



Te Kaunihera Rata
o Aotearoa

**Medical Council
of New Zealand**

Recertification requirements for vocationally-registered doctors practising in New Zealand

Draft Model

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The Medical Council of New Zealand (Council) plays a key role in ensuring public safety by putting in place mechanisms to ensure doctors are competent and safe to practise.

As part of its responsibility, Council sets recertification programme requirements for doctors. These programmes establish regular and ongoing processes by which doctors in New Zealand demonstrate that they are competent and up to date. Recertification programmes support doctors to maintain their competence, take responsibility for their performance and to stay current in their practice.

They also support professionalism, contribute to the maintenance of high standards of practice and provide a framework that supports public trust and confidence in doctors.

The recertification requirements for vocationally-registered doctors laid out in this document build on existing systems and are evidence-based. This includes a strengthened continuing professional development (CPD) framework, with an emphasis on value of the activities, particularly those related to review and reflection of practice. Responsibility for determining what is appropriate for each vocational scope falls to the appropriate recertification programme provider. In most cases in New Zealand, this is the relevant medical college.

Recertification requirements for doctors practising in New Zealand

1. Doctors practising medicine¹ in New Zealand need to be registered with Council and hold a current practising certificate issued under the Health Practitioners Competence Assurance Act 2003 (HPCAA).
2. The principal purpose of the HPCAA is to protect the health and safety of members of the public by providing mechanisms to ensure that health practitioners are competent and fit to practise in their professions. These mechanisms include the ability for Council to set and recognise recertification programmes.
3. These requirements are formally known as recertification programmes. Historically, continuing professional development (CPD) has been a key component of recertification programmes.
4. The nature of a doctor's medical practice in New Zealand will vary, depending on the scope(s) of practice within which he or she is registered. Similarly, Council's recertification requirements will vary, depending upon the type of registration (scope of practice) held.

¹ The practice of medicine is defined by Council as:

- Advertising holding out to the public, or representing in any manner that one is authorised to practise medicine in New Zealand.
- Signing any medical certificate required for statutory purposes, such as death and cremation certificates.
- Prescribing medicines, the sale or supply of which is restricted by law to prescription by medical practitioner or designated prescriber.
- Assessing, diagnosing, treating, reporting or giving advice in a medical capacity, using the knowledge, skills, attitudes and competence initially attained for the MB ChB degree (or equivalent) and built upon in postgraduate and continuing medical education wherever there could be an issue of public safety.

'Practice' in this context goes wider than clinical medicine to include teaching, research and medical or health management, in hospitals, clinics, general practices and community and institutional contexts, whether paid or voluntary.

5. All doctors practising in New Zealand must participate in a New Zealand-based recertification programme. Council does not recognise recertification programmes in other jurisdictions for individual doctors because these are not accredited by Council.
6. This booklet outlines the recertification programme requirements as they apply to vocationally-registered doctors practising in New Zealand. Further information on recertification programme requirements as they apply to all doctors can be found in *Recertification and continuing development* and *Policy on Recertification for doctors* (both found [here](#)).

Doctors who hold vocational registration

1. Doctors registered in a vocational scope of practice must participate and satisfy all of the requirements of a recertification programme provided by an accredited medical college or other accredited organisation.
 2. Doctors registered and working in more than one vocational scope of practice will need to check with their respective colleges what they are required to do. If the scopes are closely related and flexible enough to cover all the work, and if the two colleges have a reciprocal agreement in place, cross-credit of elements of the programme may be possible.
 3. The Council may ask accredited providers of vocational training programmes to confirm participation of doctors.
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Vision and principles of recertification for vocationally-registered doctors in New Zealand

Council has undertaken work to strengthen recertification requirements for vocationally-registered doctors in New Zealand and the following *Vision and Principles for Recertification for Vocationally-Registered Doctors* has been developed following consultation with stakeholders.

Vision

Recertification should ensure that each doctor is supported by education that provides for their individual learning needs and is delivered by effective, efficient and reflective mechanisms that support maintenance of high standards and continuing improvement in performance.

