



Te Kaunihera Rata  
o Aotearoa

**Medical Council  
of New Zealand**

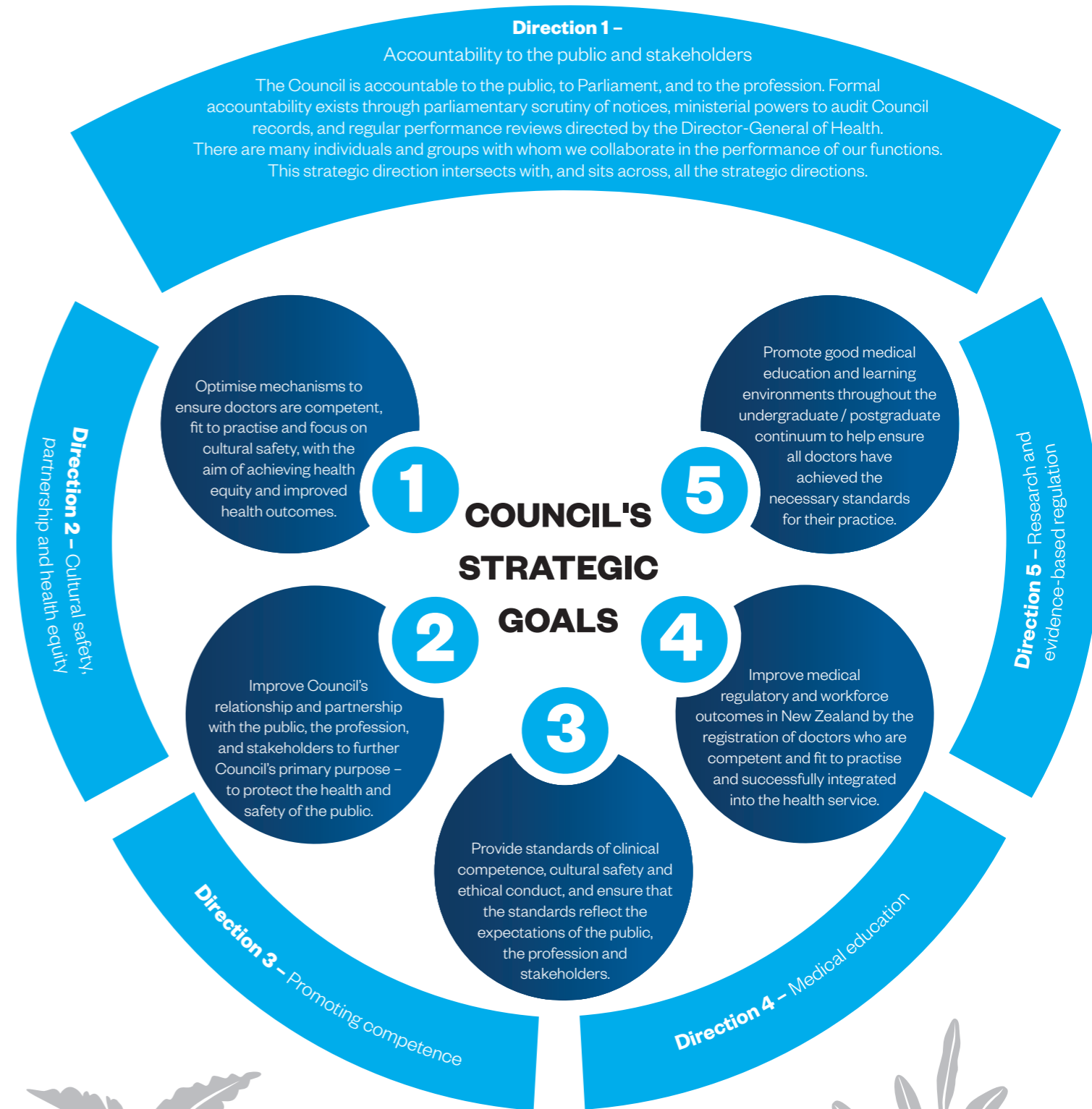
# TOWARDS 2022

## Council's 5-year strategic plan

Whakahaumarū i te iwi  
whānui, whakatuārā te  
kōunga o te tikanga rata.

