



# **Towards 2022**

## **Five-Year Strategic Plan**

## Our vision

We will provide leadership to the medical profession and enhance public trust by promoting excellence and openness in medical practice.

## Our statutory purpose

We will protect the health and safety of the public by providing mechanisms to ensure that doctors are competent and fit to practise.

## 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 in accordance with the Health Practitioners Competence Assurance Act 2003 (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 consider whether there is a risk of harm or risk of serious harm to the public when managing doctors with competence, conduct and/or health concerns.

- 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 promote the Treaty of Waitangi principles of partnership, participation and protection.
- Council will work to improve cultural competence within the medical profession with the aim of improving health equity for disadvantaged groups within New Zealand.
- 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.
- Council will make decisions within a transparent natural justice-based decision-making framework.
- 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.
- Council will set standards that signify a high and readily attainable level of medical practice.

## 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 practise and their successful integration into the health service.
- Goal five –** Promote good medical education and learning environments throughout the undergraduate / postgraduate continuum to help ensure all doctors have achieved the necessary standards for their practice.

## Our five strategic directions

### Direction one: Accountability to the public and stakeholders

The Council is accountable to the public, to Parliament, and to the profession. There are many individuals and groups with whom we collaborate in the performance of our functions. This strategic direction intersects with and sits across all the strategic directions.

#### Key outcomes:

Engagement with the public and stakeholders to raise awareness of Council's role and functions, obtain valuable feedback into our strategy, policy and business development and improve how we perform our functions. The best interests and the health and safety of the public must be integral to all Council strategic planning, policy development and business activity.

#### How we will achieve our outcomes:

##### *For patients and the public*

- Regularly review all Council strategic goals, statements and activities as part of usual business improvement processes.
- Promote a 'patient-centred' approach that enables the interests of the public to be considered as a key component of all Council's decisions and to enhance openness and accountability in processes.
- Facilitate public and patient feedback to be gathered through engagement, consultation and collaboration, to inform policy development.
- Build and maintain key sector relationships to share information, obtain feedback, manage risk to the public and gain support for Council's strategies.
- Review Council policies so they are considerate of how changing population demographics, emergence of different diseases and new health issues impact on the provision of good medical care and the required competence and knowledge of doctors.
- Review how Council communicates with members of the public to obtain a greater understanding about the expected standards of good medical practice and doctor performance, using regulatory data where useful and appropriate.
- Assist the public to have a greater understanding of the role of the regulator expanding beyond competence, conduct and health of doctors to education, improving standards of medical practice and protecting public safety.

***For doctors and other health sector stakeholders***

- Build and maintain Council's network of relationships with Colleges, District Health Boards, Private Surgical Hospitals, Primary Health Organisations and other stakeholders to facilitate development and implementation of strategy, policy and business initiatives, and to assess and manage risk to public health and safety.
- Utilise effective and modern communication methods and tools to continue to raise awareness and promote standards of good medical practice, Council's role and responsibilities and our approach to medical regulation.
- Develop standards relating to integrated care, team work and inter-professional communication, to support integrated care.
- Encourage a consistent and effective approach towards the regulation of all health practitioners across Responsible Authorities, Colleges and employers.
- Facilitate a greater understanding of the role of the regulator within the wider health sector.

## **Direction two – Promoting Competence**

All doctors must maintain competence, have up-to-date knowledge and be fit to practise to ensure public health and safety.

The principles of ‘right touch’ risk-based regulation will be used to continue Council’s focus on changing behaviour through the use of education and non-regulatory levers. We will shift the focus more strongly towards using proactive strategies to improve standards of practice, supporting doctors to provide quality care to patients in an effort to reduce the need for reactive regulatory measures.

### **Key outcomes:**

Council will provide leadership to the profession and work collaboratively and constructively with key stakeholders, including the Medical Colleges, District Health Boards, primary care, and the Ministry of Health using preventative regulation to continually improve the current high quality of medical practice in New Zealand.

