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Medical Council of New Zealand

Dunedin

## The MCNZ Perspective - Main Session

Sunday, 18 August 2013 Start 12:00pm Duration: 30mins Plenary

# Are we adequately protecting the public?

## Challenges to the MCNZ – how do we respond?

Dr John Adams
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18/8/13

# HPCA Act

## 3. Purpose of Act

(1) The principal purpose of this Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions.

# Sources of challenge

- CHRE (Professional Standards Authority) report 2010
- ‘The Good Doctor’ – Ron Paterson
- Media stories and commentary

# Journalist's comments:

My focus on whether patients are making informed decisions about the doctors they are seeing. Should the medical council make sure names are on notices. Should the reasons why conditions are imposed also be on the website. The information is not readily available. I have found some information on some doctors with conditions through cross referencing some databases - tribunal and high court etc. However, the Women's Health Action Network believe it should be more accessible.

When a patient complains to the HDC about their care and the HDC refers the case to the Medical Council, as in the [redacted] matter, why can't the patient be informed at the outcome? In this case, the matter has not been referred to a professional conduct committee (because she would have been notified), but the council seems coy about telling her just what it IS doing. Its advice that it may do something or nothing at all, (see [redacted] letter September 26, 2012) isn't very helpful to the patient who feels that she's now being told to butt out of the process altogether.

# Journalists' comments:

The problem with competence reviews, however, is that though the doctor, his colleagues and staff are interviewed, patients are not. And while a reviewer might sit in on the consultations, you'd expect a doctor in such circumstances, to ensure he was working to the highest standards, when his approach may be normally less rigorous.

# CHRE issues to consider:

“Increasing the level of openness of its work particularly in decision making, in relation to the fitness to practise function and to the information that appears on its register. This includes publishing on the register more information about conditions imposed or voluntary undertakings (except health) agreed with doctors.”

# CHRE issues to consider:

"Building better links with employers in relation to fitness to practise issues including more routine mutual exchange of information about doctors where there are concerns. However, we did note that the MCNZ is currently carrying out a review of the *Memorandum of Understanding with District Health Boards*."

# CHRE issues to consider:

“Developing a patient and public involvement strategy, and enabling patients and the public to have much greater engagement with all areas of the MCNZ’s work.”

# CHRE issues to consider:

"Ensuring that when a doctor has demonstrated serious incompetence, and in particular where this might not be amenable to remediation, the case is dealt with as a conduct issue rather than through competence procedures. The MCNZ should have a greater regard to the impact on the public's confidence in the profession when making all fitness to practise decisions."

# CHRE issues to consider:

"Developing a greater commitment to organisational diversity and equality issues, including ensuring that people are appointed to the Council and to its committees including performance assessment committees on the basis of fair and open competition and against defined roles and competencies."

# CHRE issues to consider:

"Reviewing the composition of the Council and its committees, although the former would require legislative change, as would professional conduct committees. At present these have a majority of doctor members, but good practice from the UK would suggest that at least parity of public membership is important in ensuring unbiased decision-making and a focus on patient safety and in maintaining public confidence in regulation."

# “The Good Doctor” identified areas:

- Availability of Information for the public and patients.
- Recertification
- Regulation
- Other:
    - Professionalism?
    - Risk averse?
    - Sharing more information between agencies?
    - Medical education?

# Information recommendations:

- Easily accessible information about all doctors.
- Full information including disciplinary findings by searching the register.
- Employers should publish credentialing information.
- ‘League tables’ of individual practitioner KPIs.

# Recertification recommendations:

- Regulators should be clearer about their role on behalf of the public
- CPD as recertification is not adequate – Knowledge tests?
- CPD requirements should be increased and standards and expectations tightened.
- Periodic performance assessments for all doctors or at least targeted at at-risk doctors?
- Multisource feedback

# Regulation recommendations:

- Council composition – equal medical and lay members
- No election of members
- Different appointment process
- Regulators should be subject to the OIA
- Public scrutiny and reports through the Health Select Committee or a ‘watchdog’ organisation of the Council’s work.
- Regulators across professions should share best practice.
- Focus on the 5% of ‘at risk’ doctors?

# Council's response so far:

- Changes to the register with links to HPDT decisions and a separate list of those doctors who have been removed from the register
- MoUs in place with DHBs, under development with Southern Cross and some PHOs.
- A communications protocol developed that sets down our own internal standards around communication of decisions and actions to complainants and employers.
- To restrict voluntary undertakings

# Council's response so far:

- Recertification programme for general registrants with new inclusions
- Encouragement to Colleges to include RPR in CPD
- 'Audit of medical practice' included in CPD
- Work on multisource feedback
- Further development of workplace based assessment rather than knowledge exams

# Council's response so far:

- Council will consider targeted competence assessments similar to Quebec?
- Screening process – collaborations with employers and PHOs?

# Council's response so far:

- Council believes the current balance of medical and lay members is about right to perform its roles.
- In our HPCAA submission, MCNZ recommended no professional election, **but** a different and more transparent appointment process.

# Discussion

- What else should we do?