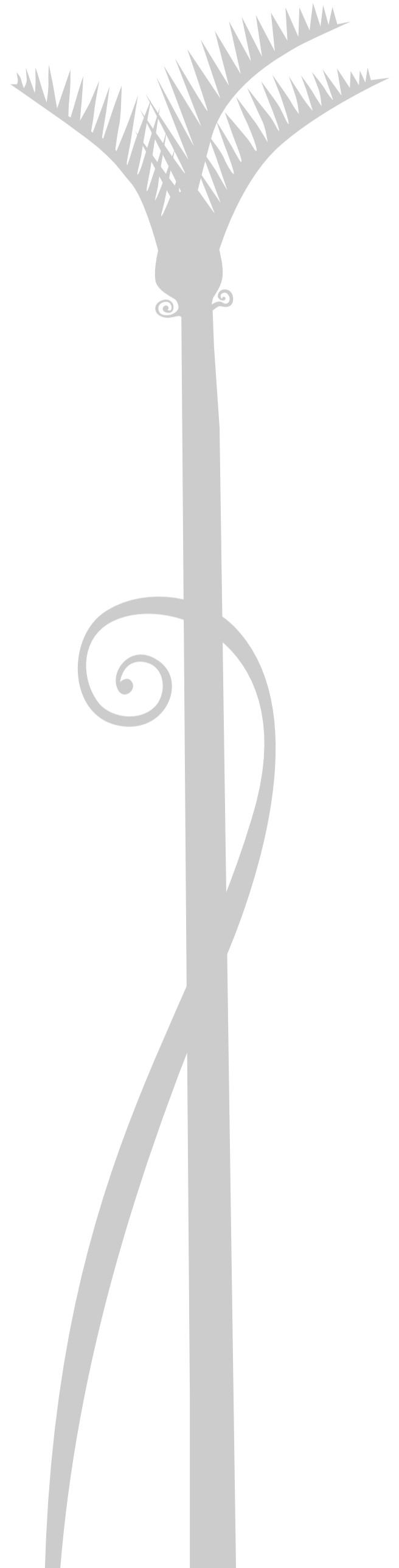
Initiatives to achieve outcome:

- We will continue to improve the quality of education for interns with the implementation of changes to prevocational training focusing on:
 - implementation of multisource feedback for interns as a method of identifying areas to focus on for improvement
 - setting new targets for training providers to ensure all interns will be able to complete a community attachment by 2020
 - continuing enhancements of ePort as a record of learning for each intern, including the development of an App for on the go use



- reviewing the implementation of the prevocational changes in partnership with stakeholders and making any necessary changes to process
- exploring the use of a national tool to gain intern feedback about their experience on each clinical attachment
- ensuring all accreditation team members are appropriately trained in accreditation processes and report writing.

- We will work collaboratively with the Otago and Auckland Medical Schools to develop protocols for improved sharing of information between the Council and the medical schools about graduating medical students with fitness to practise concerns.



DIRECTION FOUR – ACCOUNTABILITY TO THE PUBLIC AND STAKEHOLDERS

The accountability to the public and stakeholders strategic direction relates mainly to strategic goals two and three:

■ GOAL TWO

Improve Council's relationship and partnership with the public, the profession, and stakeholders so that Council can fulfil its role under the Health Practitioners Competence Assurance Act 2003.

■ 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.

Outcome of Accountability to the public and stakeholders strategic direction:

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.

Initiatives to achieve outcome:

- We will review Council's definition of the practice of medicine to ensure it is fit for purpose.
- We will respond to feedback received through our research in 2015 to improve awareness of our responsibilities and our approach to medical regulation.



- We will continue to obtain public and patient feedback into our policy development through our Consumer Advisory Group and through our commitment to stakeholder engagement and consultation.
- We will continue to build relationships with the primary healthcare sector to ensure the appropriate sharing of information, effective management of risk to the public and to facilitate implementation of Council's strategies in primary care and the community.
- We will finalise a memorandum of understanding with the New Zealand Police to provide principles for the timely and relevant exchange of information in relation to doctors under investigation and/or facing charges, with a view to ensuring each agency is able to take necessary and informed steps, within our separate roles, to ensure public health and safety.



