Te Kaunihera Rata
o Aotearoa

Medical Council of New Zealand

REPORT ON PROGRESS OF STRATEGIC DIRECTIONS – 12-MONTH REPORT

This report outlines progress with the Council's strategic directions and initiatives for the 12-month period 1 July 2018 to 30 June 2019.

Whakahaumaru i te iwi whānui, whakatuarā te kounga o te tikanga rata.

We protect the public and promote good 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 STRATEGIC DIRECTIONS

- Accountability to the public and stakeholders.
- Promoting competence.
- Cultural competence, partnership and health equity.
- Medical education.
- Research and evidence-based regulation.

Each strategic direction links to one or more of our strategic goals. As the initiatives within the strategic directions are implemented, we move closer to achieving our goals.

DIRECTION ONE – ACCOUNTABILITY TO THE PUBLIC AND STAKEHOLDERS

The Council is accountable to the public, to Parliament, and to the profession. There are many individuals and groups with whom we collaborate in the performance of our functions. The key outcomes of this strategic direction are achieved through engagement with the public and stakeholders to raise awareness of the Council's role and functions, obtain valuable feedback into our strategic and policy development, and improve how we perform our functions. The best interests of the public are integral to all of the Council strategic planning, policy development and business activity.

Consumer Advisory Group

We engage the services of the Health and Disability Commissioner's Consumer Advisory Group, and seek consumer feedback on our strategic and policy development.

The group meet twice yearly and most recently discussed proposed changes to a range of our standards for doctors. These included professional boundaries in the doctor-patient relationship; information, choice of treatment and informed consent; and unprofessional behaviour and the healthcare team.

The group provided excellent feedback from a consumer perspective on these standards, as well as for Artificial Intelligence in medical regulation, our proposed approach to recertification for vocationally-registered doctors, progress in developing community-based attachments for interns, and the review of the curriculum that underpins what interns learn in the prevocational medical training programme.

MCNZ/DHB MoU oversight group

The memorandum of understanding between Council and District Health Board's (DHBs) aims to clarify the roles and responsibilities each have in relation to the regulation of doctors.

The oversight group met three times and discussed a range of issues, including changes to prevocational medical training, registration of international medical graduates, practising certificate processes, and a range of other topics of shared interest.

This group continues to be a helpful mechanism for sharing information and solving issues between the regulator and employers.

Annual meeting of the medical colleges

The annual meeting of medical colleges was held in September 2018, with about 80 attendees representing medical colleges, associations and DHBs.

The agenda topics included:

- the proposed strengthened approach to recertification for vocationally-registered doctors
- our statements on *Safe practice in an environment of resource limitation* and *Professional boundaries in the doctor-patient relationship*
- updates on some of our other strategic initiatives.

The meeting ended with recognition of the contribution of the outgoing Chair of Council, Mr Andrew Connolly.

Executive meeting of medical colleges

The 2019 meeting of medical college office holders was held in June and well attended by a range of medical college representatives. Discussion included updates on:

- strengthening recertification requirements for vocationally-registered doctors
- vocational registration of international medical graduates
- the Council's Health Committee processes.

DIRECTION TWO – PROMOTING COMPETENCE

The Council will apply the principles of 'right-touch' regulation to ensure all doctors maintain competence, have up-to-date knowledge, and are fit to practise throughout their medical career. The Council's focus is on changing behaviour through the use of education and non-regulatory levers. 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 requirements for vocationally registered doctors

In September 2018, we consulted with stakeholders on a proposed approach to strengthened recertification requirements for vocationally-registered doctors in New Zealand. There was a high level of interest from across the health sector, with 262 submissions received.

The feedback showed there was general support for the proposed direction, which is more flexible, profession-led, and recognises the differences in workplace settings and an individual's practice.

The Recertification Working group then developed *A model for strengthened recertification requirements for vocationally-registered doctors practising in New Zealand,* which was released in April 2019.

The next steps of this work are to revise the standards for assessment and accreditation of vocational medical training and recertification, in line with the strengthened requirements.

Review of collegial relationships

In July 2018, we agreed actions to strengthen collegial relationships for doctors working outside their vocational scope of practice, and doctors whose practice of medicine is deemed low risk.