We protect the public  
and promote good  
medical practice.

# Towards 2022



Te Kaunihera Rata  
o Aotearoa

**Medical Council  
of New Zealand**

Updated 2019



## 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

We will protect the health and safety of the public by providing mechanisms to ensure that doctors are competent and fit to practise.

## Our values

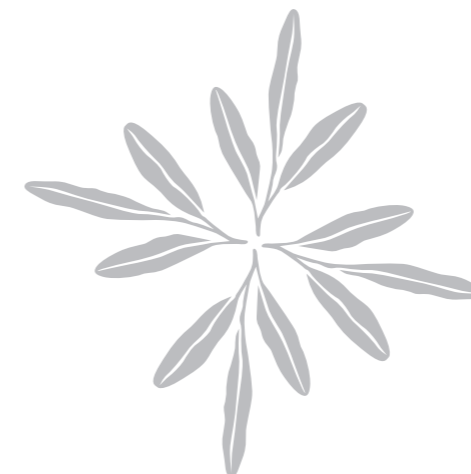
- Consistency and fairness: *ōrite, tika*
- Respect: *whakaute*
- Integrity: *pono*
- Openness and accountability: *tuwhera, te kawenga takohanga*
- Commitment: *kaingākau*
- Effectiveness and efficiency: *whai hua, kakama*

# Our principles

- In undertaking all its functions, Council will focus on achieving its purpose of protecting the health and safety of the public.
- Council will promote the Treaty of Waitangi principles of partnership, participation and protection.
- Council will set standards that signify a high and readily attainable level of medical practice.
- Council will work to improve cultural safety for patients and doctors with the aim of achieving health equity.
- 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 in accordance with the Health Practitioners Competence Assurance Act 2003 (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 work to reduce any risk of harm to the public and focus on keeping doctors in safe practice when managing competence, conduct and/or health concerns relating to doctors.
- Council will make decisions within a transparent natural-justice based decision-making framework.
- 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 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 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 and to promote and facilitate inter-disciplinary collaboration and co-operation in the delivery of health services.

# Our strategic goals

- **GOAL ONE**  
Optimise mechanisms to ensure doctors are competent, fit to practise and focus on cultural safety, with the aim of achieving health equity and improved health outcomes.
- **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**  
Provide standards of clinical competence, cultural safety and ethical conduct, and ensure 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 successfully integrated into the health service.
- **GOAL FIVE**  
Promote good medical education and learning environments throughout the undergraduate / postgraduate continuum to help ensure all doctors have achieved the necessary standards for their practice.



# Our five strategic directions

## Direction one: Accountability to the public and stakeholders

The Council is accountable to the public, to Parliament, and to the profession. Formal accountability exists through parliamentary scrutiny of notices, ministerial powers to audit Council records, and regular performance reviews directed by the Director-General of Health.

There are many individuals and groups with whom we collaborate in the performance of our functions. This strategic direction intersects with, and sits across, all the strategic directions.

### ■ KEY OUTCOMES

Engagement with the public and stakeholders to raise awareness of Council's role and functions, obtain valuable feedback into our strategy, policy and business development and improve how we perform our functions.

### How we will achieve our outcomes:

#### ***For patients and the public***

We will:

- Regularly review all Council strategic goals, statements and activities as part of usual business improvement processes.
- Promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.
- Liaise with other regulatory authorities about matters of common interest.
- Promote a 'patient-centred' approach that enables the interests of the public to be considered as a key component of all Council's decisions.
- Use available data and research to aid understanding of the determinants of health inequity and consider how these may be addressed in medical practice.
- Facilitate public and patient feedback to be gathered through engagement, consultation and collaboration, to inform policy development.
- Review Council policies so they are considerate of how changing population demographics, emergence of different diseases and new health issues impact on the provision of good medical care and the required competence and knowledge of doctors.
- Review how Council communicates with members of the public to obtain a greater understanding about the expected standards of good medical practice and doctor performance, using regulatory data where useful and appropriate.
- Assist the public to have a greater understanding of the role of the regulator expanding beyond competence, conduct and health of doctors to education, improving standards of medical practice and protecting public safety.

