



## 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) – Consultation Stage 2**

Thank you for the opportunity to further comment on this proposal.

You will recall that in our original submission of 26 February 2009 we voiced hesitant support for the proposal provided that the Medical Council could demonstrate evidence of the programme's efficacy and that a cost/benefit analysis would support this as the appropriate measure to institute.

Since then we have received substantial member feedback on the proposal. It seems to us that there is a high level of scepticism within the profession about either the need for, or the existence of evidence to support, the introduction of a universal, mandatory practice visits model as proposed. There is also widespread reluctance to accept that there is a demonstrated public demand for this regimen.

Also of concern to practitioners is that this new measure is likely to be costly in terms of both direct and indirect costs (dollars, time, and people involved). We know for example that there has been an estimate made by the RNZCGP that to institute this measure along the parameters set, the College would need a further 200 GPs to support this. The Royal Australasian College of Surgeons has made similar estimates. Although these estimates are indicative only it is disappointing that the Medical Council has not undertaken a cost benefit analysis of the proposal given it was a significant issue identified during the first consultation.

We note that the Medical Council is now considering a reduced number of these visits – perhaps having one after 10 years, then 7, then 5, and then 5. While this may go some way toward addressing the time and cost issue, we think it could greatly dissipate any value such visits would provide. As has been pointed out by a number of our members, a lot can go wrong between seven or five yearly visits.

Further, while it has been argued that this measure will be cost neutral to the public as the costs for these visits are proposed to come out of CME, we believe that in respect of salaried hospital doctors this is unlikely to be so as the move is likely to create demand for additional CME funding. In the case of private sector practitioners, we maintain that this will be an additional cost to be met by the individual practitioner concerned, and ultimately by the patient.

Finally, concern has been expressed that the imposition of mandatory practice visits for assessment of performance may prove one additional requirement too many for senior practitioners who may choose to retire early rather than prepare for such a visit.

While we fully support appropriate efforts to maintain and improve professional standards, in light of the lack of evidence supporting this measure's efficacy, the significant costs involved and the widespread concerns expressed by doctors, we cannot support this proposal as it stands. We believe that it would be unwise to further proceed with the proposal in the face of widespread non-acceptance by the profession. We would not however, rule out the possibility of supporting voluntary versions of a practice visit model as proposed by some Branch Advisory Bodies.

We would be very keen to discuss the profession's concerns with you further.

Yours faithfully

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

Dr Peter Foley  
**Chair**