Principles

Quality recertification activities are:

- *Evidence-based.*
- *Formative in nature.*
- *Informed by relevant data.*
- *Based in the doctor's actual work and workplace setting.*
- *Profession-led.*
- *Directed to clinical and cultural competencies*
- *Informed by public input and referenced to the New Zealand Code of Health and Disability Services Consumers' Rights.*
- *Supported by employers.*

1. **Recertification is evidence-based**

Recertification activities should be aimed at improving and maintaining competence in practice.

Where possible, evidence needs to support recertification activities with weighting given to activities which are strongly evidence-based. Newer activities may not yet have an evidence-base, but need to be goal directed.

Accredited recertification programme providers are the subject experts for the specific content of any CPD programme. While Council needs to be assured the programme requirements are being met, Council does not set or review the individual content of any doctor's recertification programme.

2. Recertification is formative in nature

Recertification activities are formative – they inform learning and improvement. Doctors receive feedback from these activities within an open and supportive culture. This encourages doctors to identify their strengths and weaknesses and focus on beneficial activities to guide their individual education and CPD. The feedback is not aimed at judging whether the doctor is performing at the required standard of competence.

Recertification differs in this regard to other activities such as credentialling, examinations or tests that are summative in nature.

3. Recertification is informed by relevant data

Good quality performance and outcome data should form a central component of recertification. Council's Promoting Competence strategic direction and its policy on recertification is based on doctors receiving information and feedback on their performance. This data will inform doctors about their performance, including areas for improvement, and will therefore provide guidance on the areas on which to focus their CPD activities.

4. Recertification is based in the doctor's actual work and workplace setting

Recertification should focus on improving the practice of doctors relevant to their specific practice and the health service setting in which they work.

Recertification and CPD should focus on skills, knowledge and attributes relevant to standards of safety and quality in the areas of:

- Professionalism.
- Communication.
- Cultural competence.

As well as essential knowledge and skills in the areas of:

- Clinical management.
- Clinical problems and conditions.
- Procedures and interventions.

5. Recertification is profession-led

Recertification should be profession-led. Accredited providers are responsible for establishing a programme appropriate to the vocational scope of practice of their Fellows, which reflects the expected standards of medical practice and ensuring individual compliance with these standards.

6. Recertification should be informed by and referenced to the New Zealand Code of Health and Disability Services Consumers' Rights.

The Code imposes legal duties on doctors that are relevant to all areas of medical practice, particularly professionalism and communication. Consequently these must form part of the standard of quality for practice.

7. Recertification should be supported by employers

The employer has a responsibility to support and invest in the recertification and CPD of their doctor employees.