### ***For doctors and other health sector stakeholders***

We will:

- Build and maintain Council's network of relationships, including those with colleges, district health boards, private surgical hospitals, primary health organisations and other stakeholders, to facilitate development and implementation of strategy, policy and business initiatives, gain support for Council's strategies, and to assess and manage risk to public health and safety.
- Utilise effective and modern communication methods and tools to continue to raise awareness and promote standards of good medical practice, Council's role and responsibilities, and our approach to medical regulation.
- Develop standards relating to integrated care, team work and inter-professional communication, to support integrated care.
- Encourage a consistent and effective approach towards the regulation of all health practitioners across Responsible Authorities, colleges and employers.
- Facilitate a greater understanding of the role of the regulator within the wider health sector.



## Direction two – Cultural safety, partnership and health equity

### ■ KEY OUTCOME

To contribute to an improvement in health equity and public health outcomes, through Council's role as the medical regulator responsible for setting professional standards.

#### How we will achieve our outcome:

##### **Cultural Safety**

We will:

- Provide clear expectations and standards of cultural safety in the prevocational medical training programme, vocational training and recertification programmes.
- Collaborate with colleges and employers to create a shared focus on cultural safety, and advocate for the identification and removal of barriers to health equity, focusing on improving the quality of care to patients.
- Engage with colleges and other stakeholders to influence an increase in the number of Māori doctors entering and completing vocational training.
- Keep Council's statements and resources for doctors under review to ensure they continue to reflect the expected standards of cultural safety.

##### **Supporting the profession**

We will:

- Continue to support doctors and stakeholders to strengthen their partnerships with Māori communities and organisations to improve understanding and knowledge of the needs of the Māori community with the aim of contributing to better health outcomes and improved health equity.
- Encourage increased Māori participation in governance and decision-making of colleges and other stakeholders.
- Work collaboratively with employers, colleges and medical schools to ensure there is a clear focus on cultural safety in education and learning across the prevocational medical training programme, vocational training and recertification programmes.
- Work with partners to develop resources that support doctors who identify as Māori, through prevocational medical training, vocational training and recertification programmes.
- Engage with and support doctors to embed cultural safety standards into everyday practice, enabling them to respond appropriately to their communities' needs.

## Direction three – Promoting competence

All doctors must maintain competence, have up-to-date knowledge, and be fit to practise to ensure public health and safety.

The principles of 'right touch' risk-based regulation will be used to continue Council's focus on changing behaviour through the use of education and non-regulatory levers. The principles of 'right touch' regulation that is effective, efficient, consistent and proportionate, will be used alongside the specific principles of working within the legislation (the HPCA Act 2003), natural justice, and consideration of risk of harm.

Competence includes not only the doctor's own practice, but also their interactions within interdisciplinary and multi-disciplinary teams, and their obligations within the wider context of the health care setting.

We will shift the focus more strongly towards using proactive strategies to improve standards of practice, supporting doctors to provide quality care to patients in an effort to reduce the need for reactive regulatory measures.

### ■ KEY OUTCOMES

Council provides leadership to the profession and works collaboratively and constructively with key stakeholders, including colleges, DHBs, primary health organisations, and the Ministry of Health using preventative regulation to continually improve the current high quality of medical practice in New Zealand.

#### How we will achieve our outcomes:

##### **Strengthening recertification**

We will:

- Promote transparent, evidence-based approaches to recertification programmes.
- Strengthen recertification programmes to ensure that doctors maintain and continue to improve cultural safety and standards of medical practice.
- Support colleges, DHBs and other stakeholders to undertake initiatives that ensure doctors are appropriately skilled to work in changing models of care and across clinical settings and teams.
- Applying Council's *Vision and Principles for Recertification* when setting accreditation standards for colleges.
- Ensure recertification programmes are robust by establishing principle-based accreditation standards in order to provide assurance to Council and the public that doctors are competent and up to date with current best practice.

