Medical Council of New Zealand

Protecting the public, promoting good medical practice

Business plan from 1 July 2011 to 30 June 2012

OUR PURPOSE

Our purpose is to ensure that doctors are competent and fit to practise medicine in order to protect public health and safety.

OUR VALUES

- Consistency and fairness
- Respect
- Integrity
- Openness and accountability
- Commitment
- Effectiveness and efficiency

OUR PRINCIPLES

- In undertaking all its functions, Council will focus primarily on achieving its purpose of protecting the health and safety of the public.
- Council will be accountable for its decisions to the public, Parliament and the Minister of Health and, in relation to the efficient use of funds to achieve its purpose under the HPCAA, to the profession.
- Council will make its decisions as an independent regulator of the medical profession free of influence from external bodies.
- Council will operate as a right touch regulator, ensuring the most effective, efficient, consistent and proportionate regulation for the profession.
- Council will work in a collaborative and constructive manner with all key stakeholders and continue to foster mutual trust and respect in all our relationships.
- Council will aim for excellence in everything that we do and will focus on continually improving our performance.
- Council will aim for excellence in our people and will focus on being an employer of choice and applying best practice human resource policy and practice.
- In all decisions, Council will honour the principles of natural justice.
- Council will work with other international medical regulators to promote national and international best practice in medical regulation.
- Council will work with other health regulators in New Zealand promoting greater collaboration to support an effective and efficient regulatory environment.

OUR STRATEGIC GOALS

GOAL ONE – Optimise mechanisms to ensure doctors are competent and fit to practise.

GOAL TWO – Improve Council's relationship and partnership with the public, the profession, and stakeholders to further Council's primary purpose – to protect the health and safety of the public.

GOAL THREE – Promote good regulation of the medical profession by providing standards of clinical competence, cultural competence and ethical conduct and ensuring that the standards reflect the expectations of the public, the profession and stakeholders.

GOAL FOUR – Improve medical regulatory and workforce outcomes in New Zealand by the registration of doctors who are competent and fit to practice and their successful integration into the health service.

GOAL FIVE – Promote good medical education and learning environments throughout the under-graduate / post-graduate continuum to help ensure all doctors have achieved the necessary standards for their practise.

1 OUR FOUR STRATEGIC DIRECTIONS

DIRECTION ONE – Fitness to Practise

The fitness to practise strategic direction relates mainly to strategic goals one and three:

Goal one - Optimise mechanisms to ensure doctors are competent and fit to practise.

Goal three - Promote good regulation of the medical profession by providing standards of clinical competence, cultural competence and ethical conduct and ensuring that the standards reflect the expectations of the public, the profession and stakeholders.

We will apply right touch regulation to ensure doctors are competent and fit to practise throughout their medical career. The key outcome of this strategic direction is to continually improve the current high quality of medical practice in New Zealand. The Council will continue to provide leadership to the profession and work collaboratively and constructively with key stakeholders to achieve this outcome.

We will evaluate the effects of a regular practice review (RPR) and share the results with our key stakeholders.

We will continue to assist and support medical colleges and branch advisory bodies to develop their regular practice review processes, and to share information and knowledge with other medical colleges and branch advisory bodies.

We will accredit a programme(s) for strengthened recertification requirements that includes RPR and a professional development plan for doctors registered in a general scope of practice.

We will evaluate the preliminary competence inquiry pilot.

We will promote the best practice application of credentialing across all service providers.

We will continue to review and develop tools for use in performance assessments, vocational practice assessments, and regular practice review, particularly those for assessing multisource feedback, cultural competence and professionalism.

We will provide increased guidance on Council's expectations of clinical audit as part of CPD.

We will continue to monitor and review international developments and research on extended performance assessments.

DIRECTION TWO – Medical Workforce

The medical workforce strategic direction relates mainly to strategic goals one and four:

Goal one - Optimise mechanisms to ensure doctors are competent and fit to practise.

Goal four - Improve medical regulatory and workforce outcomes in New Zealand by the registration of doctors who are competent and fit to practice and their successful integration into the health service.

The Council aims to ensure that its registration and other processes ensure the competence and fitness to practice of doctors working in New Zealand, and their successful integration into the health system. We do this to protect the health and safety of the public. We also recognise that the failure of DHBs and other service providers to provide health services is a risk to the health and safety of the public. We will work in a collaborative and equal relationship with relevant stakeholders to ensure our roles and responsibilities in the regulation of doctors and related workforce issues are clear.

The New Zealand medical workforce is heavily reliant on international medical graduates with 41 percent of doctors practising in New Zealand holding a primary medical qualification from overseas, although this figure reduces to around 26 percent if those doctors with a New Zealand or Australasian postgraduate medical qualification are removed from the calculation. The Council registers up to 1200 international medical graduates every year.

The key outcome of this strategic direction is to assist all doctors, including international medical graduates to integrate safely and successfully into the New Zealand medical workforce.

We will provide support and training for supervisors of international medical graduates.

We will continue to promote the implementation of Approved Practice Settings.

We will implement a new Council website that will ensure information and resources for all doctors working in New Zealand or wishing to work in New Zealand are readily accessible.

We will implement MedSys on-line capability to facilitate applications for practising certificates and registration.

We will explore opportunities for improving the recruitment, registration and immigration processes for IMGs, including the setting of standards for medical recruitment agents and greater sharing of information with the Immigration Department.

We will work collaboratively with medical colleges and international medical graduates to;
* streamline medical college, international medical graduates and the Council's processes, including timeliness, for assessing international medical graduates applying for a vocational scope of practice
* research qualifications for the special purpose scope of practice, locum tenens pathway and align this pathway with registration in a vocational scope of practice.

We will continue to collect information about the reasons why doctors are leaving New Zealand and share the results with our key stakeholders.

We will engage with IAMRA and individual overseas medical regulators to foster international collaboration on issues related to medical migration, including the proactive sharing of information on doctors.

DIRECTION THREE – Medical Education

The medical education strategic direction relates mainly to strategic goals three and five:

Goal three - Promote good regulation of the medical profession by providing standards of clinical competence, cultural competence and ethical conduct and ensuring that the standards reflect the expectations of the public, the profession and stakeholders.

