BPAC recertification plan and the Medical Council

Having had more time to try to make sense of the Medical Council’s plan for us doctors practising in “a general scope of practice in a collegial relationship”, it is clear more questions need answers before those affected can feel the changes are justified.

Council should first tell us what is wrong with the present collegial relationship. There is no argument doctors need continuing education, but surely not all need the same degree of supervision. The juggernaut proposed is a one-size-fits-all attempt to cover all eventualities.

Just take the following examples. A retired surgeon may agree to help an under-doctored general practice with holiday and weekend cover. Or a recently retired principal of the same practice may agree to offer the same services. Then a recently qualified overseas graduate, on his or her medical OE (overseas experience trip), may wish to join the practice as a locum.

I would need a lot of convincing that each of these doctors requires the same supervision outlined in this blunderbuss approach. They can all be in a collegial relationship; each needs an individual assessment, with the supervisor giving an opinion of the competency of the doctor, without the need for the $1200 annual fee for a warrant of fitness.

Presumably, although we’re not told, this has all to do with protecting the public. Yet to many generalists it’s all a bit draconian, a view supported by the editorial in the latest Medical Protection Society’s Casebook: ….. “In New Zealand, of course, MPS’s experience of complaints against our members is relatively benign, especially when contrasted with experiences in our other territories, such as South Africa, the UK and Ireland.”

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