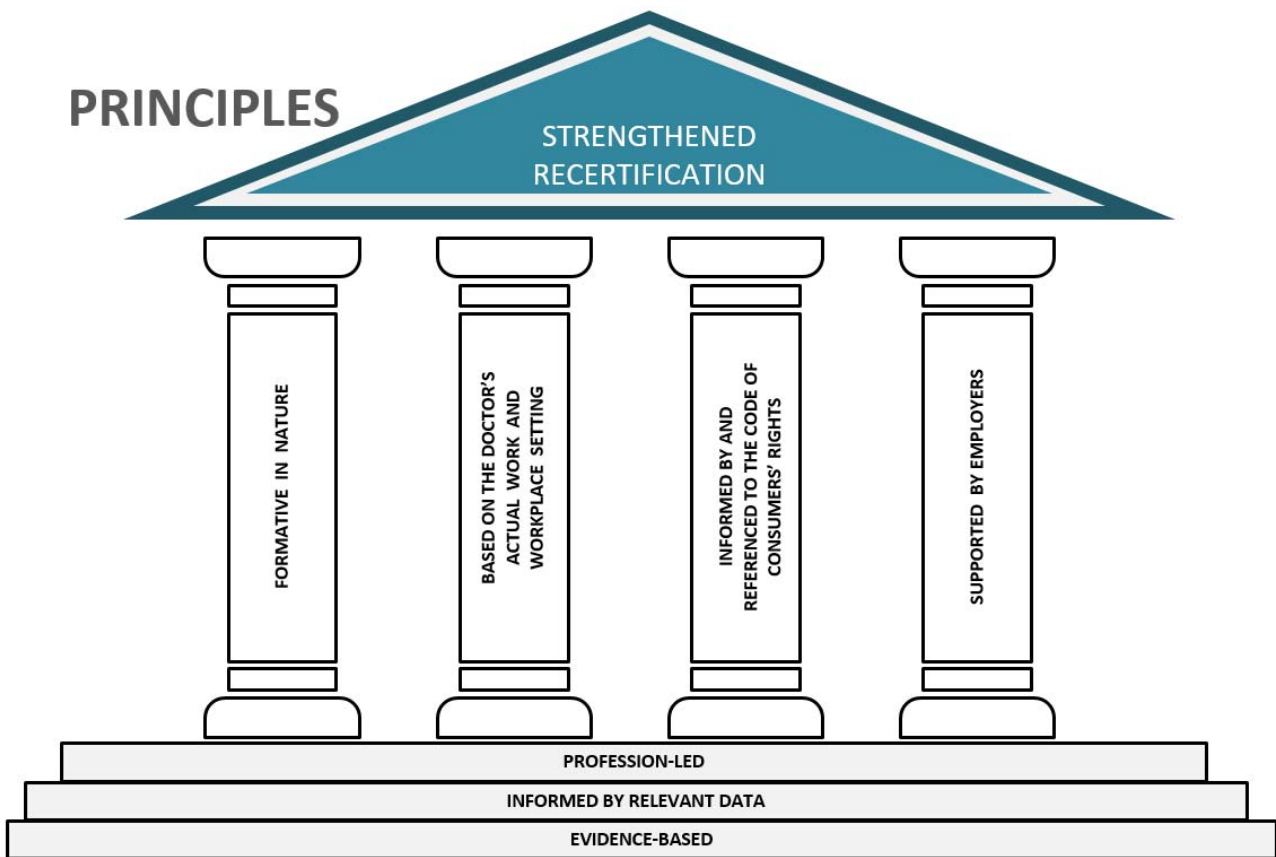
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A strengthened approach

Council is committed to strengthening recertification programmes to ensure doctors are up to date and competent to practise. Council expects programmes to place emphasis on the need for professional development to reflect a doctor’s scope of practice, the actual work they do, and the evidence of what activities provide the most value and benefit to a doctor’s practice.

The expectation is that recertification programme providers and employers work collaboratively to ensure activities completed as part of recertification are able to draw on existing or developed employment-based quality assurance or team-based learning activities.

Doctors will be required by Council to complete a recertification programme appropriate to their scope of practice, as prescribed by the relevant accredited recertification programme provider.



4

Core elements of the strengthened approach



There are three core requirements for all recertification programmes:

1. Doctors must complete a mix of activities, as prescribed by the programme provider, across three categories of CPD:
 - a. Reviewing and reflecting on practice.
 - b. Measuring and improving outcomes.
 - c. Educational activities (continuing medical education – CME).
2. Doctors must have a structured conversation with a peer, colleague or employer (at least annually) to discuss outcome data from activities already undertaken (e.g. CPD, educational activities, or other), the doctor's personal reflection on their practice, learning aspirations, wellbeing, and their career stage and intentions.
3. Doctors should use the information gathered from activities and the structured conversation to inform the development and ongoing maintenance of a professional development plan (PDP). Setting and achieving goals in a PDP can guide learning to address identified development needs, achieve educational and career aspirations, consider changes for improving the doctor's own health and wellbeing, and to plan for their future.

A focus on cultural competence, cultural safety and health equity must be embedded within all of the above activities.

Continuing professional development (CPD)

The following provides examples of the kinds of activities that might be included in each CPD category.

Culturally–safe practice requires doctors to establish, maintain and develop cultural competence. Across and within each of the categories below, doctors are expected to undertake activities to ensure cultural competence and culturally-safe care that lead to improvements in health equity and better health outcomes.

