



# Medical Council and professional change

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Chair

Medical Council of New Zealand

# Proposal for periodic assessment

- Periodic assessment of clinical practice by colleague(s)
- Part of CPD
- Run by Colleges with MCNZ support
- Educational outcomes dealt with by doctor with support of College if needed
- MCNZ, only if public safety concerns

# Roadshow issues

- Who or what is driving this?
- Can the two objectives be met?
- Is this another hoop to jump through?
- Who meets the cost?
- The way forward

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# Factors driving change

- Professional standards, trust and self governance
- Public expectations
  - opinion leaders
  - political involvement
  - international change
- Knowledge about continuing professional education
- Instances of poor practice

# Profession under scrutiny

- National Womens Hospital and the Cartwright enquiry
- Rape conviction of Dr Morgan Fahey
- High profile competence cases
- Greenlane Hospital and the congenital heart collection
- Ophthalmologists and the Commerce Commission

# Examination findings

- Professional lag
- Lack of explicit standards
- Failures of self regulation
- Insufficient public involvement
- Abuse of professional autonomy

# Examination findings

- BUT
  - By and large considered isolated episodes of poor practice
  - Part of the shift in professional accountability
  - Did not trigger a major loss of confidence and comprehensive governance change

# Examination outcomes

- Major revision of research ethics approval processes
- Rigorous informed consent processes
- External review of complaints
- Professional / public standards review
- HPCAA with explicit requirements for the maintenance of standards

# Characteristics of a profession

“... the inaccessible nature of the knowledge and the commitment to altruism are the justification for the profession’s autonomy to establish and maintain standards of practice and self-regulation to assure quality.”

Cruess, Cruess & Johnston Lancet 2000; 356: 156 - 59

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# Change and consequence

- Growth, complexity, availability of knowledge
- Effective treatment: good and bad outcomes
- Socioeconomic gain; self determination
- Decreased acceptance scientific model
- Effective management of chronic disease
- Increased health expenditure

# Change and consequence

- More informed patients requiring better communication and involvement
- Questioning of professional judgment
- Improved treatment so an expectation of better outcomes
- More cost so more political involvement
- More external review of professional practice

# Fitness to practise principles

- Trust must reside at some level, or with one group in the system
- Professional accountability is dependent on other members of the profession
- Cannot move from stupid trust to stupid accountability
  - Onora O'Neill Clin Med 2004; 4: 269-76

# Fitness to practise principles

Processes should:

- improve overall performance and identify the poorly performing doctor
- assess “..communication,.., involves patients.., affords dignity...”
- identifies the “not bad enough but not good enough”
- Assess the unattached

# Purpose of periodic assessment of performance

Two major purposes:

- Improving the practice of all - shifting the whole curve to the right,  
and
- Identifying and addressing poor performance

# Purpose of periodic assessment of performance

Secondary purposes:

- Taking professional control of our standards,  
and
- Justifying public trust in our professional standards

# Requirements of the process

- Avoid a top down, imposed system
- Driven by the profession through the Colleges
- Part of CPD to meet recertification
- It must be thoroughly tested before it becomes a universal requirement

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# Possible ways forward

- Research current NZ programmes
- Monitor international developments
- MCNZ & Colleges to develop best tools
- Voluntary with good qualitative research
- Requirement of general registrants not in training programme
- Review around two years

# Assessment processes

“ No longer acceptable to  
rely on the opaque  
processes of  
professionalism”

BMJ 2006; 333: 439-41

“ Specialist certification  
should be renewed at  
regular intervals..”

Good Doctors, Safer Patients

“Nothing can substitute  
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doctor not laws, not  
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# Medical professionalism

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