Goal Five – Promote good medical education and training throughout the under-graduate / post-graduate continuum to ensure all doctors have achieved the necessary standards for their practise.

Ensuring and promoting the competence of doctors through their education and training programmes, from undergraduate to postgraduate education, is a function of the Council. The key outcome of this strategic direction is to ensure a quality educational experience for all doctors and medical students. The Council will work collaboratively with Health Workforce New Zealand (HWNZ) on projects of joint interest.

We will consult with stakeholders on the Council's requirements for prevocational education and training, and the requirements for approval of registration in a general scope of practice.

We will improve vocational training by promoting greater recognition of prior learning across specialties.

We will work collaboratively with the Otago and Auckland Medical Schools to consider and consult on the requirement that medical students be registered under the HPCAA.

We will work collaboratively with HWNZ to:
* review the GPEP and Rural Hospital training programme in accordance with our Memorandum of Understanding. The RNZCGP is a partner with HWNZ and the Council in this project
* review the utility and business case for a 4 year post-graduate medical student programme
* review mechanisms to support recruitment and retention of RMOs into medical specialities where there is, or is likely to be, major workforce shortages.

DIRECTION FOUR – Accountability to the Public and Stakeholders

The accountability to the public and stakeholders strategic direction relates mainly to strategic goals two and three:

Goal two - Improve Council's relationship and partnership with the public, the profession, and stakeholders so that Council can fulfil its role under the Health Practitioners Competence Assurance Act 2003.

Goal three – Promote good regulation of the medical profession by providing standards of clinical competence, cultural competence and ethical conduct and ensuring that the standards reflect the expectations of the public, the profession and stakeholders.

The Council is accountable to the public, to Parliament, and to the profession. Within this model there are many individuals and groups with whom we collaborate in the performance of our functions. The key outcomes of this strategic direction are through engagement with the public and stakeholders to raise awareness of Council's role and functions, obtain valuable feedback into our strategic and policy development and improve how we perform our functions.

We will enter into a Memorandum of Understanding with all BABs specifying the values and principles of our relationships and our respective roles.

We will implement a new Council web design that will ensure information and resources for patients and the public are easily accessible.

We will work collaboratively with the HDC to establish a combined public advisory group with the aim of achieving greater public engagement in medical regulation.

We will align our processes with the AMC's processes for the accreditation of Australasian Colleges and all Australian and New Zealand medical schools, and ensure New Zealand standards, including cultural competence, assessment of IMGs, and identification of the poor performer are reviewed and reported in each accreditation report.

We will develop MoU's with:
* HWNZ
* the Australian Health Practitioner Regulation Agency and/or the Medical Board of Australia
* primary care stakeholders
* Southern Cross
* the Ministry of Justice
* the Police.

We will implement the Council's stakeholder engagement plan.

2. COUNCIL'S KEY ACCOUNTABILITY STRUCTURE

Key to reading this table: If the table entry is marked with D, E, A and / or F, this refers to who is accountable for the Design **(D)**, Endorsement **(E)**, Approval **(A)** and / or Facilitation **(F)** of this area of work.

Area	Governance	Management
Policy	Council - strategic level (E, A)	CEO - strategic & operational (D) Management team (F)
Business plan and budget	Council (E, A)	CEO (D) BSM (F)
Delegations of authority	Council (E, A)	CEO (D) Registrar (F)
New entities, structures, facilities	Council – strategic level (E, A) Audit Committee (E)	CEO – strategic and operational (D)
Implementation (of policy, plans, strategy)		CEO
Performance monitoring system	Council – for management of CEO performance and for governance (E, A)	CEO – management systems (D) BSM (F)
Intervention (in management or Committee operations)	Council Chair	CEO
Audit & financial reporting oversight	Audit Committee	CEO Finance Manager (F)
Risk management oversight	Council (through the Audit Committee)	CEO BSM (F)
Media statements & Representation	Council Chair	CEO Communications Manager (F)

3. COUNCIL'S PERFORMANCE METRICS

3.1 Doctors' fitness to practise metrics

Metrics	Applies to	Is it a current measure?	Source of data	How often measured	Quantitative or qualitative	Leading or lagging
Proportion of doctors not registered in vocational scope and not in vocational training	General scope	No	Medsys	annually	quantitative	lagging
Referrals from HDC and actions taken	Doctors registered in all scopes	Numbers reported, but not broken into scopes and actions not reported	Prof standards team	6 monthly	quantitative	lagging
Complaints referred to Senior Officers of Council and actions taken (excl HDC)	Doctors registered in all scopes	No	Prof standards team	6 monthly	quantitative	lagging
PCC referrals and outcomes	Doctors registered in all scopes	Yes	Prof standards team	6 monthly	quantitative	lagging
PAC referrals and outcomes	Doctors registered in all scopes	Yes in stats paper Not broken into scopes	Prof standards team	6 monthly	quantitative	lagging
HPDT cases and outcomes	Doctors registered in all scopes	Yes in part Outcomes not reported	HPDT	annually	quantitative	lagging
Recertification audit and outcomes	General scope Vocational scope	Yes	Medsys APC team	6 monthly	quantitative	lagging
VPA processes and outcomes	Provisional vocational scope by specialty	No	Voc team	6 monthly	quantitative	lagging
IMGs working under supervision # of poor reports	Provisional general Provisional vocational Special purpose	Yes	Medsys	6 monthly	quantitative	lagging

3.2   Organisational metrics

1. Customer (the public, the profession, parliament and stakeholders)

Metrics	Is it a current measure?	Source of data	How often measured	Quantitative or qualitative	Leading or lagging	Does this measure workload, capability & capacity?	Does this measure economy & efficiency?	Does this measure effective-ness?
1.1 Number of new / reviewed publications & standards published	Yes	Snr Policy Analyst	annual	quant and qual	lagging	Y	N	Y
1.2 Stakeholder meetings held consistent with engagement plan	Yes	Strategic Prog Mngr	2 monthly	Quant and qual	lagging	Y	N	Y