CPD Category 1: Reviewing and reflecting on practice

Informal or formal practice review of individuals or groups of doctors with feedback based on actual work processes. This includes activities where doctors are reviewing, reflecting and learning about their practice with colleagues, peers, co-workers and/or patients. Peer review may also include processes that accredited providers or employers may advise or mandate. The timing and frequency of undertaking certain CPD activities may vary.

Examples may include, but are not be limited to:

- review of health equity and/or cultural practice within practice settings
- collegial practice visits (formerly known as Regular Practice Review)
- multisource feedback (MSF) or 360° appraisal and feedback
- peer review of performance
- performance (and/or annual employer) appraisal
- interdepartmental case review meetings
- clinical notes review
- critique of a video review of a consultation or procedure
- discussion groups
- reflection on health and wellbeing.

CPD Category 2: Measuring and improving outcomes

This is a quality improvement process that includes review (internal or external) of a doctor's everyday work and resultant patient/health outcomes. The doctor can then analyse, reflect on and use the information gathered to develop their practice and identify professional development needs, with a view to improving patient care and health outcomes.

Examples may include, but are not be limited to:

- comparing processes or health outcomes with best practice in that domain
- analysis of patient outcomes
- active participation in audit of departmental outcomes including information on where your outcomes fit within the team
- taking an aspect of practice and comparing your performance to national benchmarks or standards
- formal double reading of scans or slides and assessment of your results against those of the group
- checking that your practice is aligned to nationally or regionally-accepted guidelines and pathways, including reflection on the outcome, plans for change and follow-up audit to check for health gains for that patient or group of patients
- patient satisfaction surveys
- mortality and morbidity meetings and reviews (if not part of regular audit processes)
- audit and comparison of outcomes for different population groups across the patient journey, including presentation factors, diagnosis, treatment options, referral patterns, follow up and/or health outcomes.

CPD Category 3: Educational activities (continuing medical education – CME)

Educational activities can include learning from a wide variety of resources, teaching and mentoring. All of which maintain, develop or increase medical knowledge. Ideally activities should be guided by professional development needs, identified from Category 1 and Category 2 above.

Examples may include (but are not be limited to):

- educational conferences, courses and workshops
- online learning, self-directed learning programmes and learning diaries
- assessments designed to identify learning needs
- journal reading, grand rounds, hospital and other medical meetings
- supervising or mentoring others, or examining candidates for college examinations
- teaching/supervision
- reading, research, publication and presentation to scientific meetings
- committee meetings with an educational content or involvement in Council working groups
- working as an assessor or reviewer for Council/College or other appropriate organisation involved in medical education
- giving expert advice on clinical matters
- reviewing new or updated Council standards
- cultural competence training programme (e.g. Tikanga Māori or te reo Māori)
- essentials knowledge quiz
- online resources e.g. reflection on practice against the Health Quality and Safety Commission's (HQSC) Atlas of Healthcare Variation
- learning about the social determinants of health
- working in a Māori health provider setting
- working for, or serving on, the board of a Māori health organisation.

CPD categories and examples

Measuring and improving outcomes	Educational activities (CME)	Reviewing and reflecting on practice
Comparing the processes or outcomes of health or patient care, with best practice in that domain	Educational conferences, courses and workshops	Collegial practice visits: review a doctor's practice in their practice setting
Analysis of patient outcomes	Online learning, self-directed learning programmes and learning diaries	Multisource feedback
Audit of departmental outcomes including information on where you fit within the team	Assessments designed to identify learning needs	Peer review of performance
Audit of your performance in an area of practice measured against that of your peers	Journal reading, grand rounds	Performance (and/or annual employer) appraisal
Taking an aspect of practice, such as transfusion rates, and comparing your performance to national standards	Essentials knowledge quiz	Interdepartmental meetings that may review cases and interpretation of findings
Patient satisfaction survey	Supervising or mentoring others, examining candidates for college examinations	360° appraisals and feedback
Formal double reading of scans or slides and assessment of your results against those of the group	Teaching/supervision	Critique of a video review of consultation
Checking that cervical smear, diabetes, asthma, heart failure, lipid control and other procedures are done to pre-approved standard formats, including reflection on the outcome, plans for change and follow-up audit to check for health gains for that patient or group of patients	Research, publication and presentation to scientific meetings	Joint review of cases
Mortality and morbidity meetings and reviews	Committee meetings (often multidisciplinary) with an educational content	Review of charts and notes review
	Working as an assessor or reviewer for Council Giving expert advice on clinical matters	Areas to alter practice such as pre-operative risk identification and informed consent discussion.

