18 October 2018

Carol Parreno
Strategic Project Manager
Medical Council of New Zealand
PO Box 10509 Wellington 6143
Email: SConsultation@mcnz.org.nz

Dear Carol,

Discussion document on strengthening recertification for vocationally registered doctors

The New Zealand Society of Anaesthetists (NZSA) welcomes the opportunity to make a submission on the above Medical Council of New Zealand (MCNZ) consultation. We support the MCNZ's Vision and Principles for Recertification, including that the model of 'self-regulation' and approach to recertification needs to be profession-led.

About the New Zealand Society of Anaesthetists
The NZSA is a professional medical education society which represents over 600 medical anaesthetists in New Zealand. Our members include specialist anaesthetists in public and private practice, and trainee anaesthetists. We facilitate and promote education and research into anaesthesia and advocate for the professional interests of our members and the safety of their patients. As an advocacy organisation we develop submissions, work collaboratively with key stakeholders, and foster networks of anaesthetists nationwide. The NZSA, established in 1948, also has strong global connections, and is a member of the Society of the World Federation of Societies of Anaesthesiologists (WFSA).

Overview
The NZSA strongly supports developing a practical and effective pathway to strengthen CPD so that doctors remain competent and up to date throughout their working lives to deliver optimal care for their patients. We concur with the MCNZ that recertification changes must be profession led to ensure they are appropriate to scope of practice, meaningful and add value to a medical practitioner's professional development and practice. Additionally, we wholeheartedly endorse an evidenced based, rather than time based, approach.

Standards and CPD requirements for anaesthetists
The Australian and New Zealand College of Anaesthetists (ANZCA) sets the standards for training anaesthetists and determines the profession's knowledge requirements. The ANZCA CPD programme is arguably one of the most comprehensive among medical colleges and covers most aspects of what is considered valid to assess. The CPD portfolio, which the college mandates, is in line with MCNZ proposals, including a personalised learning plan. Annual, in-house peer review of practice is also an option under the college's CPD and useful for anaesthetists, particularly as many tend to practise in a degree of isolation. ANZCA provides templates and guidelines to help doctors identify learning needs and plan

continuing professional development, and also provides resources for specific career stages, such as *PS50 Guidelines on Return to Anaesthesia Practice for Anaesthetists*.

Peer Review and audit
It is our impression that many are partaking in this activity and find it very worthwhile. The ANZCA CPD programme strongly aligns with the MCNZ's proposed approach to peer review. We support the position however that peer review not be mandatory. A worthwhile area that we encourage MCNZ to consider is mandatory clinical supervision for addressing physician wellbeing, which is mandated by other professional groups. It is widely recognised that physician wellbeing correlates very strongly to quality patient care.

We also strongly support removing the initial MCNZ proposal for compulsory audit.

Cultural competence
We fully support the MCNZ's inclusion of cultural competence as part of the skills, knowledge and attributes required under recertification and CPD. This is especially pertinent in helping to address health inequities in our health system. We would suggest however that a broader definition than that provided by MCNZ for cultural competence be included and refer you to ANZCA's Cultural Competence Position Statement 62, which is incorporated into our CPD programme. This stipulates the following requirement: "Participants explore culturally different expectations for clinical communication/behaviour, to develop strategies for responding effectively when expectations differ between colleagues, patients and their family members/carers." The broader aspects of cultural competence should also encompass communication and interactions between health professionals, to address negative and disruptive behaviours such as bullying.

Regular Practice Review
We are pleased that MCNZ has taken on board stakeholder feedback, including that of the NZSA and the College, that regular practice reviews should be offered and encouraged, but remain optional.

CPD and ageing doctors
We welcome the decision not to pursue the MCNZ's previous proposal for mandating certain activities as doctors age. Regular CPD should be sufficient to maintain standards for ageing doctors. Competency should be assessed for all groups and not be ageist. However, practitioners should recognise that planning for retirement is an integral aspect of career planning and medical colleges should be part of raising awareness of changing capabilities as a doctor ages, with support available if required. We believe that all medical colleges should have recommendations in place for ageing practitioners to support them in their practice, and to uphold patient safety.

Evidence based recertification activities
In our previous submission on recertification (May 2017) we asked MCNZ to ensure that its proposals for recertification are evidence based to ensure that they are valuable and of the greatest benefit and urged international literature to be evaluated. We commend MCNZ for taking this approach and providing the results of a literature review in its discussion paper. This review has highlighted effective activities to influence changes in practice and improved patient outcomes, such as multisource feedback from colleagues, peer review, focusing

learning in response to identified needs, interactive education, and an appropriate professional development plan.

Achieving objective measures of competence is well underway with new assessment tools in development, including simulation and advances in virtual mechanisms which enable faster, more flexible and timely educational opportunities. We note however that MCNZ acknowledges that recertification is an area in which best practice is still emerging, and therefore there remains some uncertainty as to the optimal design of recertification.

Further research is needed to look at effective and feasible tools of assessment.

MCNC discussion paper questions and answers

What are your thoughts about the key components of the proposed strengthened recertification approach?
We are supportive of the key components and are pleased that proposals to make audit and RPR mandatory have been removed. The proposal is strongly profession-led and puts the responsibility back on the college.

What suggestions do you have about how these key components could be implemented in recertification programmes?
The key components are already in place for ANZCA, which has a very robust CPD programme.

Do you foresee any challenges with implementing the proposed approach? What are these and why? Are there any specific implementation concerns for recertification programme providers (in most cases these are medical colleges)? Do you have any suggestions about how these issues could be resolved?
No. Our programme is already in keeping with the recommendations.

Do you think there are any recertification activities that should be mandatory for all doctors?
We believe that the review of a medical practitioner's practice should be mandatory, but not the format i.e. not insisting on regular peer review.

What kind of peer review programmes might work best for you/your organisation? Do you foresee any issues for recertification providers to offer RPR as an option for doctors?
We already have peer review as an option, so there are no issues. The College CPD programme is robust and of a high quality.

Do you have any other comments or suggestions about the proposed approach that might assist with a smooth implementation?
No.

We are supportive of ANZCA's submission.

Thank you for the opportunity to comment. We are happy to answer any questions on our submission if required.

Yours sincerely

Dr David Kibblewhite
President