2. Internal processes (including registration, competence, conduct and health)

Metrics	Is it a current measure?	Source of data-	How often measured	Quantitative or qualitative	Leading or lagging	Does this measure workload, capability & capacity?	Does this measure economy & efficiency?	Does this measure effective-ness?
2.1 Average processing time for applications	Yes	MedSYS	6 monthly	quant	lagging	Y	Y	Y
2.2 Number and substance of ministerial requests / responsiveness	Yes	Registrar Adviser	2 monthly	quant and qual	lagging	N	Y	Y
2.3 Number of registered doctors	Yes	MedSYS	annual	quant	lagging	Y	N	N
2.4 Number of doctors with current	Yes	MedSYS	annual	quant	lagging	Y	N	N

practising certificates								
2.5 Quality issues outside risk appetite, tolerance / standard	No	BSM	6 monthly	qual and quant	lagging	Y	Y	Y

3. Learning and growth

Metrics	Is it a current measure?	Source of data	How often measured	Quantitative or qualitative	Leading or lagging	Does this measure workload, capability & capacity?	Does this measure economy & efficiency?	Does this measure effective-ness?
3.1 Culture / engagement survey results (leadership, communication, morale)	Yes	JRA Best Places to Work survey	3 yearly	qual	leading	Y	Y	Y
3.2 Employee turnover	Yes	HR	annual	quant	leading	Y	Y	Y
3.3 Absenteeism - unplanned absence	No	HR	6 monthly	quant	leading	Y	Y	Y
3.4 Scholarships: Interest in / # of applications / awards	No	HR	annual	quant and qual	leading	Y	Y	Y
3.5 Staff complaints or PGs	Yes	HR	annual	quant and qual	leading & lagging	Y	Y	Y

4. Financial and Risk Management

Metrics	Is it a current measure?	Source of data	How often measured	Quantitative or qualitative	Leading or lagging	Does this measure workload, capability & capacity?	Does this measure economy & efficiency?	Does this measure effective-ness?
4.1 Actual expenditure (to budget)	Yes	Finance	monthly	quant	lagging	Y	Y	Y

4.2 Forecast expenditure (vs budget)	No	Finance	monthly	quant	leading	Y	Y	Y
4.3 Unqualified external audit reports	Yes	External auditor OAG	annual	qual	lagging	Y	Y	Y
4.4 Level and trend in Fees (vs. target)	Yes	Finance	As required	quant	leading	Y	Y	Y
4.5 Risk exposures / liabilities (within risk appetite / tolerance)	No	CEO / BSM	annual	quant	leading	Y	Y	Y
4.6 Level and trend in expenditure vs. budget	No	Finance	6 monthly	quant	leading	Y	Y	Y

COUNCIL'S PEOPLE FOCUS

	4.	Ensure that the Council is a "Good Employer"				
	Objective	**Key Deliverables**	**Date Due**	**Person Responsible**	**Key risks & mitigation strategies**	
4.1	A culture that builds professionalism, accountability, capability and empowers employees and teams	♦ The HR framework, strategies and policies are maintained and continue to support the Council as a "good employer" ♦ A follow up employee engagement survey is undertaken and results compared with 2010 survey ♦ Results shared and areas for improvement discussed amongst all staff and process agreed to identify and implement solutions ♦ HR policies are reviewed, updated to reflect best practice and communicated to all staff through face to face and electronic methods	Ongoing 30 Sep 2011 30 Nov 2011 Ongoing	**CEO** **H R Adviser** **CEO / all staff** **H R Adviser**	Strategic - Governance Operational / Process - Strategic leadership - People/HR management	
4.2	Council's values are reinforced and behaviours encouraged that model these values	Desired behaviours are demonstrated by all staff in individual behaviour and practices	Ongoing	**CEO**	Operational / Process - Strategic leadership - People/HR management	
4.3	An employee competency framework is established that incorporates value models and links to strategic goals	♦ Competency framework implemented (in conjunction with review of service standards and implementation of MedSys workflows) ♦ All employees understand how it impacts on their own positions ♦ Competencies cascaded through to HR processes, including recruitment and selection, performance management, training and development, etc	30 Jun 2012	**BSM/H R Adviser**	Operational / Process - People/HR management - Brand management Project - Resource	
4.4	The organisation wide capability plan identifies development needs and provides training and skill development for the individual, team, and organisation. The training should: ♦ enhance organisational capability ♦ empower staff through personal and professional growth ♦ promote service effectiveness and	♦ Capability plan in place and available to all staff and organisational and employee capability is enhanced ♦ Training and development initiatives occur as agreed / scheduled ♦ Plan is able to be flexed to respond to training and development needs that arise out of performance partnership discussions ♦ Training and development spending is to	Ongoing	**H R Adviser**	Strategic - Succession planning Project - Resource Operational / Process - Strategic leadership	

					- People/HR management - Risk & Quality management
	efficiency	budget			
4.5	Effective induction and orientation of new employees	♦ CEO induction for new employees occurs in first week of employment ♦ Secondary Induction programme runs regularly for new and existing employees (all sessions to be attended within 6 months of commencing employment) ♦ Employees feedback used to determine efficacy of programme	Ongoing	**H R Adviser/CEO**	Operational / Process - People/HR management
4.6	Recruitment and selection of the right people for the right positions	♦ Continue to use targeted methods in advertising and selection processes, incorporating job competencies ♦ Vacancies filled within reasonable timeframes, reflecting market best practice	Ongoing	**H R Adviser**	Operational / Process - People/HR management - Succession
4.7	A successful performance partnership programme is in place	♦ Objectives and key deliverables are clear for all staff ♦ Managers and staff meet at least 6 monthly to provide performance feedback ♦ Audit shows performance data recorded by the majority of staff	Ongoing	Managers / Team leaders / H R Adviser	Operational / Process - Strategic leadership - People/HR management