Cultural competence, culturally-safe practice and health equity

CPD Examples

Audit of and comparison of outcomes for different population groups across the patient journey, including auditing presentation factors, diagnosis, treatment options, referral patterns, follow up and/or health outcome	Learning about the social determinants of health	Review of health equity and/or cultural practice within a practice setting
	Working in a Māori health provider setting	
	Working for, or serving on the board of a Māori organisation	
	Cultural competence training programmes (e.g. Tikanga Māori or te reo Māori)	

Annual conversation

A structured conversation (at least annually) with a peer, colleague or employer about the doctor's clinical practice is considered an essential component of recertification programmes.

The intent of this activity is to provide time for the doctor to reflect on their development needs, their goals for learning and professional activities and their intentions for the next year. Doctors are encouraged to use the information they have obtained undertaking activities across the three types of CPD.

It provides an opportunity to receive constructive feedback and share best practice. It may also give doctors the opportunity to explore their satisfaction in their current role, self-care and any health issues so they are able to adjust their practice accordingly, set performance targets for the future, and consider longer-term career aspirations.

Professional development plan (PDP)

A PDP is a planning document that can guide a doctor's future CPD and educational activities throughout their career. It ensures a focus on those activities that will provide most benefit to a particular doctor, based on identified development needs, the identification and integration of professional and personal (non-work) objectives. PDPs are most effective when they incorporate specific goals that are achievable, time-based and appropriate to the doctor's actual work and the setting they work in. Having a written plan helps to define and motivate achievement.

The PDP is a working document that is revisited and updated regularly to reflect areas still to be addressed, and where things have been achieved. The PDP can be developed either before or after CPD activities and an annual conversation have been completed, thereby using data gathered to inform future learning and activities.

Information for recertification programme providers: minimum requirements for strengthened recertification programmes

Accredited recertification programme providers (in New Zealand, this is the medical colleges or other appropriate educational organisations) have the flexibility to design recertification programmes appropriate to the vocational scope of practice and the actual work their Fellows do.

Providers must meet the accreditation standards to provide recertification programmes. It is anticipated that revised accreditation standards will incorporate the following requirements, with a focus on addressing cultural competence, cultural safety and health equity embedded within all components.

1. Access for doctors to the accredited recertification programme and continued professional development (CPD) activities appropriate to the vocational scope of practice.
2. A requirement that the recertification programme includes a mix of the following types of CPD with activities:
 - a. Reviewing and reflecting on practice.
 - b. Measuring and improving outcomes.
 - c. Educational activities (continuing medical education).
3. Greater credit and recognition for activities that evidence shows are most effective and offer the greatest value for improving a doctor's practice.
4. Access to processes for doctors to undertake multisource feedback.
5. Access to processes for doctors to participate in collegial practice visits.
6. Providers should offer an essentials knowledge quiz, which includes testing knowledge of – and the opportunity to learn more about – Council's standards and statements.
7. Guidance to doctors on structuring their annual conversation with a peer, colleague or employer, to ensure the greatest benefit is gained from this process.
8. A facility and template for doctors to develop and maintain a PDP.
9. Working with employers with a view to avoiding unnecessary duplication and to ensure credit is given for appropriate activities already undertaken in the course of a doctor's employment.
10. Regular reporting to Council of doctors who are not meeting their recertification programme requirements.
11. A method by which continuous quality improvement of the recertification programme can occur.



CPD

All programmes include a mix of the following:

- reviewing and reflecting on practice
- measuring and improving outcomes
- educational activities
- cultural competence and culturally-safe practice



Collegial practice visit and MSF

Providers will provide or facilitate access to processes for doctors to participate in collegial practice visits (RPR) and multisource feedback.

Credit will reflect these high value activities.