### **How we will achieve our outcomes:**

#### ***Strengthening Recertification***

- Promote transparent, evidence-based approaches to recertification programmes.
- Strengthen recertification programmes to ensure that doctors maintain and continue to improve their standard of medical practice.
- Support colleges, DHBs and other stakeholders to undertake initiatives that ensure doctors are appropriately skilled to work in changing models of care and across clinical settings and teams.
- Align accreditation standards for recertification with Council’s vision, principles and framework for recertification.
- Review collegial relationship requirements so they are robust and provide appropriate assurance to Council and the public that doctors working in a general scope of practice are competent.

#### ***Supporting the profession and employers***

- Collaborate with colleges, District Health Boards, and other stakeholders, to facilitate collegial and employer support for doctors with health, competence and/or conduct concerns that Council are assessing/investigating.
- Support medical colleges and employers to build a culture of respect and collaboration in medical practice, including fostering relationships of trust, confidence and cooperation between health professionals and members of the public to support public safety.
- Develop standards relating to integrated care, team work and inter-professional collaboration, to support integrated care and changing models of care.

- Provide guidance to the profession, professional bodies and employers about accessing and utilising doctors practising outside New Zealand but who are providing medical services to patients located within New Zealand (for example, telehealth, virtual or online consultations).
- Consider and provide guidance to the profession about appropriate incorporation of multi-media, social media, online and virtual communication methods in the delivery of medical services.
- Develop standards relating to complementary and alternative medicine delivery in the community and how these work separately alongside or are intertwined with expected standards of medical practice.
- Promote excellence by strongly encouraging vocational training.

## **Direction three – Cultural competence, partnership and health equity**

### **Key outcomes**

To reduce health inequity and improve public health outcomes, through Council's role as the medical regulator responsible for professional standards and ensuring doctors' competence.

### **How we will achieve our outcomes:**

#### ***Cultural Competence***

- Develop a cultural competence framework that provides clear expectations and standards of cultural competence for doctors for use in prevocational medical training, vocational training and recertification programmes.
- Collaborate with colleges and employers about the importance of cultural safety, focusing on the experiences of the patient to improve the quality of care.
- Review Council's statements and resources so that they reflect the expected standards of cultural competence.
- Engage with colleges and other stakeholders to influence an increase in the number of Māori doctors entering and completing vocational training.
- Improve understanding of the outcomes of care and the causes of health inequities and provide advice on potential ways to address these through cultural competence education and support for doctors.

#### ***Supporting the profession***

- Continue to support doctors and stakeholders to strengthen their partnerships with Māori communities and organisations to improve understanding and knowledge of the needs of the Māori community to help address inequities in patient care and patient outcomes.
- Encourage increased Māori participation in governance and decision making of colleges and other stakeholders.
- Develop frameworks and resources that support doctors who identify as Māori, through prevocational medical training, vocational training and other programmes.
- Work collaboratively with employers, colleges and medical schools to ensure cultural competence is a necessary component of all prevocational medical training, vocational training and recertification programmes, to engage with and support doctors to imbed cultural competence into everyday practice, enabling them to respond appropriately to their community's needs and address health inequality and inaccessibility.



## **Direction 4 – Medical Education**

It is a function of Council to ensure and promote the competence of doctors through their education and training programmes, from undergraduate to postgraduate education.

### **Key outcomes:**

Ensure a quality educational experience for all doctors and medical students, protecting the health and safety of the public by ensuring all doctors are competent and fit to practise.

### **How we will achieve our outcomes:**

- Promote a quality transition process for medical students moving into the prevocational medical training programme and between prevocational and vocational training.
- Review the prevocational medical training and recertification programme so that it reflects the needs of a changing community and appropriate skills for dealing with emerging health issues.
- Promote flexibility in education and recertification programmes to adequately prepare doctors for evolving models of care, patients increasingly managing and making choices about their own health, and the delivery of more services in the community.
- Promote education and training for doctors so they have the right skill mix to work collaboratively and effectively across clinical settings (where appropriate) and in multi-disciplinary team environments.