COUNCIL'S BUSINESS IMPROVEMENT FOCUS

5. Ensure that the Council continues to improve the quality and effectiveness of its services

	Objective	Key Deliverables	Date Due	Person Responsible	Key risks & mitigation strategies
5.1	The key principles of trust, accountability and professionalism are applied	♦ Review and develop service standards for delivery of all core business (in conjunction with implementation of MedSys workflows and competency framework) ♦ Review the Council's protocol on decision-making principles to ensure it is up to date and being properly considered in decision-making processes. ♦ Report on key business metrics to Council six monthly. ♦ Report on progress on strategic directions to Council two monthly.	Ongoing	**CEO** / Managers	Operational / Process - Strategic leadership - Governance - People/HR management - Customer service management
5.2	Council policies, procedures and compliance are proactively reviewed to ensure the purpose and functions of the Council are being achieved	♦ Review Council's legislative and management delegations and ensure they are consistent with the HPCAA and good management principles. ♦ Review and maintain Council Gazette Notices to ensure they accurately reflect Council policy. ♦ Review Council's Privacy policy to ensure it is consistent with the Privacy Act, the Health Information Privacy Code ♦ Review all correspondence templates to ensure they are written in plain English and convey the key Council communication ♦ Review the ToR and performance of BISEP to ensure its purpose is being fully achieved. ♦ Three internal audits are undertaken by KPMG, with the report and recommendations reviewed by the Audit Committee. ♦ Recommendations agreed with the Audit Committee are implemented. ♦ Maintain a reliable electronic, controlled	30 Nov 2011 30 Sep 2011 30 Sep 2011 30 Nov 2011 30 Aug 2011 30 Jun 2012 30 Jun 2012 Ongoing	**Registrar /CEO** Managers / Team Leaders	Strategic - Regulatory / legal - Governance - Strategic planning - stakeholders - PR

		manual of all Council policies.			
5.3	Internal systems are aligned to improve core business processes and outcomes, including improving information sharing and collaboration across service areas	◆ Improve information sharing and collaboration on relevant cases across service areas ◆ Share information about development of processes and tools for the assessment of doctors across performance, vocational registration and strategic areas. ◆ Align assessments of whether doctors are practising at the standard of competence required for their scope (VPA, PAC, and RPR as part of CPD) ◆ Strategic programmes of work or projects are implemented into business effectively	Ongoing Ongoing Ongoing ongoing	**Service Managers / Team Leaders** /Registrar /Strategic Programme Manager / CEO	Operational / Process - People/HR management - Customer service management
5.4	Council staff and external stakeholders have an understanding of the Council's key strategic directions and business objectives	◆ Stakeholder engagement plan is fully implemented. ◆ Communicate goals, objectives and progress to staff quarterly ◆ Update the Council website on a 6-monthly basis with progress on the Council's four strategic directions ◆ Communicate key strategic and operational initiatives to all key stakeholders on a 6-monthly basis. ◆ Agree MOU with BABs. ◆ Develop a MOU with HWNZ ◆ Develop MOU with the Australian Health Practitioner Regulation Agency and/or the Medical Board of Australia ◆ Develop MOU with the Ministry of Justice ◆ Develop MOU with the Police ◆ Staff are fully informed of responsibilities under all MOUs	30 Jun 2012 Sep/Dec/ Mar/Jun Jun/Dec Jun/Dec 31 Jul 2011 30 Aug 2011 30 Nov 2011 30 Nov 2011 30 Nov 2011 Ongoing	**CEO** / Strategic Programme Manager/ Comms Manager **CEO** **CEO** **CEO** **Registrar** **Registrar** **CEO / Registrar**	Strategic - Strategic planning - Stakeholder relations PR and Media Operational / Process - People/HR management - Customer service management - Guidance & standards - Education & training
5.5	Council is supported in its governance and decision-making roles	◆ All Council meetings are managed in accordance with standing orders ◆ Council planning, induction and training workshops are held ◆ Agenda papers are of high quality, accurately identifying background, issues and reasons for all recommendations	Ongoing	**CEO**	Strategic - Governance - Project governance - Strategic leadership

		• Agenda papers are delivered to Council members according to agreed framework • Risk management framework applied throughout				
5.6	Our website, MedSys and EDRMS provide the Council with an effective and efficient information and communication system	• Council's website is actively maintained. • Workflows for the 50 key processes are successfully implemented • The first phase of Council's online functionality is implemented • Opportunities for establishing extranet portals are considered with Council members and primary agents (VPA, PAC, PCC members and supervisors) • All key metrics are reported accurately	Ongoing 30 Jun 2012 30 Sep 2011 30 Jun 2012 30 Jan 2012	**CEO** / **Project Manager** and team / Managers	Operational / Process - Technology/IT management - Project governance	

COUNCIL'S BUSINESS OPERATIONAL OBJECTIVES

6. Protect the public by ensuring that registration is granted only to doctors who have the qualifications, training and experience to practise medicine (consistent with Part 2 of the Health Practitioners Competence Assurance Act 2003)

	Objective	Key Deliverables	Date Due	Person Responsible	Key risks & mitigation strategies
6.1	Registration and practising certificate applications are managed in a way that is consistent with the HPCAA 2003, policies, Council's values, and within service agreements and delegations	◆ Assess and process applications for registration and practising certificates effectively ◆ Conditions are monitored or referred appropriately ◆ Audit 10 percent of the profession at the quarterly practising certificate cycle to ensure compliance with recertification requirements ◆ Streamline processes for registration and issue of practising certificates for NZ doctors returning from overseas	Ongoing	**Registration Manager /** Team Leaders	Operational / Process - Customer service management - Case management
6.2	Case management (including interventions) for doctors registered in a provisional or special purpose scope of practice is consistent with the HPCAA 2003, policies, Council's values, and within service agreements and delegations	◆ Supervision reports are obtained for doctors registered in a provisional or special purpose scope of practice ◆ Concerns about performance are followed up, with appropriate action taken ◆ Registration assessment requirements are monitored	Ongoing Ongoing Ongoing	**Registration Manager/** Team Leaders	Operational / Process - Customer service management - Risk & Quality management - Case management
6.3	Internal systems and processes are aligned to allow efficient and effective processing across general, vocational and APC areas	◆ Review and revise registration templates and forms to ensure communication is clear and compliant with policy and process ◆ Review competent authority and comparable health system pathways, and report to Council ◆ Align relevant forms and documentation requirements across all pathways ◆ Ensure all registration roles and	Ongoing	**Registration Manager /** Team Leaders	Operational / Process - Strategic leadership - Customer service management