Employer-led activities

Providers are expected to work with employers to ensure credit is given for appropriate activities already undertaken in the course of a doctor's employment.



Annual conversation

Providers will give guidance to doctors on structuring their annual conversations with a peer, colleague or employer.



PDP

Providers will give a process and format for doctors to establish and use a professional development plan

Cultural competence, cultural safety and health equity

Information for doctors: minimum recertification requirements for vocationally-registered doctors

The following are the minimum recertification requirements for vocationally-registered doctors practising in New Zealand.

- 1. Doctors must undertake continued professional development (CPD) activities, as prescribed by their recertification programme provider, appropriate to their scope of practice.**

These activities should be a mix of the following types of CPD:

- a. Reviewing and reflecting on practice.
- b. Measuring and improving outcomes.
- c. Educational activities (continuing medical education).

The recertification programme provider will determine which activities, across these three types of CPD, are likely to offer the greatest value, based on evidence, for the scope of practice and the type of work being done. The intention should be to undertake activities that are effective and offer opportunities to learn and develop practice.

The recertification programme provider will offer access to processes to undertake particularly valuable activities such as multisource feedback and a collegial practice visit (formerly known as Regular Practice Review).

Recertification programme providers and employers are also expected to work together to share information, and give credit, where possible, to reduce the need for duplicating activities that are common to both employer (e.g. during credentialling and annual appraisal) and providers (recertification) processes. See *Recertification In Context for Employers* later in this document for examples.

- 2. Doctors must have a structured conversation with a peer, colleague or employer (at least annually) informed by outcome data from activities already undertaken, the doctor's own reflection on practice, learning aspirations, wellbeing, and their career stage and intentions.**

Recertification programme providers will provide guidance on what should be included in the annual conversation to ensure the most benefit from this activity.

Evidence shows that meaningful and informed discussions with others provides the chance for learning, analysis and sharing of best practice, highlights areas for development and educational opportunities, and provides time to reflect on practice, health, wellbeing and career planning.

- 3. Doctors must develop and use a professional development plan (PDP) to guide learning and activities to address identified development needs, educational aspirations, health and wellbeing, and career planning.**

The format, structure and guidance for developing and maintaining a PDP will be provided by the recertification programme provider and will outline how to go about developing a plan that is based on practice data, reflections on career pathway and includes appropriate goals to achieve to develop practice and plan ahead.

It is not intended that development and maintenance of a PDP will be burdensome, rather it can be a helpful tool to record intentions, focus on areas for improvement, and note achievements.

A focus on addressing cultural competence, cultural safety and health equity must be embedded within all recertification requirements.



CPD

Undertake CPD activities as prescribed by their programme provider which will include a mix of the following types:

- reviewing and reflecting on practice
- measuring and improving outcomes
- educational activities
- cultural competence and culturally-safe practice



Annual Conversation

Have an annual conversation with a peer, colleague or employer informed by outcome data from activities already undertaken, the doctor's own reflection on practice, learning aspirations, wellbeing and their career stage and intentions.



