



Te Kaunihera Rata  
o Aotearoa

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**Medical Council  
of New Zealand**

# STRATEGIC PLAN

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**1 July 2019 to 30 June 2020**

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

We protect the public  
and promote good  
medical practice.

## 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 cooperation 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 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 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.

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:

- 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.
- Enhance openness and accountability in our processes.
- Encourage the use of 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 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 stakeholders***

We will:

- Build and maintain Council's network of relationships, including those with colleges, district health boards (DHBs), 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.
- Monitor our agreements and Memoranda of Understanding with key stakeholders to ensure they are used effectively to define roles and responsibilities related to medical regulation.
- Continue to action and maintain Council's stakeholder engagement plan on Council's key strategic priorities and updates on statements and standards.
- Encourage a consistent and effective approach towards the regulation of all health practitioners.
- Facilitate a greater understanding of the role of the regulator within the wider health sector.
- Have a quality improvement focus for effective and efficient Council processes, when undertaking our functions under the HPCAA and in strategy, policy and business development.

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

The cultural safety, 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, 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.

A doctor's culture and world view influence the way they interact with patients and the way they understand health, health care and wellness. They can also impact upon the doctor-patient relationship. Patients' cultures and world views can influence the way they interact with the health system, their feeling of cultural safety in health care settings, and how they respond to health care interventions. A doctor's approach to patients with a cultural identity that differs from their own can influence the way a patient accesses and receives that care.

Medical regulators and colleges have a responsibility to support doctors in achieving cultural safety standards. Developing cultural safety in care settings is a method of improving the experiences of patients within the health system and eliminating the inequities in health.

#### **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:

- Consult on Council's revised statements and resources relating to cultural safety to gather important stakeholder and public input.

- Work collaboratively with employers to strengthen cultural safety aspects of orientation, induction, supervision and assessment for international medical graduates.
- Engage with colleges and other stakeholders to influence an increase in the number of Māori doctors entering and completing vocational training.
- Strengthen accreditation standards for vocational training programmes and recertification programmes with a greater focus on cultural safety.
- Work collaboratively with colleges and employers to ensure cultural safety is embedded in all prevocational medical training, vocational training and recertification programmes.
- Advocate for colleges and employers to use data to improve understanding of the outcomes of care and the causes of health inequities, and encourage reflection on how these may be addressed in medical practice.
- Gather baseline data to support evaluation of cultural safety, partnership and health equity initiatives.
- Provide opportunities for Council staff to improve understanding of tikanga Māori and Te Reo.

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

We will:

- Continue to support doctors and stakeholders to strengthen their partnerships with Māori communities and organisations.
- Advocate for increased Māori participation in governance and decision making with colleges and DHBs.

## Direction three – Promoting competence

The promoting competence strategic direction relates mainly to strategic goals one and three:

### ■ 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 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.

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 are effective, efficient, consistent and proportionate, will be used alongside the specific principles of working within the legislation (the HPCAA 2003), natural justice, and consideration of risk of harm.

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

Council will focus on proactive strategies that will 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:

- Update accreditation standards for recertification in alignment with Council's agreed recertification model.
- Support colleges to strengthen their recertification programmes to ensure that doctors maintain and continue to improve cultural safety and standards of medical practice.
- Evaluate the effectiveness of regular practice review (RPR) as a method of maintaining and improving the standard of medical practice.

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

We will:

- 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.
- Explore standards relating to integrated care, team work and inter-professional collaboration, to support 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).
- Review Council statements on *Unprofessional Behaviour and the Health Care Team; Ending a Doctor-Patient Relationship; Maintenance and Retention of Patient Records; and Informed Consent*, to ensure they are current and consistent with international best practice.
- Promote excellence by strongly encouraging vocational training.

## Direction four – Medical education

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

### ■ 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 FIVE

Promote good medical education and training throughout the undergraduate / postgraduate continuum to ensure all doctors have achieved the necessary standards for their practice.

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 outcome:

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

We will:

- Implement multisource feedback (MSF) for interns as a formative educational tool in ePort.\*
- Continue enhancing ePort as a record of learning for each intern.
- Encourage training providers to meet targets so all interns are able to complete a community based attachment by 2020; and encourage the development of community based attachments that support integrated care that is closer to home – aligning with the New Zealand Health Strategy 2016.
- Undertake a review of the New Zealand Curriculum Framework for prevocational medical training so it appropriately guides a doctor's learning.
- Implement any changes for improvements according to findings in the evaluation of the prevocational medical training programme.

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

- Facilitate engagement between medical schools, DHBs, and colleges to promote a quality transition process for medical students moving into the prevocational medical training programme and between prevocational and vocational training.

\* An online tool used by interns to record learning and track progress.

## Direction five: Research and evidence-based regulation

The research and evidence-based regulation strategic direction relates mainly to strategic goals two, three and five:

### ■ 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 FIVE

Promote good medical education and training throughout the undergraduate / postgraduate continuum to ensure all doctors have achieved the necessary standards for their practice.

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:

- Gather baseline data to support evaluation of cultural safety, partnership and health equity initiatives (Strategic Direction 2).
- Evaluate the effectiveness of regular practice review (RPR) as a method of maintaining and improving the standard of medical practice (Strategic Direction 3).
- Consider ways to better utilise Council data to inform strategy and policy development by demonstrating risks and trends and showing the effectiveness of regulatory initiatives in improving the quality of medical practice and patient care.
- Consider opportunities to use Council collected data 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.