To strengthen the collegial relationship, we have :

- provided structured guidance for collegial relationship meetings and professional development plans on our website
- made improvements to the collegial relationship meeting record.

In the future we plan to review how well these changes are working and consider if any further changes need to be made.

DIRECTION THREE – CULTURAL COMPETENCE, PARTNERSHIP AND HEALTH EQUITY

The Council expects that doctors will be culturally competent. We 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 the Council's role as the medical regulator responsible for professional standards and ensuring doctors' competence.

Cultural Competence, Partnership and Health Equity (CCPHE) work programme

We have continued work on this programme with our partners Te Ohu Rata o Aotearoa (Te ORA) Māori Medical Practitioners Association. Work over the last 12 months has focused on two main areas: revision of our documents to reflect the evolution of cultural competence and progression towards cultural safety; and hosting a cultural competence, partnership and health equity symposium.

We developed and consulted on revised documents in May and June 2019, which was met with significant interest from across the health sector. We have received valuable feedback that will inform the final documents, which are planned for release later in 2019. We will then be working with training providers and employers in supporting doctors to embed the new standards.

On 25 June 2019, the Council and Te ORA jointly hosted a highly successful symposium on cultural competence, partnership, and health equity. The event brought together over 200 people from organisations across the health sector, both within New Zealand and from Australia. The theme of the symposium, *Mahia te mahi, hei painga mō te iwi, Getting the job done for the wellbeing of the people,* was reflected in the presentations from a wide range of speakers.

Work is also underway to collect data to provide a reliable baseline against which we can assess the effectiveness of the CCPHE work programme.

DIRECTION FOUR – MEDICAL EDUCATION

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.

Evaluation of changes to the prevocational medical training programme

During 2018/2019, Malatest International evaluated the effectiveness of changes to our prevocational medical training programme. We wanted to ensure the programme was providing a quality training experience for interns and delivering against the intended outcomes.

The evaluation report demonstrated that the prevocational medical training programme is achieving the goals set by Council. There were a few suggested areas of improvement and these align to our current work programme and priorities. These include streamlining the New Zealand Curriculum Framework, implementing a multisource feedback tool, and refining criteria for community-based attachments (CBAs).

Implementation of multisource feedback (MSF) for prevocational medical training

Learning and professional development is proven to be most effective when it is linked to data drawn from a doctor's practice. Feedback from colleagues through the MSF process helps doctors to identify areas to focus on for development.

The MSF tool has been specifically developed for prevocational medical training in New Zealand. Following a successful pilot in a range of small and large DHBs, and refinement, the tool will be introduced into prevocational medical training across the country in August 2019. Teaching tools and training are available to support its introduction.

Community-based attachments (CBAs) in prevocational medical training

By the end of the 2020 intern year, every intern on prevocational medical training will be required to complete one clinical

attachment in a community-based setting. This will help to familiarise interns with the delivery of healthcare across the whole system and highlight continuity of care for patients and whānau.

We have been working with DHBs to monitor and increase the number of CBAs available for interns and to place more interns into these. We have recently agreed on a more flexible definition for community-based attachments to allow for those that include time spent in both a community and hospital setting, provided the intent of the community experience is retained and there are links between the two settings.

Collaboration with medical schools to create a quality transition process for medical students

We are working with the University of Auckland and the University of Otago medical schools on ways to smooth the transition for graduating medical students moving into intern training. A number of initiatives are underway including a systematic approach to engaging with medical students around our statements and standards, expanding the use of ePort for final year students, and facilitating a meeting between the medical schools and DHBs to discuss the transition.

DIRECTION FIVE – RESEARCH AND EVIDENCE-BASED REGULATION

The Council is aware of the fast pace of technological and communication advancement, and the need to ensure policy and standards are developed using valid and reliable evidence. The key outcome of this strategic direction is to ensure all strategic and policy decisions are supported by valid and reliable evidence, with the public's interests at the centre.

Evaluate strategic and policy initiatives to consider the effectiveness of regular interventions

This strategic direction sits across all directions and there are several evaluations that have been completed or are underway for a range of initiatives, which will inform and contribute to strategic, policy, and process improvements across our work programmes. These include evaluation of:

- regular practice review
- the cultural competence, partnership, and health equity work programme
- changes to prevocational medical training.