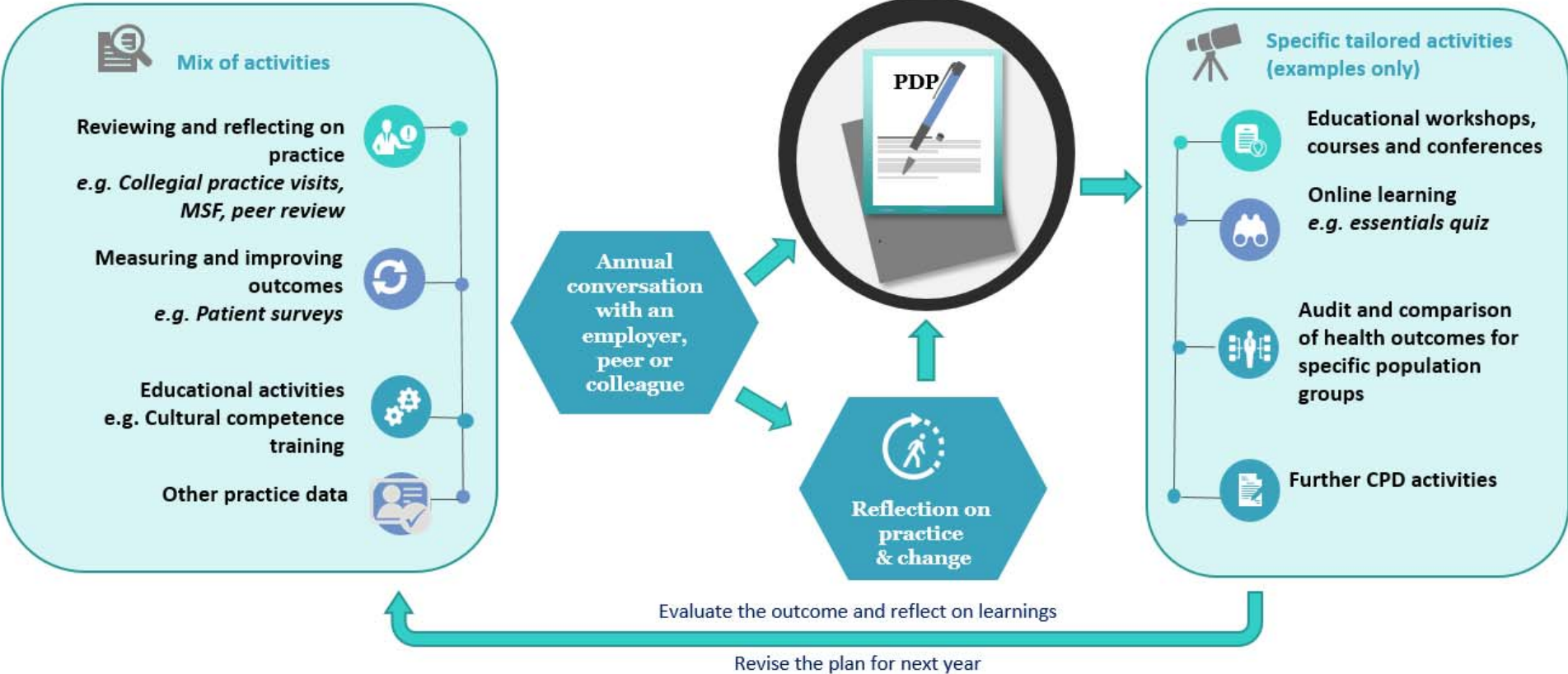
PDP

Develop and use a professional development plan based to guide learning and activities to address identified development needs, educational aspirations, health and wellbeing and career planning.

Cultural competence, cultural safety and health equity

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How could this work for a doctor?



6

Information for employers: recertification processes in context

Recertification should be considered in context with other processes in order to reduce duplication and refine data capture, allowing data (where appropriate) to be collected once, but used for multiple purposes – especially when these processes all take place in the doctor’s workplace. This diagram gives examples of some activities that could be credited towards multiple processes.

Components	Support to maintain competence		Proactive diagnosis of competence	
	Strengthened recertification	Annual Conversations	Annual Appraisal	Employer led events
				Credentialling
Personal development plan	✓	↔	✓	May include use of some tools
Peer Review	✓	↔	✓	
Outcome measurement activity (audit review meetings)	✓	↔	✓	
“Collegial practice visits” (RPR)	✓	↔	✓	✓
Training, training supervision and experience in CME	✓	↔		✓
Multisource feedback	✓	↔	✓	✓
360° feedback	✓	↔	✓	
Clinical duties – ward / acute work				✓
Clinical duties – procedure sessions				✓
OPD clinics				✓
Multidisciplinary meetings	✓			✓
Telephone consults				✓
Continuing professional development	✓	↔	✓	May include use of some tools
Review of practice	✓		✓	
Incidents			✓	
Clinical activity, pathway work and performance via tools			✓	✓
Complaints patient / consumer satisfaction			✓	✓
Teaching	Part of CME	↔	✓	✓
Future goals	✓	↔		✓
Acquisition of new qualifications experience	✓	↔		✓
Improvement initiatives	✓	↔		✓
Personal self development	✓	↔		✓