		responsibilities in MoUs with DHBs, BABs and other key stakeholders are achieved.			
6.4	Systems for verification of identity of applicants for registration are effective and efficient	◆ Review the requirements for a registration interview for doctors who apply through the competent authority pathway ◆ Review CGS policy; align with international best practice standards ◆ Increase electronic exchange with other regulatory authorities	Ongoing	**Registration Manager** & Team Leaders	Operational / Process - Customer service management - Risk & Quality management
6.5	The registration team has the capability and expertise to work effectively	◆ Registration staff to participate in ongoing training on relevant topics such as risk assessment, document verification etc. ◆ Registration staff exposed to the doctors' perspective to further develop the team's customer service skills	Ongoing	**Registration Manager** & Team Leaders	Operational / Process - Customer service management - Risk & Quality management - Case management
6.6	Assessment processes of IMGs applying for a vocational scope of practice are efficient and effective	◆ Work with medical colleges and BABs to improve the vocational assessment process ◆ Research qualifications for locum tenens pathway and align this pathway with vocational pathway	Ongoing 30 Nov 2011	**Registration Manager**/ Vocational Team Leaders	Operational / Process - Customer service management - Risk & Quality management - Case management
6.7	The APS model for supervision is implemented effectively	◆ The APS model is promoted with relevant stakeholders and support is provided to ensure understanding of requirements ◆ Policy and protocols are reviewed, taking into account feedback from stakeholders ◆ Applications are processed within policies and protocols and service areas advised of outcomes	Ongoing 30 June 2012 ongoing	**Strategic Programme Manager** / Project Coordinator **/** Registration Manager	Operational / Process - Customer service management - Risk & Quality management - Case management
6.8	Continuing support and training is provided for supervisors of IMGs	◆ Four supervisor training workshops are undertaken.		**Strategic Programme Manager /** Project Coordinator / Registration Manager	

7. Protect the public by ensuring doctors with competence concerns are assessed and managed (consistent with Part 3 of the Health Practitioners Competence Assurance Act 2003)

	Objective	Key Deliverables	Date Due	Person Responsible	Key risks & mitigation strategies
7.1	Case management (including interventions) for doctors when concerns are raised about their competence is consistent with the HPCAA 2003, consistent with Council's values, and within service agreements and delegations	• Comprehensive information and advice is provided to Council when considering doctors with competence concerns, including assessment of risk to public health and safety	Ongoing	**Professional Standards Manager** / Team	Operational / Process - Customer service management - Risk & Quality management - Case management
		• PAC reports are reviewed to ensure they have been completed accurately by convenors	Ongoing		
		• Council is advised on appropriate conditions relevant to competence	Ongoing		
		• All conditions placed on doctors relevant to competence are robustly monitored	Ongoing		
		• Individual educational programmes for doctors are implemented and supervisor reports are robustly monitored	Ongoing		
		• Information provided to PACs, doctors, and lawyers is accurate and complete	Ongoing		
		• Provide training to PAC members for ongoing quality improvement of processes and procedures	30 Sep 2011		
		• Hold annual educational supervisors' meeting to ensure continuing quality improvement to educational (competence) programme processes	31 May 2012		
		• Recruit PAC members as necessary to ensure specific scopes of practice are covered within the PAC assessor pool	Ongoing		
		• Maintain the *Handbook for Performance Assessment Committee Members*	Ongoing		
7.2	Performance processes and tools are valid and reliable	• Coordinate meeting(s) of the Competence Advisory Team (CAT) and report recommendations to Council for approval	Ongoing	**Professional Standards Manager** / Team / Medical Adviser / Senior Policy	Operational / Process - Customer service management - Risk & Quality

		♦ Review, modify and develop tools for assessing competence, particularly focusing upon professionalism and cultural competence	Ongoing	Adviser	management
		♦ Evaluate the PCI pilot	30 Jun 2012		
		* Also see section 5.5			
7.3	Council utilises international research about extended performance assessment (EPA) to ensure PCI, PAC and Health processes are valid and reliable	♦ Review Council's PCI, PAC and Health case management processes to consider impact of EPA. ♦ Implement identified improvements consistent with EPA.	30 Jun 2012	**Health Manager / Professional Standards Manager**	Operational / Process - Strategic leadership
7.4	Council contributes to, and remains up to date, with international processes related to the assessment and remediation of doctors	♦ Continue to liaise with international bodies including IPAC about the assessment and remediation of doctors ♦ Review and continually improve the Council's tools and processes for assessing competence and fitness to practice.	Ongoing	**Professional Standards Manager /** team **/** Registrar / Medical Adviser	Operational / Process - Strategic leadership

8. Protect the public by ensuring doctors with health conditions are fit to practise safely (consistent with Part 3 of the Health Practitioners Competence Assurance Act 2003)

	Objective	Key Deliverables	Date Due	Person Responsible	Key risks & mitigation strategies

8.1	Case management (including interventions) for doctors with mental and physical health problems that have the capacity to affect their practice is consistent with the HPCAA 2003, consistent with Council's values, and within service agreements and delegations	♦ Initial assessment is timely and an appropriate management plan is developed and actioned
		♦ Case management system ensures:
		  o documented plan for each case
		  o all plans are robustly monitored
		  o screening programmes to monitor abstinence from drugs/alcohol
		  o escalate non-compliant cases to the Health Manager/Committee
		♦ Inform reviews of fitness to practise with complete and accurate information
			Ongoing	**Health Manager /** Health Case Managers	Operational / Process
					- Customer service management
					- Risk & Quality management
					- Case management

8.2	Information regarding controlled drug prescribing is available to inform management of cases	Maintain relationship with Medicines Control to facilitate information sharing, risk identification, and management	Ongoing	**Health Manager /** Registrar	Operational / Process - Customer service management - Risk & Quality management - Case management
8.3	Access to qualified and experienced assessors available to advise on fitness to practise	♦ Educational training delivered with opportunity for assessors to share experiences and ideas	31 May 2012	**Health Manager**	Operational / Process - Risk & Quality management
8.4	Access to qualified and experienced TMVI Expert Advisory Panel	♦ Meetings held to consider cases and emerging issues ♦ Council informed on developments in the field and on any recommendations for review of the standards and protocols being applied ♦ Online facility in place to manage referrals to the panel and questions from stakeholders	Annually 30 Apr 2012 30 Jun 2012	**Panel Coordinator**	Operational / Process - Risk & Quality management

