10 June 2010

Medical Council of New Zealand

Consultation on changing recertification requirements for doctors registered in a general scope of practice

Thank you for the opportunity to comment of the Medical Council of New Zealand's (MCNZ) consultation paper, *Strengthening recertification requirements for doctors registered in a general scope of practice* (the Paper).

Background
The MCNZ has proposed that doctors registered in a general scope of practice will be required to:

- Participate in an accredited recertification programme.
- Undertake a regular practice review every three years.
- Maintain a portfolio of continuing professional development to inform the regular practice review.
- Be assessed on the MCNZ's domains of competence, focusing on the clinical area in which they work.

The MCNZ is seeking to strengthen the recertification requirements for doctors registered in a general scope of practice. It is the MCNZ's responsibility to ensure the process is robust, and the public can be assured that doctors in a general scope, are competent and fit to practice.

My comments
General comments
Overall, I support the Paper, and commend the MCNZ for taking these steps towards making the recertification process more robust for doctors registered in a general scope.

I agree that the MCNZ is responsible for ensuring that doctors maintain high standards of practice, as this forms part of its statutory mandate. I recognise that medical colleges and branch advisory bodies (BABs) have a complementary role to the MCNZ, and will be able to assist in the recertification process.

The MCNZ (as the regulatory authority) must continue to carry the ultimate responsibility and be accountable for the protection of the health and safety of the public, by ensuring doctors are competent and fit to practise medicine. One way of achieving this is by having a system of regular assessment of doctors' practice that is valued by the medical profession, trusted by the public, effective, and sustainable in the long term.

It is therefore pleasing to see that MCNZ is taking the necessary steps to strengthen the accreditation process for doctors registered in a general scope. However, I have made specific comments below that I trust will be useful.

Consumer input

Although part of the key principles for regular practice review (RPR) is a 360-degree assessment, it is unclear what this assessment will involve. I consider that further emphasis needs to be placed on the benefit of receiving feedback from health and disability service consumers. As public expectations of doctors have increased, it seems appropriate to include the public (ie, the doctor's patients) in the process. They can provide invaluable feedback to the doctor. In particular, consumers would be able to comment on the doctor's communication abilities (which form part of the MCNZ definition of competence), especially in patient interactions.

The public consider non-technical skills to be just as important, if not more important, than clinical knowledge and technical skills.[1] The recertification programme should therefore reflect this. One method that should be considered when designing the recertification process is a multisource feedback system. This system can assess key competencies such as communication, interpersonal skills, collegiality, medical expertise, and ability to continually learn and improve, which medical organisations and the public believe need attention.[2] Ultimately, patients are in a prime position to provide useful comments to doctors on these competencies.

Frequency

The Paper suggests that the accredited recertification programme occur every three years. I consider that the Paper should have a provision that allows for an increase in frequency of assessment if a doctor is the subject of repeated or serious complaints to the Health and Disability Commissioner, or for any other reason as determined by the MCNZ.

Accredited providers

I note the references to the "accredited provider" and the "availability of accredited recertification programmes". It is unclear who will be providing these services, or how they will be accredited. I understand MCNZ is currently exploring solutions with bpac^{NZ} and the Royal New Zealand College of General Practitioners, and recognises that "programmes will need to be developed that encompass the needs of all of these doctors". Given that the MCNZ is ultimately responsible for ensuring doctors maintain high standards of practice, it is necessary for the MCNZ to have a robust process to accredit a provider, to ensure the provider's suitability to carry out this process.

The purpose of the Paper is to capture those doctors who are not currently vocationally registered (or working towards this). It is therefore vital to ensure that maximum numbers of doctors, registered in a general scope of practice, are participating in the recertification process.

Currently, I am left wondering which accredited provider will be able to capture doctors who undertake locum work in a variety of settings (including those who work predominately as locums in Australia, but are New Zealand based, and registered here).

Portfolio of information

---

[1] Donaldson, L., *Good doctors, safer patients: proposals to strengthen the system to assure and improve the performance of doctors and to protect the safety of patients*, Department of Health, London, 2006, p.146.

[2] Violata C . and others, "Multisource feedback: a method of assessing surgical practice" in *BMJ*, 2003, vol. 326, p. 546, 548.

The Paper refers to a doctor keeping a portfolio of information to inform the RPR. I consider that this portfolio should also include any complaints received by the Health and Disability Commissioner (it is our standard practice to notify all health providers of the complaints we receive), the outcome of the complaint, and any learning or changes to their practice that have resulted. A record of complaints received directly from consumers, or others, should also be kept by the doctor.

Implementation
I appreciate that implementing an initiative such as the Paper takes time, but I am unsure why it will take two years to transition to this new process. I consider that this issue should be handled with greater urgency.

Draft policy statement
Time frames
In the policy statement, at number 11, the MCNZ states that the accredited provider must have a process for reporting whether doctors are complying with standards. It is essential that there is a detailed time frame specified as to when the accredited provider must alert the MCNZ to a non-complying doctor, especially if this represents a danger to public health and safety.

Also, given the responsibility to ensure doctor competence, and fitness to practice, I consider that the MCNZ should be notified of any under performance, not just if there is a danger to the public. The MCNZ may hold information on a doctor that could inform a decision to undertake a more in depth or targeted review. For example, the MCNZ may be aware of complaints received by this Office, and that have been referred (or notified) to the Council by the Commissioner.

Conclusion
I consider that the proposal outlined in the Paper is a very positive step, and I support this initiative. In time, it will provide assurance to the public that doctors registered in a general scope of practice are assessed for recertification in a robust manner, I encourage the MCNZ to extend this recertification process to all registered medical practitioners.

Thank you for the opportunity to respond.