### ***Prevocational medical training:***

- Ensure training providers provide interns with a comprehensive education and training programme for the first 2 years after graduating from medical school. This could be either in hospital or community settings. However, every doctor will be required to complete at least one community-based attachment, and also to spend time in a hospital-based setting.
- Ensure training provider accreditation standards and processes are effective and efficient.
- Continue enhancing support systems for the prevocational medical training programme, including technological development as this becomes available.
- Work with stakeholders to ensure community-based attachments are available for all interns and there are a range of attachments across the community care spectrum that contribute to an increase in the community/primary care medical workforce and a better understanding of the primary and secondary care interface.
- Review the New Zealand Curriculum Framework for prevocational medical training so it appropriately guides each doctor's learning.
- Implement the recommendations from the Review of prevocational medical training requirements.
- Work with stakeholders so that supervisors are able to access quality training.

## **Direction five: Research and evidence-based regulation**

Council is aware of the fast pace of technological and communication advancement and the need to ensure policy and standards are developed using valid and reliable evidence.

### **Key objective:**

All strategic and policy decisions are supported by valid and reliable evidence, with the public interest and public health and safety at the centre.

### **How we will achieve our objective:**

- Undertake evaluations of all strategic and policy initiatives to consider the effectiveness of regulatory interventions.
- Align strategic and policy initiatives with evidence and ensure the public interest is met.
- Analyse and interpret data that Council gathers and use it to create meaningful information that informs Council strategic and policy development.
- Undertake relevant research and literature reviews to inform strategy and policy.
- Analyse and interpret regulatory data to demonstrate risks and trends, and show the effectiveness of initiatives.
- Disseminate data to provide meaningful information to doctors, stakeholders and the public about Council procedures and policies.
- Collect and provide workforce information and data to contribute to health workforce flexibility and planning, subject to privacy requirements.
- Utilise big data and seek evidence for evolving technological advancement that will benefit the profession.
- Consider best practice evidence and value of publishing more detailed information about doctors on the Council's register for the public to view.

## Purpose

**The primary purpose of the Council is to promote and protect public health and safety.**

The Council has the following key functions:

- a) to prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes:
- b) to authorise the registration of health practitioners under this Act, and to maintain registers:
- c) to consider applications for annual practising certificates:
- d) to review and promote the competence of health practitioners:
- e) to recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners:
- f) to receive and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of health practitioners:
- g) to notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public:
- h) to consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession:
- i) to set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession:
- j) to liaise with other authorities appointed under this Act about matters of common interest:
- k) to promote education and training in the profession:
- l) to promote public awareness of the responsibilities of the authority:
- m) to exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment.

## Key influences in the strategic planning environment

### Political factors

Government direction for the health sector is articulated in the New Zealand Health Strategy 2016, which is underpinned by five strategic themes: *people-powered, closer to home, value and high performance, one team* and *smart systems*. Council considers that a number of its initiatives under its strategic directions align with the intentions of the New Zealand Health Strategy and will continue progress on these towards 2022.

Specific political factors that may influence this work include:

- Political perception that regulations (and regulators) can eliminate unsafe care and adverse medical events.
- Continuing lack of awareness within the profession, by the public, the media and politicians that the Council is not a disciplinary body.
- Media influence on political decisions.
- Expectations of Council's role in whole of health sector workforce development, sustainability and distribution.
- Changes to health care delivery and new models of care.
- Continuing high volume of the Council's workload in areas of registration and assessment of competence, and expectations from employers and the profession to deliver services immediately.

### Legislative and regulatory change

Government has indicated a number of planned amendments to the Health Practitioners Competence Assurance Act 2003 (HPCAA), under which Council operates as a Responsible Authority (RA). The five areas identified were:

- Regular performance reviews of RAs
- RAs provide complainants with information that conveys decisions about practitioner practice
- RAs to develop standards promoting and facilitating interdisciplinary collaboration and cooperation
- Recognition of the importance of transparency, integrated patient-centred care, workforce flexibility and workforce planning (some suggestion that this has been removed)
- RAs to collect and provide workforce information and data to contribute to health workforce planning, subject to privacy requirements.