8.5	Profession and other stakeholders to be informed on Health Committee processes and monitoring programmes	◆ Publish web based resources and framework	30 Apr 2012	**Health Case Managers /** Comms Manager	Operational / Process - Strategic leadership

9. Protect the public by ensuring the Council's complaints systems is effective and doctor's with conduct concerns are investigated and managed (consistent with Part 4 of the Health Practitioners Competence Assurance Act 2003)

	Objective	Key Deliverables	Date Due	Person Responsible	Key risks & mitigation strategies
9.1	Case management (including interventions) for doctors who have complaints made against them, is consistent with the HPCAA 2003, consistent with Council's values, and within service agreements and delegations	◆ Ensure any complaints that are received are referred appropriately and in a timely manner to SOC ◆ All SOC decisions are actioned immediately	Ongoing Ongoing	**Professional Standards Manager** / Team / Registrar	Operational / Process - Risk & Quality management
9.2	PCC processes are effective	◆ Complainants are advised upon the Council's receipt of the complaint, the possible actions Council may take ◆ Complainants are advised the outcome of their complaint ◆ Comprehensive information and advice is provided to Council when considering doctors with conduct concerns, including assessment of risk to public health and safety ◆ PCC reports are reviewed to ensure they have been completed accurately by convenors ◆ Council is advised on appropriate conditions relevant to conduct ◆ All conditions placed on doctors relevant to conduct are robustly monitored ◆ Ensure information resources are available (eg brochures) for complainants and doctors involved in the process ◆ Provide training to PCC members for ongoing quality improvement of PCC processes and procedures ◆ Maintain the *Guidelines for Professional*	Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing 30 Nov 2011 Ongoing	**Professional Standards Manager /** Team / Registrar	Operational / Process - Risk & Quality management - Case management

		Conduct Committee Members			
9.3	MoU with HDC is current and appropriately applied	• Review the MOU and agree changes with HDC • Liaise with HDC on a regular basis to ensure the exchange of information between HDC and the Council complies with the terms of the MOU	30 Sep 2011	**Registrar**/ Professional Standards Manager	Operational / Process - Strategic leadership - Customer service management
9.4	Council has access to a qualified and experienced Sexual Misconduct Assessment Team (SMAT)	• Educational training delivered with opportunity for assessors to share experiences and ideas • Develop and implement a protocol to support use of SMAT assessments as a fitness to practice tool	31 Mar 2012	**Registrar**	Operational / Process - Risk & Quality management
9.5	Legal advice provided to PCCs is consistent and in keeping with the HPCAA	• Review protocols for the provision of legal advice to PCCs. • Provide training to PCC legal advisers for ongoing quality improvement of advice provided to PCCs • Review PCC reports to ensure decisions made are consistent and in keeping with the HPCAA and Council statements and guidelines	30 Sep 2011 Ongoing	**CEO /** Registrar / Professional Standards Manager	Operational / Process - Risk & Quality management - Case management

10. Ensure examination systems are fair, equitable and appropriate without creating barriers to registration for competent doctors (consistent with section 19(5) of the Health Practitioners Competence Assurance Act 2003)

	Objective	Key Deliverables	Date Due	Person Responsible	Key risks & mitigation strategies
10.1	NZREX applications are managed in a way that is consistent with the HPCAA 2003, policies, Council's values, and within service agreements and delegations	• Process applications within expected service levels • Organise and hold examinations as appropriate to the volume of applications and Council resource • NZREX Clinical held consistent with Council policies and procedures	Ongoing	**Professional Standards Team /** Medical Advisers / Examinations Director	Operational / Process - Case management
10.2	NZREX OSCE quality assurance is maintained	• International links are maintained • Advice is sought from the Examinations Advisory Group about quality assurance • Examination quality maintained in accordance with international best practice • Quality assurance activities reported to Council • Ensure appropriate reference to IAMRA developments	Ongoing	**Examinations Director**	Operational / Process - Risk & Quality management

11. Promote quality medical practice through medical education and lifelong learning (consistent with sections 12(4) and 41 of the Health Practitioners Competence Assurance Act 2003)[1]

	Objective	Key Deliverables	Date Due	Person Responsible	Key risks & mitigation strategies
11.1	Applications for recognition and reaccreditation for vocational scopes, BABs and medical schools are processed consistently with the HPCAA 2003, Council's MoU with the AMC, our policies, values, and within service agreements and delegations	♦ Collaborate with the AMC on implementation of the MoU.	Ongoing	**Professional Standards Manager** / CEO	Operational / Process - Brand management - Risk & Quality management
		♦ Ensure that all New Zealand specific standards for recognition of vocational scopes, BABs and medical schools are explicitly reviewed and reported during accreditation and re-accreditation processes.	Ongoing		
		♦ Review submissions for new vocational scopes and for reaccreditation of New Zealand specific vocational scopes in accordance with Council approvals	Ongoing		
		♦ Coordinate review panels and provide administrative assistance as required	Ongoing		
		♦ Promote greater recognition of prior learning across specialties	Ongoing		
11.2	Appropriate education, training and support is provided to interns	♦ Arrange intern supervisor meeting for all intern supervisors to attend with possible attendance of RMO coordinators	30 Sep 2011	**Professional Standards Coordinator** / Team	Operational / Process - People/HR management - Customer service management
		♦ Develop policy to cap the number of interns per intern supervisor	30 Jun 2012		
		♦ Develop a process/policy for assisting interns/intern supervisors in situations where intern is underperforming	30 Jun 2012		
		♦ Complete yearly schedule of hospital accreditation visits to ensure training and employment suitable for interns.	Ongoing		

12. Promote to the public, the profession and stakeholders the Council's role of maintaining standards and competence under the HPCAA

	Objective	Key Deliverables	Date Due	Person Responsible	Key risks & mitigation strategies
12.1	Council publications are published and up to date, including survey of medical workforce and MCNZ Annual Report.	◆ Council publications are published on time and on budget ◆ Ensure all publications reflect communications best practice, including provisions of the style and edit guide	Ongoing	**Comms Manager**	Project / Programme - Planning & resourcing
12.2	The profession receives regular information from Council regarding key issues.	◆ Three editions of Medical Council News are published.	Ongoing	**Comms Manager**	Strategic - Political - Stakeholder relations

