



**The Royal Australasian College  
of Medical Administrators**

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10 March 2017

Karen Davis  
Senior Project Manager  
Medical Council of New Zealand  
PO Box 10509  
Wellington 6143  
NEW ZEALAND

Sent to: [recertificationconsultation@mcnz.org.nz](mailto:recertificationconsultation@mcnz.org.nz)

**Re: RACMA Submission to the Medical Council of New Zealand's Consultation,  
Strengthening Recertification for Vocationally Registered Doctors**

The Royal Australasian College of Medical Administrators (RACMA) is a specialist medical college of more than 1,000 Fellows, Associate Fellows and trainees in public and private health settings across Australasia. The College sets standards and provides professional development and specialist qualifications in medical management and leadership to registered medical practitioners.

RACMA's Fellows are registered medical practitioners trained in the recognised specialty of medical administration. The specialist role of medical administration includes expertise in clinical governance, engagement and performance management of medical staff, and credentialing.

The integration of medical and management expertise enables the medical administrator to work through others to accomplish complex outcomes while simultaneously being accountable and accepting responsibility for a medical services' outcomes. While medical management is not directly involved in the diagnosis and treatment of patients, the clinical skills and knowledge inherent in medical training separate medical managers from other health service executives. Medical administrators work across procedural specialties – as a consequence they have no agenda other than for the health system to work effectively, and for it to deliver optimally to the many people with a stake in the system.

RACMA welcomes this opportunity to respond to the *Medical Council of New Zealand's Consultation on Strengthening Recertification for Vocationally Registered Doctors*.

RACMA agrees to this submission being treated as a public document and being cited in any reports that may result from this consultation process.

RACMA is supportive of an approach that both strengthens and individualises recertification so it is relevant to an individual doctor's practice. RACMA's continuing education program incorporates many of the features in the proposal, and the College is happy to work with the Medical Council of New Zealand in the implementation of these requirements.

Areas that RACMA would like to highlight as considerations in the implementation of the proposed requirements set out in the consultation paper are:

*1. Diverse roles and work settings of RACMA's vocationally registered medical administrators*

RACMA's vocationally registered medical practitioners are employed in particularly diverse roles, and the areas of work may differ across the specialty. Specialist medical administrators often work at a level where their work and decisions affect the broader system and hence a whole community, rather than an individual patient. The outcome of their work and decisions may be influenced by factors that are beyond the control of the individual specialist administrator.

This means that specific consideration needs to be given as to the need for a variety of measurement of performance and outcomes, and these may need to be progressively developed over time.

*2. Medical practitioners who are not affiliated with the College but working within the scope of medical administration*

RACMA raises this as a potential issue to the Medical Council NZ achieving the objectives of strengthening recertification in New Zealand. There may be medical practitioners working within the scope of practice of medical administration who are not recently credentialed nor meeting the professional continuing professional development (CPD) standards of the medical administration specialty.

Typically, this will be a senior clinician who has taken an administrative or management role within their specialty, such as Director of Surgery, or Director of Obstetrics. However, also includes medical practitioners working in full time roles, such as Chief Medical Officer. These practitioners may be compliant with the clinical CPD requirements of the relevant College, but may not have any formal medical administration training or ongoing CPD.

It is important that it is acknowledged that their role affects both the safety and standard of care delivered to a community, and their recertification needs to include CPD that is relevant to working within the vocational scope of practice of medical administration.

Thank you for the opportunity to comment.

Yours sincerely

Dr Karen Owen  
Chief Executive

Dr Grant Howard  
Chair, NZ Jurisdiction Committee

Encl: Detailed response to the Consultation, *Strengthening Recertification for Vocationally Registered Doctors*



## Strengthening recertification for vocationally registered doctors *Consultation Feedback Form*

You are invited to provide feedback on Council's proposal to strengthen recertification requirements for vocationally registered doctors by responding to the questions below.