The specific amendments have not yet been finalised and what has been proposed above differs from original proposed changes following discussions earlier between RAs and Health Workforce New Zealand. It is not yet clear exactly how the amendments will likely impact on the activity of Council. Drafting has been completed – the amendments are expected to be given effect early in the 2018/19 financial year.

Outside of the impending HPCAA amendments, other potential legislative and regulatory factors that could influence Council's activity include:

- Expected changes in the international medical regulation environment.
- Development of a team-based regulation model.

### **Social and demographic factors**

The population of New Zealand continues to grow and become more diverse, but also has a rising proportion of older people who are living longer, with more complex conditions and who will require long-term care increasingly delivered in the community. Prevocational and vocational training, along with recertification programmes, will need to ensure doctors are up to date with the needs of evolving and dynamic communities with changing health needs.

Factors impacting on Council's activity include:

- Changing models of care towards preventative medicine and more community-based care delivery.
- The need for a range of clinical placements for students, vocational trainees and interns, and the need to develop more primary and community based attachments.
- Changing work patterns of doctors, with a need to be flexible enough to support shift and part-time work, and mid-career changes.
- Lack of pathways and recognition of prior learning to enable doctors to move across specialties and into different communities.
- Difficulties with recruitment and retention of graduates and experienced doctors in rural and provincial areas.
- Public expectations for immediate access to good health care regardless of where they live.
- Low morale, perception of a high bureaucratic burden, and a litigious environment within some sectors of the medical profession.
- Change in demographics of the New Zealand medical workforce.
- High turnover of doctors in some areas of the country.
- The changing demographics of New Zealand and the need for culturally competent doctors.
- The need for effective working relationships between the health and education sectors and Vocational and Educational Advisory Bodies.

## **Technological change**

Technological advances are increasingly rapid and have the potential to alter models of care, surgery and medical practice, impact on the consumer experience and change the role doctors have in a person's care. Evolving communication methods are creating alternative portals for medical consultation, causing challenges for regulators to keep pace and ensure safety of members of the public.

Technological change impacting on Council's activity includes:

- Globalisation of medicine through use of telemedicine, online and virtual medical consultations.
- Limits to the control that statutory bodies may have outside the borders of the country.
- Use of technology for simpler verification of qualifications and standards for doctors from certain countries.
- Practices becoming outdated more rapidly.
- Pressure on the Council to provide more services via internet and email, and to respond more rapidly.
- Increased specialisation of practice and use of technology.

## **Data**

Council gathers a significant amount of data that could and should be used to provide meaningful and useful information to the profession and the public, as well as contribute to health workforce direction.

The impact of data on Council's activity include:

- The emergence of big data as a key source of changes to medical practice and developing health strategy over time.
- Data increasingly used to inform members of the public about the profession and expectations that more information about individual doctors will be available publicly.
- Regulatory data is analysed and interpreted to demonstrate risks and trends and show the effectiveness of initiatives.
- Use of big data to provide evidence of effectiveness and impact of evolving technology on the profession and the public.

**Economic factors**

Government has indicated the tight fiscal environment will continue for the foreseeable future and that demand for health services is expected to continue to be higher than the resources available.

Economic factors relating to Council's activity include:

- Expectation of insufficient resources to meet the increasing needs in the health sector.
- Demand for health care outstripping available resources.
- Increased pressure on resources because of ageing of the population and concern about the ageing of the medical workforce.
- Impact of medical student debt.
- Competition in a global market for recruitment of well-trained health professionals.
- New forms of medicine and drugs being promoted and sold online (from overseas) to the public directly.
- The drive to improve quality standards, reduce adverse events and reduce waiting times for treatment within current budgets.