The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

9 November 2018

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Tēnā koe Ms Parreno

Towards Strengthening Recertification Requirements for Vocationally-Registered Doctors in New Zealand

Thank you for giving The Royal New Zealand College of General Practitioners (the College) the opportunity to comment on your discussion document, *Towards Strengthening Recertification Requirements for Vocationally-Registered Doctors in New Zealand*. The key points that we wish to make in this submission are that:

- The College is largely supportive of the approach taken.
- The proposed requirement for individual PDPs is likely to be the most significant stumbling block for general practice.
- Audit and peer review have real benefits for general practice. There might be real value in having the Council create an inventory of available tools within the sector, with a view to facilitating the sharing of these resources across accredited recertification providers.
- Health equity expectations need to be embedded within recertification requirements.

Further information in relation to these points is provided below.

Background

General practice is the medical specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body. The College is the largest medical college in the country. The College provides training and ongoing professional development for GPs and rural hospital generalists and sets standards for general practice. The College has a commitment to embed the three principles (participation,

partnership and protection) of Te Tiriti o Waitangi (Treaty of Waitangi) across its work, and to achieving health equity in New Zealand.

Health equity is the absence of avoidable or remediable differences in health outcomes and access to health services among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO). To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education, housing, and the environment).
- Funding and support to sustain the development of a GP workforce of sufficient capacity to meet population needs for access to quality primary medical care, particularly in rural and high need areas.
- Sustained focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Improved integration of primary, community, and secondary care health and social services which ensures the provision of high-quality services.
- Universally accessible free primary health care for children and low-income families, because health inequities begin early and compound over the life course.
- A review of the funding model for primary care to ensure that resourcing is allocated equitably across diverse populations with differing needs.

Submission

1. ***What are your thoughts about the key components of the proposed strengthened recertification approach?***

The College is generally supportive of the approach taken and that the content outlined in the current consultation document is clear and draws well on the international evidence.

2. ***What suggestions do you have about how these key components could be implemented in recertification programmes?***

The College suggests that the Medical Council of New Zealand (MCNZ) provide clear timeframes and guidance around implementation. The College will need to work closely with MCNZ to ensure that any changes made to our recertification programme aligns to the context of General Practice, our curriculum and takes into consideration the lack of continuing professional development funding GPs receive from the government compared to hospital-based medical practitioners who receive professional development funding as part of being employed by the District Health Boards.

3. ***Do you foresee any challenges with implementing the proposed approach? What are these and why?***

Whilst there is value in requiring doctors to keep and maintain a professional development plan (PDP), there are likely to be difficulties in implementing these in general practice. It is worth noting:

- Previous efforts to introduce a PDP requirement in general practice have not worked well, and members have largely viewed the PDP as an after-the-event tick box (compliance) exercise.

- A recent attempt by the Royal Australian College of General Practitioners to introduce a PDP requirement in that country was a failure and has been cancelled. This may colour New Zealand GP's perceptions of PDP.
- A PDP can work well in certain settings; and less well in others. It seems well suited to the District Health Board (DHBs) environment where it can sit alongside the performance appraisal and performance management processes. But the College is concerned that it will be more difficult to implement in general practice where doctors are often self-employed and where performance processes are not well established.

The College suggests that MCNZ considers how to best align a PDP requirement with the practicalities of how general practices are managed. To ensure successful implementation of PDP in general practice, the College would welcome working collaboratively with MCNZ.

4. ***Are there any specific implementation concerns for recertification programme providers (in most cases these are medical colleges)? Do you have any suggestions about how these issues could be resolved?***

Please see response to question three.

5. ***Do you think there are any recertification activities that should be mandatory for all doctors?***

The College recommends that a health equity approach is embedded within recertification, which includes:

- Te Tiriti o Waitangi / Treaty of Waitangi training, to understand New Zealand history, including basic understanding of te reo Māori, tikanga Māori and of iwi/hapu in the area where the GP practices. This is particularly important given the number of international medical graduates, who may not have had exposure to Māori language and tikanga previously in their medical careers.
- Health equity, in its broadest sense, to be embedded in every recertification programme to avoid inequities such as institutionalised racism and unconscious bias.
- An expectation that vocationally-registered doctors be culturally competent. It is recommended that MCNZ continue to make cultural competency training in recertification programmes mandatory and engage with Colleges for a cohesive approach.
- The introduction of ethnicity clinical audit tools to assist medical practitioners. Ethnicity audit tools will assist practices, medical practitioners (including GPs) to understand their patient populations, and to monitor and improve clinical and cultural competence and contribute to improving patient outcomes.
- Regular health literacy and communication skills training.

6. ***What kind of peer review programmes might work best for you/your organisation? Do you foresee any issues for recertification providers to offer RPR as an option for doctors?***

Audit and peer review programmes have real benefits for general practice when done well. The College view is that audit and peer review programmes have real benefits for general practice. The models in place at Pegasus, and various online audit tools being used or trialled at other PHOs, and at bpac^{nz}, HQSC and via Conporto EDM, are good examples of how technology can positively enable peer review.

These draw on real practice data, evidence from best practice and give GPs an opportunity to reflect on their practice in a supportive way. There is value in creating an inventory of available tools for the membership, with a view to facilitating the sharing of these resources across accredited recertification providers.

7. ***Do you have any other comments or suggestions about the proposed approach that might assist with a smooth implementation?***

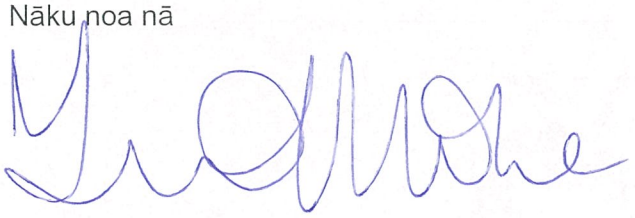
The College suggests that MCNZ provide clear timeframes and guidance around implementation. The College re-accreditation is due 2021, and it will take time for the College to develop and implement new processes that will meet MCNZ expectations outlined in this discussion document.

We are determined to work closely with MCNZ to ensure that changes we make to our recertification programme will meet your expectations.

Our final request is that MCNZ provide clear timeframes and guidance around implementation. We note that the College re-accreditation is due in the next couple of years, and it will take time for the College to develop and implement new processes that will meet the expectations you have outlined.

We hope you find our submission helpful. Should you require any further information or clarification please contact the College's policy team at policy@rnzcgp.org.nz.

Nāku noa nā



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