**Deadline for submissions: 5pm Friday 10 March 2017.**

**Please complete the feedback form and return via email to**  
[recertificationconsultation@mcnz.org.nz](mailto:recertificationconsultation@mcnz.org.nz)

**Or by post to:** Karen Davis  
Senior Project Manager  
Medical Council of New Zealand  
PO Box 10509  
Wellington 6143  
New Zealand

### Submission information

**This submission is on behalf of:** Individual  Group X

**Name:** Karen Owen

**Position/title:** Chief Executive

**Organisation:** Royal Australasian College of Medical Administrators

**Do you agree to your submission, or parts of your submission being published:** Yes  No

**Do you agree to all or parts of your submission being published if it was anonymised:** Yes  No

### Guiding questions for submissions

#### Proposal:

**Vocationally registered doctors must participate in an accredited recertification programme based on a set of requirements, including use of performance and outcome data to identify individual professional development needs.**

#### Question 1:

*Under the proposal, each doctor will need to use performance and outcome data, multisource feedback and external peer review to identify their professional development needs. Do you have any comments or feedback about the proposal that doctors' performance and outcome data should be used to inform the professional development plan? What is your view of medical colleges having to assist doctors to do this?*

#### RACMA's Response:

RACMA Fellows are required to remain in good standing with RACMA. A significant element in this requirement is completion of 50 points of CPD annually, agreement to log points mapped to categories in the College CPD standard and an annual e-audit ahead of issuing annual CPD Certificates. RACMA also undertakes random audits requiring evidence of CPD.

RACMA supports the concept that practice performance data and reflection can be used to inform the individual's professional development plan. The RACMA CPD Standard identifies forms of peer review and audit within its standard. RACMA has commenced to deliver a peer review and audit program. This has included 360, peer learning sets, an audit and peer review program.

**Proposal:**

**Vocationally registered doctors must develop an individualised Professional Development Plan (PDP) targeted to their identified professional development needs.**

**Question 2:**

*Do you have any comments or feedback about the proposal that an individualised PDP for each doctor should form a central part of recertification and that doctors will be expected to review their own PDP each year?*

**RACMA's Response:**

RACMA encourages all its members – from trainees to Fellows to develop annual professional development plans. Facility is provided for this in the RACMA e-CEP tool. To date this has been highly recommended and we will maintain this position. Newer Fellows graduating from the Fellowship Training Program are familiar with annual PDPs and review. We anticipate as the newer population of RACMA Fellows moves through the College the benefit of these PDP will be well recognised and normalised.

**Proposal:**

**Each medical college is responsible for defining the knowledge requirements for their vocational scope(s) of practice and incorporating these into their recertification programmes. These must reflect expected standards of medical practice, including those outlined in Council's statements, *Good Medical Practice*, Council's domains of competence<sup>1</sup>, cultural competence, and the *Code of Health and Disability Services Consumer's Rights*.**

**Question 3:**

*What is your view of medical colleges defining knowledge requirements?*

**RACMA's Response:**

RACMA advocates for a profession led approach both in NZ and Australia. RACMA Fellows shall be able to define the specific scope of their practice within the specialty field of medical administration. This scope will then inform their PDP and their selection of CPD activities.

**Proposal:**

**Regular Practice Review (RPR) is provided by the medical college as an option for their doctors to undertake on a voluntary basis.**

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<sup>1</sup> Council's domains of competence include: medical care; communication; collaboration and management; scholarship; professionalism

**Question 4:**

*Do you have any feedback – concerns or particular benefits you envisage – related to the proposal that each medical college is required to develop and provide RPR as an option for doctors within their recertification?*

**RACMA's Response:**

RACMA has commenced development of a form of RPR for medical administrators. A pilot of a practice visit program has commenced in 2017 and feedback is positive. In addition RACMA has as recently as last week piloted an audit and peer review program which has also been positively received.

The initial challenges posed by RACMA Fellows relate to 'just what' will be the subject/data of the visit/reviews. We are working through this and while it is early days the progress for those Fellows engaging is most positive.

