



NEW ZEALAND MEDICAL ASSOCIATION

25 June 2010

Joan Crawford
MCNZ
PO Box 11649
Manners Street
Wellington

By email: consultation@mcnz.org.nz

Dear Joan

Consultation on Strengthening Recertification Requirements for Doctors Registered in a General Scope

Thank you for the opportunity to comment on this proposal.

The NZMA agrees that the MCNZ needs to take action to ensure that the professional standards of doctors, registered only in a general scope, are maintained. We are aware that doctors who do not undertake vocational training are the group among doctors who are most likely to be referred to the Health and Disability Commissioner in respect of their performance. We agree that as a goal the MCNZ should be encouraging the majority of doctors to undertake vocational training, although we believe there will always be a place for a small number of doctors to choose to remain in a general scope.

We are not convinced however that the proposal to require these doctors to undertake a regular practice review through practice visits is the answer. The Medical Council will be aware of the NZMA's position on the use of practice visits as a way of ensuring that high standards are maintained, as we submitted on this issue last year. Although that submission related to practice visits for vocationally trained doctors, we have similar concerns in respect of doctors practising in a general scope only. In brief we do not support the imposition of compulsory practice visits because:

- This may be a costly process (in terms of both time and money) for both the assessors involved and the doctor whose practice is being assessed.
- There is no solid evidence of efficacy supporting this tool as a way of improving quality.

- It is not appropriate to all doctors in the general scope (in particular it may not be appropriate to those doctors working in a public health role or in pathology).
- A practice visit may not accurately gauge a doctor's general performance for various reasons. For example, the doctor may undertake different roles both privately and publicly. Reviewing the work undertaken in one is unlikely to provide a true reflection of a doctor's performance in what may be a very different role at the second place of work.

Requiring non-vocationally registered doctors to undertake a practice visit review may be difficult if there is no organisation with the appropriate expertise willing to take these doctors on.

There may be resource implications for some colleges whose primary focus needs to be on providing services and support their trainees and vocationally registered members.

Instead of imposing a system of practice visits we think a better alternative may be to institute a programme that requires a doctor over a – say – three year period, to undertake continuing professional development in respect of the majority of the doctor's practice with some form of assessment required.

Other issues that will need to be considered in regard to recertification are:

- Equity. How will the requirements set in New Zealand correspond with requirements overseas and in particular Australia?
- Impact of changes. If the new requirements are so much more rigorous in New Zealand than in Australia, while this is important in terms of public safety it may lead to some doctors choosing to work elsewhere or, if close to retirement age, retire early rather than putting themselves through a rigorous and costly recertification programme again.

If you wish to discuss any of the above matters further please do not hesitate to contact either Cameron McIver or myself.

Yours sincerely



Dr Peter Foley
Chair, NZMA