Recertification and the Medical Council

The Medical Council must be stopped before it does any further harm. For a while there have been ominous rumblings, but it was just before Christmas that I got the 3 pages of bumf that spelled out its laborious and expensive intentions. The news for doctors registered in “a general scope of practice” is grim. There will be a Recertification Programme that will cost them, each year, in money, the sum of $1200.00, and, in time, 50 hours spent away from their families and the places where they carry out their professional work. This programme has been agreed with BPAC, an entity naively described as an independent not-for-profit organisation. Instinct tells me that this cannot be good news.

I had begun to wonder if the GPs understood what was going on, or whether they were, as usual, too weak and disorganised and inattentive (as they were during the theft of the Maternity Services) to do anything about it, when help arrived from a totally unexpected quarter. Naturally, the resistance to the Medical Council does not come from the general practitioners, nor was it called from the pages of either Medspeak or Vital Signs. The Dominion Post ran a brief story quoting the reactions of the New Zealand Resident Doctors’ Association to what the Medical Council was thrusting upon us, and the whole of their News Release is on the Association’s website.

Their objections have been issued over the name of Dr Curtis Walker, and in my view that young man is going places. For one thing, he exhibits a concern for the welfare of the taxpayers that I had not supposed his group to be even remotely capable of. The news release, dated 16th December 2011, can be found at www.nzrda.org.nz. It begins;

“300% hike in house officer fees destined for bureaucratic coffers. More than $1.2 million is to be taken away from patient care.”

It is all good stuff. I agree with it. The new recertification proposal, it is claimed, is totally unnecessary for doctors working in hospitals under consultant supervision. We can add that it will do nothing for general practice, except drive up the costs.

What, may we ask, is meant by an Essentials Test, described by Dr John Adams, the Chairperson of the Council, as “an interactive online test focusing on both clinical knowledge and also knowledge of Council’s statements, [my italics] cultural competence and professionalism (on entry to the profession, and then every three years).”? This looks to me like Big Brother at work, and encountering no opposition at all from the private practitioners. At the present time, the GPs have no effective voice, and the New Zealand Resident Doctors’ Association can, by contrast, count themselves lucky.

I spoke with a Wellington GP who has the “general” ticket, and who is very distressed by the proposals outlined above. He says the “generalists” are the minority, but I do not suppose that the “vocationally registered” will fare any better. The distinction
between the two groups is meaningless. The Royal New Zealand College of General Practitioners, determined to dominate general practice, occupies a large amount of prime office space in Central Wellington, and the doctors should demand an examination of the financial situation of both that College and the Medical Council. These bodies are in the comfortable position of being able to generate as much rubbish as they wish, and to ask for whatever they want in order to do it.

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