12.3	Issues are researched and resources developed, and remain up to date, with appropriate input from stakeholders	◆ Standards developed, circulated for consultation and published as directed
		◆ Consultation takes place in accordance with Council's protocol for consultation and engagement
		◆ Review Council's statements to ensure they comply with current legislation and reflect the standards expected of the profession.
		◆ All statements reviewed within five years of publication.
		◆ Publish:
		   o Statement on telemedicine (update)
		   o Statement on use of the internet (update)
		   o Statement on cosmetic procedures (update)
		◆ Review and prepare for publication:
		   o Good medical practice
		   o A doctor's duty to help in a medical emergency
		   o Maintenance and retention of patient records
		   o Statement on employment of doctors
			Ongoing	**Senior Policy Analyst**	Strategic
					- Brand management
					- R & D

		♦ Research and develop a statement on financial conflicts of interest. ♦ Develop, in conjunction with the NZMA and other key stakeholders resources intended to encourage professional behaviours.			
12.4	Research and develop, with input from stakeholders, resources that will raise the standards of cultural competence.	♦ Review the Statement on Cultural Competence and the Best Health Outcomes for Maori booklet. ♦ As part of that review, research tools that could be used to raise standards. ♦ Develop and implement those tools with input from stakeholders, including the Schools of Medicine and BABs.			
12.5	Appropriate and relevant research is supported within the sector	♦ Summer studentship applications are considered ♦ Up to two studentships are awarded	31 Mar 2011	**Comms Manager**	Strategic - R & D
12.6	Stakeholders have an understanding and awareness of Council issues and role and function under the HPCAA, including: ♦ HDC ♦ lawyers that work with Council ♦ BABs and the CMC ♦ Council agents ♦ employers and recruitment agencies ♦ supervisors of IMGs ♦ media ♦ the public	Meet regularly with stakeholders and implement stakeholder engagement plan, including: ♦ Hold bi-annual BAB meetings and regularly brief individual BABs on strategic and operational initiatives ♦ Registration workshops held in Wellington, Auckland and Christchurch for employers and recruitment agents ♦ Registration training session held for Council agents ♦ Hold Media Day and brief journalists on strategic initiatives ♦ Attend quarterly national Chief Medical Officers meetings ♦ Attend national DHB HR managers' meeting (annual) ♦ Implement a joint Public Advisory Group in collaboration with the HDC	Ongoing	**CEO** **Registration Manager** **Registration Manager** **Comms Manager / CEO** **Strategic Programme Manager**	Strategic - Regulatory / legal - Stakeholder relations - PR & Media relations
12.7	♦ Members of Parliament and Ministry of Health	Respond to "ministerial" questions within legislated parameters and time frames	Ongoing	**Registrar Adviser / CEO**	Strategic - Political

13. Provide efficient services to the HPDT

	Objective	Key Deliverables	Date Due	Person Responsible	Key risks & mitigation strategies
13.1	HPDT medical hearings are efficiently organised.	• 22 days' hearings held • All procedures followed • Each hearing completed within timeframe • No complaints relating to administrative procedures	Ongoing	**HPDT Manager** / Legal Officer/ Executive Officer/ Personal Assistant	Operational / Process - Risk & Quality management
13.2	Processes for final MPDT charge are completed effectively.	• Release substantial decision within one week of draft • Ensure timetable for penalty submissions adhered to if necessary • Release penalty decision within one week of draft • Monitor appeal process if necessary • No complaints relating to administrative procedures	Ongoing	**HPDT Manager**/ Legal Officer/ Personal Assistant	Operational / Process - Risk & Quality management
13.3	HPDT hearings for other authorities Council has a contract with are efficiently organised	• 48 days' hearings held • All procedures followed • Each hearing completed within the timeframe allocated • No complaints relating to administrative procedures • 3 monthly progress report to appropriate registration authority • 3 monthly invoicing of EO's time to appropriate registration authorities	Ongoing	**HPDT Manager**/ Legal Officer/ Executive Officer/ Personal Assistant	Operational / Process - Risk & Quality management
13.4	Working procedures of Council's administration for the HPDT are current	• 3 monthly conference calls with Chair/Deputies to review policy • Changes to policy implemented within 2 weeks from sign off • All Practice Notes published on website and notified to stakeholders within one week of sign off	Ongoing	**HPDT Manager**/ Legal Officer/ Executive Officer/ Personal Assistant	Operational / Process - Strategic leadership - Risk & Quality management
13.5	Website remains current	• Publication of decisions one week after receipt by parties • Update Events Calendar after interlocutory decisions	Ongoing	**HPDT Manager**/ Legal Officer/ Personal Assistant	Operational / Process - Technology/IT management

			◆ Complete statistical information at each publication			- Risk & Quality management

