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Dear Karen

Consultation on strengthening recertification for vocationally registered doctors
The New Zealand Society of Anaesthetists (NZSA) welcomes the opportunity to make a submission on the above Medical Council of New Zealand (MCNZ) consultation. We support the MCNZ's Vision and Principles for Recertification.

About the New Zealand Society of Anaesthetists
The NZSA is a professional medical education society which represents over 500 medical anaesthetists in New Zealand. Our members include specialist anaesthetists in public and private practice, and trainee anaesthetists. We facilitate and promote education and research into anaesthesia and advocate on behalf of our members to advance their professional interests and the safety of their patients. As an advocacy organisation we develop submissions on government policy and legislation, work collaboratively with key stakeholders, and foster networks of anaesthetists nationwide. The NZSA, established in 1948, also has strong global connections, and is a member Society of the World Federation of Societies of Anaesthesiologists (WFSA).

Overview
The NZSA strongly supports developing a practical and effective pathway to strengthen CPD so that doctors remain competent and up to date throughout their working lives to deliver optimal care for their patients.

Standards and knowledge requirements for anaesthetists
The Australian and New Zealand College of Anaesthetists (ANZCA) sets the standards for training anaesthetists and determines the profession's knowledge requirements. The ANZCA CPD programme is arguably one of the most comprehensive among medical colleges and covers most aspects of what is considered valid to assess. The CPD portfolio, which the college mandates, is in line with this new proposal, including a personalised learning plan. Annual, in-house peer reviews of practice is also an option under the college's CPD and useful for anaesthetists, as many tend to practise in a degree of isolation. The ANZCA portfolio encourages case review meetings.

The proposed MCNZ changes could potentially be a technical and financial burden on some colleges, and we recognise the variation in CPD offered by some colleges. ANZCA may be able to assist other colleges to implement changes by licencing its successful model to other colleges.

It is very important for the Council to be clear on the difference between standards and guidelines as set out by the colleges.

Performance data
The MCNZ proposal states that each doctor will need to use a range of sources to identify their personal development needs, including outcome data and external peer review.

Performance data tends to be ineffective for anaesthetics and the standard has to be poor before bad outcomes are consistently encountered. We support the use of outcome data in principle, where it is applicable to assist with exposing competency lapses and to encourage further learning. The MCNZ proposal appears to be a justification for enforcing regular audits, which we don't believe will make a difference to identifying poorly performing anaesthetists. We need to avoid placing a large burden on the profession and require a mechanism which provides meaningful information, rather than a box ticking exercise.

IT support and data collection to identify individual practitioner outcomes is rarely available. Individual practitioner audits of their own patients, which compare group results or benchmarks, if available, are useful but difficult, time-consuming and hampered by recent changes to ethics committee approvals which lead to significant delays.

Additional support for doctors based on individual professional development needs
Coronial investigations into adverse outcomes from underperforming doctors might be complicated by the fact that most colleges are based in Australia. Therefore, it may be preferable for this to be undertaken at a departmental level, with compliance checked by the college when accrediting departments.

If there are extensive and expensive CME requirements, such as peer review by those from a practice elsewhere, then the Council will need to provide financial support to all involved to cover costs associated with travel and time away from normal work.

ANZCA has a Welfare Special Interest Group, but this may have to be strengthened to comply if the College were made responsible for providing support.

Regular practice review
We support regular practice reviews remaining optional and would not be in favour of them becoming mandatory. Mandatory reviews would be laborious and expensive, and ANZCA has opposed mandatory reviews in previous submissions. Compulsory full peer reviews every three years would reduce anaesthesia workforce capacity. There are about 900 anaesthetists in New Zealand, so this would potentially be a huge loss of productivity each year which the system cannot afford.

We wish to comment on point 4b which refers to "…a review undertaken by peers external to the doctor's usual practice setting." It is not clear whether this is external to the physical setting of where you work. While this would be fine in a large hospital with myriad departments it would be difficult elsewhere and make the process more arduous, unaffordable and impractical.

MCNZ must provide clarity on what is meant by 'peer review.'

Mandating activities for ageing doctors
Regular CPD should be sufficient to maintain standards for ageing doctors. Competency should be assessed as for all groups and not be ageist. Stipulating an age that this applies to, and mandating additional activities and specific testing, will overburden a large population, and still miss underperforming younger Anaesthetists. The additional requirements would be onerous and our health system would risk losing the valuable insights and experience of older doctors, which enhance patient outcomes.

Practitioners should however recognise that planning for retirement is an important part of career planning and there should be awareness of changing capabilities as a doctor ages, with support available if required. We support ANZCA recommendations concerning ageing specialists, and would advise that all medical colleges should have recommendations in place for ageing practitioners to support them in their practice, and to uphold patient safety.

Summary and closing statements
We are interested in the evidence base behind the effectiveness of the MCNZ's proposals and would urge that international literature is evaluated, if this has not already been undertaken, to see what has worked in other countries.

Achieving objective measures of competence is well underway with new assessment tools in development, including simulation. Further research is needed to look at effective and feasible tools of assessment.

We believe the three-year timeframe recommended by MCNZ for recertification changes to be implemented is reasonable.

Yours sincerely

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President

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