



NEW ZEALAND MEDICAL ASSOCIATION

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Dear Joan

The Proposed Use of Practice Visits (Periodic Assessment of Performance) as part of Continuing Professional Development (CPD)

Thank you for providing us with the opportunity to comment early in this consultation process. We understand that this is an initial consultation document and that following feedback from a limited number of stakeholders a further wider consultation will follow. We look forward to further engagement on this matter.

The possibility of requiring Colleges and/or Branch Advisory Bodies (BABs) to instigate the use of practice visits as part of their CPD requirements has led to considerable debate among our members and it would be fair to say that there are a wide range of views. Out of this we have been able to distil the following points:

Firstly, it is acknowledged that CPD in itself does not identify poorly performing doctors and cannot guarantee an improvement in the quality of a doctor's practice. However this was never the aim of CPD which is simply a tool devised to keep doctors up to date with current medical practice. Whether a doctor takes away any learnings from the courses they attend, and implement them in their own practice is much less controllable..

Secondly, we acknowledge that there is a need to identify poorly performing individuals and we further believe that any cost effective system changes which improve the overall performance of doctors is desirable. What we are uncertain of is whether the imposition of periodic practice visits as part of an assessment of performance is the best practical way to achieve those ends. To this end we would like to know what other methods are employed around the world to

achieve the same ends and how they compare with the current proposal in terms of cost/benefit. We are also concerned that we have not seen the evidence in support of periodic assessment of performance through practice visits, particularly given the substantial costs involved.

Assuming that there is evidence supporting the use of this tool then we would give support in principle to the proposal but subject to the following caveats:

It is fundamental that if periodic assessment of performance through practice visits is to be instituted, that it be done by the Colleges and/or Branch Advisory Bodies (BABs) as part of CPD. Having said that, we note that it has often been stated that those most vulnerable to falling below par are those who are not members of any college or BAB. Any system devised must aim to bring these people within its net, so colleges maintaining such a system for their members alone will not suffice.

Secondly while it may be that periodic practice assessments are desirable for some medical disciplines, in others this may not be the case. We believe that if this tool is to be developed then whether it becomes part of any college or BABs CPD should be considered on a case by case basis. For example we are advised that the Royal College of Pathologists of Australasia already has in place a continuing professional development programme, a laboratory accreditation for service and training functions programme, quality assurance programmes, and review meetings. It has been argued that adding periodic practice assessments is unnecessary and given the potential costs it is probably not appropriate.

The question of cost, in time and money, is also a significant concern for our members. From discussions with members who have participated in such assessments it is clear that these visits can be a very costly exercise – both for the assessor and for the doctor being assessed. Issues of frequency of practice visits, resource implications and how much of the assessment can be undertaken without an actual practice visit are therefore going to be key considerations.

One last matter is the appropriateness of the assessor. As well as matching specialties the assessors must be

- experienced,
- current and competent,
- have the same scope of practice and sub specialty (if appropriate)
- have genuine respect from his/her peers

It would be inappropriate for example, for an assessor to be relatively newly trained and without private practice experience if they are peer reviewing the work of a doctor in private practice.

Finally, we understand that the MCNZ would be interested to hear whether other current Colleges or BABs already do this. As a result of informal inquiries we have

learnt that as well as the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the New Zealand Dermatological Society also undertakes such visits, the New Zealand Orthopaedic Association is about to trial it and both the Royal Australian College of Physicians and the Royal New Zealand College of General Practitioners are looking at instituting them as part of their CPD. Finally although not recognised by the Medical Council we understand that the New Zealand College of Appearance Medicine has been successfully carrying out practice visits for about three years.

We look forward to further interaction on this issue.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Peter Foley', written in a cursive style.

Dr Peter Foley
Chair