##### **Supporting the profession and employers**

We will:

- Ensure assessment programmes for International Medical Graduate (IMG) doctors provide assurance of the doctor's competence.
- Collaborate with colleges, DHBs, and other stakeholders, to facilitate collegial and employer support for doctors with health, competence or conduct concerns that Council is assessing, investigating or managing.
- Support medical colleges and employers to build a culture of respect and collaboration in medical practice, including fostering relationships of trust, confidence and cooperation between health professionals and members of the public to support public safety.

- Develop standards relating to integrated care, team work and inter-professional collaboration, to support integrated care and changing models of care.
- Provide guidance to the profession, professional bodies and employers about accessing and utilising doctors practising outside New Zealand but who are providing medical services to patients located within New Zealand (for example, telehealth, virtual or online consultations, and the use of artificial intelligence in medical practice).
- Consider and provide guidance to the profession about appropriate incorporation of multi-media, social media, and online and virtual communication methods in the delivery of medical services.
- Develop standards relating to complementary and alternative medicine delivery in the community and how these work separately alongside or are intertwined with expected standards of medical practice.
- Promote excellence by strongly encouraging vocational training.

## Direction 4 – Medical education

It is a function of Council to prescribe the qualifications required for registration and ensure and promote the competence of doctors through their education and training programmes, from undergraduate to postgraduate education.

### ■ KEY OUTCOMES

Ensure a quality educational experience for medical students, doctors in prevocational medical training and vocational trainees, and protect the health and safety of the public by ensuring all doctors are competent and fit to practise across the training continuum.

#### How we will achieve our outcomes:

##### ***Progression in medical practice***

We will:

- Promote a quality transition process for medical students moving into the prevocational medical training programme and between prevocational and vocational training.
- Evaluate the prevocational medical training programme and review the recertification programmes so that these are fit for purpose and reflect the needs of a changing community and appropriate skills for dealing with emerging health issues.
- Promote flexibility in education and recertification programmes to adequately prepare doctors for evolving models of care, patients increasingly managing and making choices about their own health, and the delivery of more services in the community.
- Promote education and training for doctors so they have the right skill mix to work collaboratively and effectively across clinical settings (where appropriate) and in multi-disciplinary team environments.

##### ***Prevocational medical training***

We will:

- Ensure training providers deliver interns with a comprehensive education and training programme for the first two years after graduating from medical school. This could be either in hospital or community settings, but all doctors will be required to complete at least one community-based attachment over the course of the two prevocational years, and also to spend time in a hospital-based setting.
- Work with stakeholders to ensure community-based attachments are available for all interns and there are a range of attachments across the community care spectrum that contribute to an increase in the community/primary care medical workforce and a better understanding of the primary and secondary care interface.
- Ensure training providers are assessed against accreditation standards every three years and that accreditation processes are effective and efficient.
- Continue enhancing support systems for the prevocational medical training programme, including technological developments as these become available.
- Review the *New Zealand Curriculum Framework For Prevocational Medical Training* so it appropriately guides each doctor's learning.
- Work with stakeholders so that supervisors are able to access quality training.

## Direction five: Research and evidence-based regulation

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.

### ■ KEY OUTCOME

Strategic and policy decisions are supported by valid and reliable evidence, utilising evaluation outcome data where possible, with the public interest and public health and safety at the centre.

### How we will achieve our outcome:

We will:

- Undertake evaluations of strategic and policy initiatives to consider the effectiveness of regulatory interventions.
- Align strategic and policy initiatives with evidence, where possible, and ensure the public interest is met.
- Analyse, interpret and consider Council data to create meaningful information that informs Council strategic and policy development.
- Gather baseline data and evaluate the effectiveness of the cultural safety, partnership and health equity work programme.
- Undertake relevant research and literature reviews to inform strategy and policy.
- Analyse and interpret regulatory data to demonstrate risks and trends, and show the effectiveness of initiatives to improve the quality of medical practice and patient care.
- Use and disseminate Council-collected data effectively to provide meaningful information to stakeholders.
- Collect and provide workforce information and data to contribute to health workforce flexibility and planning, subject to privacy requirements.
- Utilise data and seek evidence for evolving technological advancement that will enhance the capacity of the profession to deliver patient care.