COUNCIL'S FINANCE, RISK AND RESOURCES

<table>
<tr><td colspan="6">14. Ensure effective and efficient management of the Council's finance, risks, and resources</td></tr>
<tr><th></th><th>Objective</th><th>Key Deliverables</th><th>Date Due</th><th>Person Responsible</th><th>Key risks & mitigation strategies</th></tr>
<tr>
<td>14.1</td>
<td>The Audit Committee, Council, CEO and managers have accurate and timely financial and management information</td>
<td>• Prepare financial reports for each meeting of Council and the Audit Committee
• Prepare annual budget and accounts for Council approval</td>
<td>Ongoing</td>
<td>Finance Manager</td>
<td>Operational / Process
- Financial management
- Risk & Quality management
- Strategic governance</td>
</tr>
<tr>
<td>14.2</td>
<td>Financial reports are prepared and presented accurately and effectively</td>
<td>Prepare the annual accounts
• Annual accounts are prepared in accordance with the reporting standards
• Unqualified audit report received
• Prepare the annual budget for presentation at the June Council meeting</td>
<td>30 Oct 2011</td>
<td>Finance Manager</td>
<td>Operational / Process
- Financial management
- Risk & Quality management</td>
</tr>
<tr>
<td>14.3</td>
<td>Documentation relating to financial management is accurate and current</td>
<td>• Complete a fees review (excluding APC fees) within Council policy and requirements
• Review finance-related policies and update accordingly
• Update Council reference documents</td>
<td>30 Jun 2012</td>
<td>Finance Manager / CEO</td>
<td>Operational / Process
- Financial management
- Risk & Quality management</td>
</tr>
<tr>
<td>14.4</td>
<td>Council's risk management framework is effective and integrated with the management of quality and business improvement</td>
<td>• Key risks are known, and strategies are put in place to mitigate these
• BCP and DR plans are implemented and communicated to all staff Council and managers kept informed of changes
• Undertake internal compliance audits to ensure policies and key processes are being applied and internal control mechanisms are operating</td>
<td>30 Jun 2012</td>
<td>CEO / / BSM</td>
<td>Operational / Process
- Risk & Quality management
- Project governance
- Financial management
- Technology/IT management</td>
</tr>
<tr>
<td>14.5</td>
<td>The Audit Committee is assisted appropriately in fulfilling its functions</td>
<td>• Arranging and preparing for meetings throughout the year
• Develop and implement an annual work plan for the Committee
• Ensure annual audits are completed on time to ensure the timely production of the annual report
• Prepare and present an annual register of</td>
<td>30 Jun 2012</td>
<td>Finance Manager</td>
<td>Operational / Process
- Risk & Quality management
- Financial management</td>
</tr>
</table>

		actions arising from external audits			
14.6	A comprehensive five year Workforce Survey Analysis report is published	Reports written, peer checked and published on Council's website and in hard copy (analysis will be done from the data collected and entered as part of the PC process)	30 Sep 2011	**Information Systems Analyst**	Operational / Process - Risk & Quality management

Appendix 1 to Business plan 2011/2012

Registration:

Performance measure	Annual estimate	Jul/Aug		Sep/Oct		Nov/Dec		Jan/Feb		Mar/Apr		May/Jun		Total	
		Est	Act	Est	Act	Est	Act	Est	Act	Est	Act	Est	Act	Est	Act
General															
Provisional general	1,100	185		120		430		145		110		110		1,100	
Provisional vocational	100	16		17		18		17		16		16		100	
General	750	50		60		335		140		80		85		750	
Special purpose	240	35		35		35		65		35		35		240	
Vocational:															
- Aust postgrad qual	350	45		45		50		50		80		80		350	
- from provisional voc	100	20		20		20		10		15		15		100	
Restorations - general	30	5		5		5		5		5		5		30	
Restorations - vocational	10	2		2		1		1		2		2		10	
Assess and process:															
- provisional variations	620	90		90		160		100		100		80		620	
- special purpose variations	80	10		10		20		20		10		10		80	
- advice on appln	40	4		4		4		12		12		4		40	
- reg applns declined	30	5		5		5		5		5		5		30	
- voc applns closed after office preassessment	10	2		2		1		1		2		2		10	
- voc appln recvd	120	10		10		35		35		15		15		120	
- Certificates and verifications issued:	2,130														
Made up as follows															
Certificates of Good Standing	1600		260		260		300		260		260		260	1600	
Certificate of registration	40		6		6		6		6		6		10	40	
Letters of standing	20		4		4		3		3		3		3	20	
Saudi verifications	80		20		10		10		10		10		20	80	
License verifications	30		5		5		5		5		5		5	30	
Confirmations of NZREX pass / NZ internship completed	360		60		60		60		60		60		60	360	

Annual practising certificates:

Performance measure	August run		November run		February run		May run		Total	
	Estimate	Actual	Estimate	Actual	Estimate	Actual	Estimate	Actual	Estimate	Actual
Process APC applications	3,151	3,285	3,151	3,419	3,152	3,545	3,152	3,308	12,606	13,557
Applications sent (incl manual and duplicates)	See total									1,810
1st follow up		1,122		1,092		1,091		1,236		4,541
2nd follow up		244		198		196		228		866
Outstanding		0		0		13		26		39

Performance measure	August run		November run		February run		May run		Total	
	Estimate	Actual	Estimate	Actual	Estimate	Actual	Estimate	Actual	Estimate	Actual
CPD Audit	315	165	315	344	315	355	300	333	1245	1,197
◆ Notified of audit		165		344		355		333		1,197
◆ Passed audit		135		275		278		290		978
◆ Deferred/failed/repeat		30		69		77		43		219
◆ In progress		0		0		0		0		0

Professional standards:

Performance measure	Annual estimate	July/Aug		Sept/Oct		Nov/Dec		Jan/Feb		March/Apr		May/June		Total	
		Est	Act	Est	Act	Est	Act	Est	Act	Est	Act	Est	Act	Est	Act
Performance assessment processes	25														
• Ordered		4		4		4		4		4		4		*24*	
• Set up		4		4		4		4		4		4		*24*	
• Completed		4		4		4		4		4		4		*24*	
Education programmes set up	-	-		-		-		-		-		-		-	

Conduct and complaints measure	Annual target	July/Aug		Sept/Oct		Nov/Dec		Jan/Feb		March/Apr		May/June		Total	
		Est	Act	Est	Act	Est	Act	Est	Act	Est	Act	Est	Act	Est	Act
Professional Conduct Committee processes:	25														
• Ordered		4		4		4		4		4		4		*24*	
• Ongoing		4		4		4		4		4		4		*24*	
• Completed		4		4		4		4		4		4		*24*	

Complaint measure	Annual estimate	July/Aug		Sept/Oct		Nov/Dec		Jan/Feb		March/Apr		May/June		Total	
		Est	Act	Est	Act	Est	Act	Est	Act	Est	Act	Est	Act	Est	Act
Complaints received from:															
• Public															
• Colleagues/Co-workers															
• Other															
• Employer															
HDC investigation notifications/referrals received by Council															
ACC notifications of harm received by Council															
Disclosures to:															
• HDC															
• Doctor															
• Patient/Complainant															
• Overseas medical boards															

Health:

Health measure	Estimated	Actual
1. Health referrals	**70**	
Source of referrals		
Self		
Employer		
Council		
Treating doctor		
Media		
Other		
Reason for referral		
Alcohol abuse		
Drug abuse		
Psychiatric		
Physical – includes cognitive, transmissible major viral infections		
2. Health assessments	**120**	