RPR is likely to be an expensive undertaking and option suited more to some Fellows than others – a reflection of their scope of practice. Training of visitors and visitees, documentation, co-ordination and oversight are all matters to be considered.

A transition period to provide for cultural change and preparation will be required.

RACMA in principle agrees that RPR as one option for its Fellows to undertake on a voluntary basis.

**Proposal:**

**Medical colleges will provide additional support for doctors when required. When identifying an individual doctor's professional development needs, consideration must be given to the knowledge of the doctor, the stage of progression in their career, their work requirements and other factors that can influence the performance of a doctor.**

**Question 5:**

*Do you have feedback about providing additional support for doctors depending on their individual professional development needs?*

**RACMA'S Response:**

Colleges may be well placed in a profession led approach to improving performance. Partnership in this regard with regulators is appropriate although not always necessary. A majority to RACMA Fellows are employees and subject therefore to both employer, regulator and College performance management requirements/supports.

In time as College CPD programs are enhanced, opportunities may emerge for the College to earlier identify doctors specific development needs. RACMA is considering development of a professional standards advisory function.

**Question 6:**

*Career management planning is recommended for all doctors. Should Council mandate certain*

*activities as doctors age? If so, what activities and what age should apply?*

**RACMA's Response:**

No as there is such diversity. What is the evidence to suggest this is cost effective and appropriate?

**Proposal:**

**Medical colleges collect and analyse data to undertake an evaluation of the recertification programme to support continuous quality improvement**

**Question 7:**

*Under the proposal, each medical college is responsible for collecting and analysing data for the purpose of undertaking an evaluation of the recertification programme and supporting continuous quality improvement. What feedback do you have on the requirements for continuous quality improvement?*

**RACMA's Response:**

RACMA is an advocate for quality and safety systems improvement in health services management practice. RACMA is accredited by both MCNZ and AMC and reports annually on developments and initiatives to strengthen and improve its programs.

Encouraging a culture of continuous improvement therefore is supported. The challenge is that the ROI on such investments in change may not be immediate on the outcome side.

A means to encourage (rather than mandate) continuous improvement in the highest risk areas of an operation may then be supported.

**Question 8:**

*Do you have any general comments or feedback on the Council's proposal to set standards for recertification programmes that align with its vision and principles for recertification?*

**RACMA's Response:**

RACMA is supportive of an approach that both strengthens and individualises recertification so it is relevant to an individual doctor's practice. RACMA's continuing education program incorporates many of the features in the proposal, and the College is happy to work with the Medical Council of New Zealand in the implementation of these requirements.

Areas that RACMA would like to highlight as considerations in the implementation of the proposed requirements set out in the consultation paper are:

1. [Diverse roles and work settings of RACMA's vocationally registered medical administrators](#)

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and the areas of work may differ across the specialty. Specialist medical administrators often work at a level where their work and decisions affect the broader system and hence a whole community, rather than an individual patient. The outcome of their work and decisions may be influenced by factors that are beyond the control of the individual specialist administrator.

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It is important that it is acknowledged that their role affects both the safety and standard of care delivered to a community, and their recertification needs to include CPD that is relevant to working within the vocational scope of practice of medical administration.

### **Question 9:**

*Do you foresee any barriers or challenges to implementation of the proposed recertification model and if so, what are they? Can you suggest any solutions to address these issues?*

### **RACMA's Response:**

RACMA emphasises the importance/significance of scope of practice. The College continues to advocate that all vocationally registered practitioners who actually practice in an alternative scope (e.g., Medical management), be required to associate with the relevant college (i.e. RACMA) and be supported through its professional practice programs/CPD. RACMA has the means to address this through its Associate Fellowship and Fellowship programs.

### **Question 10:**

*Is three years from Council's decision an appropriate and/or practical transition period for implementation of new recertification requirements?*

### **RACMA's Response:**

This should be ok. However some flexibility to vary if necessary is appropriate. At this stage RACMA



is not absolutely clear on what the Council will decide (if this is a consultation process) and, within that decision, what the relative weighting of mandatory: voluntary requirements will be.