## Purpose

### The primary purpose of the Council is to promote and protect public health and safety.

#### The Council has the following key statutory functions:

- to prescribe the qualifications required for scopes of practice within the medical profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes
- to authorise the registration of doctors under the HPCAA, and to maintain registers
- to consider applications for annual practising certificates
- to review and promote the competence of doctors
- to recognise, accredit, and set programmes to ensure the ongoing competence of doctors
- to receive information from any person about the practice, conduct, or competence of doctors and, if it is appropriate to do so, act on that information
- to notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a doctors may pose a risk of harm to the public
- to consider the cases of doctors who may be unable to perform the functions required for the practice of medicine
- 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 doctors
- to liaise with other authorities appointed under the HPCAA about matters of common interest
- to promote and facilitate inter-disciplinary collaboration and co-operation in the delivery of health services
- to promote education and training in the profession
- to promote public awareness of the responsibilities of the authority.



## Key influences in the strategic planning environment

### Political factors

Government direction for the health sector is articulated in the New Zealand Health Strategy 2016, which is underpinned by five strategic themes: *people-powered, closer to home, value and high performance, one team and smart systems*. Council considers that a number of its initiatives under its strategic directions align with the intentions of the New Zealand Health Strategy and will continue progress on these towards 2022.

#### Specific political factors that may influence this work include:

- Political perception that regulations (and regulators) can eliminate unsafe care and adverse medical events.
- Continuing lack of awareness within the profession, by the public, the media and politicians that the Council is not a disciplinary body.
- Media influence on political decisions.
- Expectations of Council's role within the health sector workforce development, sustainability and distribution.
- Changes to health care delivery and new models of care.
- Continuing high volume of the Council's workload in areas of registration and assessment of competence, and expectations from employers and the profession to deliver services immediately.

### Legislative and regulatory change

In April 2019, Parliament passed an Act to amend the Health Practitioners Competence Assurance Act 2003 (HPCAA). This included amendments that will require further consideration by Council as it gives effect to them, including changes:

- Enabling the Council to immediately suspend a doctor's practising certificate where the doctor's conduct poses a risk of serious harm to the public.
- Removing the mandatory referral of all notices of conviction to a Professional Conduct Committee; instead giving Council the option to refer the notice to a Professional Conduct Committee or to order some form of assessment, treatment, therapy or counselling.

Other key changes include:

- A requirement that the Council undergo a performance review by April 2022, and at intervals that are no more than 5 years apart, thereafter. The reviewer will be appointed by the Ministry of Health, and the Council will be required to include in its annual report any recommendations made by the reviewer and to identify what action, if any, the Council intends to take in response.
- The Director-General of Health being given the power to require the Council to provide specified workforce data. This raises the need for Council to consider what policy, procedural and systems changes may be necessary to obtain and store the data.

- A requirement that Council develop a policy (referred to in the HPCAA as a 'naming policy') setting out criteria that Council must consider when deciding whether to publish an order it has made in relation a doctor. The HPCAA requires the policy to be published on Council's website by mid-April 2020, after consultation with the Health and Disability Commissioner, the Director-General of Health, the Privacy Commissioner and all doctors on the Medical Register.
- Two substantive amendments to the statutory functions of Council:
  - 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 medical practitioners (*amendment highlighted*); and
  - to promote and facilitate inter-disciplinary collaboration and co-operation in the delivery of health services (*new*).

