Policy on regular practice review

Policy Statement
The Medical Council of New Zealand (the Council) wants to ensure that recertification programmes for all doctors are robust, help assure the public that the doctor is competent and fit to practise, and improve the current high standards of practice of doctors in New Zealand.

Background
One of the mechanisms the Council uses to ensure doctors are competent is the requirement for doctors to ‘recertify’ by participating in approved continuing professional development (CPD) programmes provided by Medical Colleges or approved providers of recertification programmes. Participation in CPD activities should deliver an improvement in the performance of doctors and better patient outcomes.

The Council views effective medical education for doctors to be based on their own work environment and individual practice.

The Council’s long term goal is that all Medical Colleges or BABs will adapt or expand upon existing processes, or develop new processes, so that all doctors (except those in vocational training) will have the opportunity to undertake a form of regular practice review (RPR) that is a formative assessment and that does not duplicate existing processes.

Primary purpose of RPR
The primary purpose of RPR is to help maintain and improve standards of the profession. RPR is a quality improvement process. RPR may also assist in the identification of poor performance which may adversely affect patient care. The goal of RPR is to help individual doctors identify areas where aspects of their performance could be improved, benefiting not only their own professional development but also the quality of care that their patients receive.

The Council’s approach to RPR differs depending on whether a doctor is registered in a vocational or general scope of practice:

1. Vocational scope
   The Council is encouraging BABs to develop RPR processes for doctors
registered in a vocational scope of practice, and make these available as part of the CPD programme on a voluntary basis.

2. General scope
   The Council has approved a recertification programme for doctors registered in a general scope of practice, who are not participating in an accredited vocational training programme. The recertification programme includes RPR to be undertaken 3 yearly, with the first review to be undertaken 3 years after the doctor achieves registration in a general scope of practice.

The key principles of RPR include, but are not limited to:

- That RPR is a formative process. It is a supportive and collegial review of a doctor’s practice by peers, in a doctor’s usual practice setting.
- That the primary purpose of RPR is to help maintain and improve the standards of the profession. RPR is a quality improvement process. RPR may also assist in the identification of poor performance which may adversely affect patient care.
- That RPR provides an assessment across the domains of competence outlined in Good Medical Practice focusing on the area in which the doctor works.
- That RPR is informed by a portfolio of information provided by the doctor, which may include audit outcomes and logbooks.
- That multi source assessment forms part of a RPR.
- That RPR must include some component of external assessment, that is by peers external to the doctor’s usual practice setting.
- That the RPR must include a process for providing constructive feedback to the doctor being assessed.
- That RPR will be led by the profession with support and assistance from Council.
- That Council will encourage each Medical College or approved provider of recertification programmes to develop a RPR process using specific tools relevant to that specialty or scope. Alternatively they may expand upon existing processes or tools to include Council’s principles of RPR. The Medical Colleges and providers of recertification programmes will make the process available to doctors on a voluntary basis for doctors registered in a vocational scope of practice. Council will review and provide feedback about the RPR process when accrediting a Medical College recertification programme.
- That the organisation responsible for undertaking the RPR must have a process for assisting the doctor in identifying and addressing learning needs.
- That personal development plan (PDP) should be developed for each doctor following the RPR process as a core component of RPR.
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<th>Continuum when deficiencies in practice are identified</th>
<th>Where areas of practice needing work are identified, colleges work with the doctor to ensure their CPD activities address any deficiencies.</th>
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<td>1. Where there are small areas of a doctor’s practice identified that need improvement, doctors will often be able to ensure that their CPD activities are targeted to those areas, with the assistance of a PDP.</td>
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<td>2. If the areas identified are more significant the Medical College or BAB or organisation providing the recertification programme will need to work closely with the doctor to ensure CPD activities address the deficiencies.</td>
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<td>3. When reviewers have concerns that a doctor’s practice is placing patient health and safety at risk, then the reviewers and the Medical College or BAB have a professional obligation to report this separately to Council, just as they would do if the poor performance had been identified in any other way. Council will consider the information through its usual processes and consider whether a performance assessment is necessary.</td>
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The Council has published a statement called: ‘What to do when you have concerns about a colleague’, which outlines further how issues of this nature should be addressed.

Approved by Council: 9 August 2011