Outside of the HPCAA amendments, other legislative changes are under development, which will have an impact on Council activity and are likely to require policy development in response. These are:

- The proposed Secondary Legislation (Access) Bill. As currently drafted, the Bill will amend the HPCAA to classify Council-issued standards as secondary legislation. Standards contained in Council statements would become subject to potential parliamentary review and disallowance. There is a risk that the change in status will have an adverse impact on the capacity of Professional Conduct Committees to prosecute charges in the Health Practitioners Disciplinary Tribunal, which as a result, would require Council to review and redraft many of its current statements.
- The proposed Therapeutic Products Bill. The draft Bill, as consulted on in early 2019 will require the Council to specify for each scope of practice, the prescribing rights permitted for that scope. As drafted, the Bill imposes a tight timeframe for this to occur, including a requirement to obtain prior ministerial approval of the Council's proposed amendments to scopes.

#### Other potential environmental changes include:

- Expected changes in the international medical regulation environment.
- Development of a team-based regulation model.

### Social and demographic factors

The population of New Zealand continues to grow and become more diverse, but also has a rising proportion of older people who are living longer, with more complex conditions and who will require long-term care increasingly delivered in the community. Prevocational and vocational training, along with recertification programmes, will need to ensure doctors are up to date with the needs of evolving and dynamic communities with changing health needs.

#### Factors impacting on Council's activity include:

- Changing models of care towards preventative medicine and more community-based care delivery.
- The need for a range of clinical placements for students, interns and vocational trainees, and the need to develop more primary and community based attachments.
- Changing work patterns of doctors, with a need to be flexible enough to support shift and part-time work, and mid-career changes.

- Lack of pathways and recognition of prior learning to enable doctors to move across specialties and into different communities.
- Difficulties with recruitment and retention of graduates and experienced doctors in rural and provincial areas.
- Public expectations for immediate access to good health care regardless of where they live.
- Low morale, perception of a high bureaucratic burden, and a litigious environment within some sectors of the medical profession.
- Change in demographics of the New Zealand medical workforce.
- High turnover of doctors in some areas of the country.
- The changing demographics of New Zealand and the importance of cultural safety.
- The need for effective working relationships between the health and education sectors and colleges.

## Technological change

Technological advances are increasingly rapid and have the potential to alter models of care, surgery and medical practice, impact on the consumer experience and change the role doctors have in a person's care. Evolving communication methods are creating alternative portals for medical consultation, causing challenges for regulators to keep pace and ensure safety of members of the public.

### Technological change impacting on Council's activity includes:

- Globalisation of medicine through use of telemedicine, artificial intelligence, online and virtual medical consultations.
- Limits to the control that statutory bodies may have outside the borders of the country.
- Use of technology for simpler verification of qualifications and standards for doctors from certain countries.
- Practices becoming outdated more rapidly.
- Pressure on the Council to provide more services via internet and email, and to respond more rapidly.
- Increased specialisation of practice and use of technology

## Data

Council gathers a significant amount of data that could and should be used to provide meaningful and useful information to the profession and the public, as well as contribute to health workforce direction.

### The impact of data on Council's activity include:

- The emergence of big data as a key source of changes to medical practice and developing health strategy over time.
- Data increasingly used to inform members of the public about the profession and expectations that more information about individual doctors will be available publicly.

- Regulatory data is analysed and interpreted to demonstrate risks and trends and show the effectiveness of initiatives.
- Use of big data to provide evidence of effectiveness and impact of evolving technology on the profession and the public.

## Economic factors

Government has indicated the tight fiscal environment will continue for the foreseeable future and that demand for health services is expected to continue to be higher than the resources available.

### Economic factors relating to Council's activity include:

- Expectation of insufficient resources to meet the increasing needs in the health sector.
- Demand for health care outstripping available resources.
- Increased pressure on resources because of ageing of the population and concern about the ageing of the medical workforce.
- Impact of medical student debt.
- Competition in a global market for recruitment of well-trained doctors and other health professionals.
- New forms of medicine and drugs being promoted and sold online (from overseas) to the public directly.
- The drive to improve quality standards, reduce adverse events and reduce waiting times for treatment within current budgets.

