

STOCK TAKE

OF DEFINITIONS, RESOURCES, TOOLS AND ADDITIONAL
INFORMATION TO IMPLEMENT *A BEST PRACTICE GUIDE FOR
CONTINUOUS PRACTICE IMPROVEMENT*

This stock take can be used in conjunction with *A Best Practice Guide for Continuous Practice Improvement* when developing continuous practice improvement processes for medical specialists.



**STOCK TAKE OF DEFINITIONS, RESOURCES, TOOLS AND ADDITIONAL
INFORMATION TO IMPLEMENT A *BEST PRACTICE GUIDE FOR CONTINUOUS
PRACTICE IMPROVEMENT***

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INTRODUCTION

This stock take provides definitions, resources, tools and additional information that can be used by stakeholders when developing processes and systems to demonstrate medical specialists' ongoing competence.

The stock take has been compiled as part of the project to develop *A Best Practice Guide for Continuous Practice Improvement: A framework for use when developing or reviewing programmes set up to demonstrate the competence and performance of medical specialists*.

The project provides guidance to Colleges, employers and the Medical Council of New Zealand on the development of an integrated framework that enables medical specialists to demonstrate that they are actively participating in processes to improve their professional practice.

The stock take is organised into the stages of demonstration set out in *A Best Practice Guide for Continuous Practice Improvement*:

1. Competence: the medical specialist's scope of practice and what the medical specialist is trained to do
2. Performance: what the medical specialist actually does in practice – assessed via the use of various tools
3. The conversation: based on evidence gathered in stages 1 and 2

The stock take gives access to multiple tools that can be used to gain evidence about a medical specialist's practice. This document will be updated periodically. The Council of Medical Colleges will continue to look for and be pleased to receive any updated resources for inclusion in this document – please send to cmc@nzcphm.org.nz.



APPRECIATION

The project sponsors (as set out on page 26) would like to thank all the Colleges and organisations that have allowed their resources to be referred to in this stock take. Many Colleges do have other internal resources that may be referred to (provided as links in this stock take) – please contact the relevant College directly for information on these.

DISCLAIMERS

College tools have been developed for their specific purposes and should not be applied to other purposes without College agreement. It should also be noted that the Medical Council of New Zealand tools have been developed to be used in performance assessments/competence reviews, as noted in the introduction to these tools.



The project sponsors – the Council of Medical Colleges (CMC), Ministry of Health (MoH), Chief Medical Officers (CMOs) and Medical Council of New Zealand (MCNZ) recommend that all stakeholders consider the three principles, four essential elements and three stages detailed (below) as a basis for any developments in this area.

A BEST PRACTICE GUIDE FOR CONTINUOUS PRACTICE IMPROVEMENT

A framework for use when developing or reviewing programmes set up to demonstrate the competence and performance of medical specialists

Principles for any continuous practice improvement process

Principle 1: It is a formative process

Principle 2: It is profession led

Principle 3: It is not designed to identify incompetence

Essential elements for the process

It is a participatory process designed to encourage and increase self-reflection

It includes consideration of all the domains of competence

It includes identification of CME that can lead to an improvement in practice

It includes a constructive conversation with peers or seniors

Stages of demonstration

1. Competence: the medical specialist's scope of practice and what the medical specialist is trained to do
2. Performance: what the medical specialist actually does in practice – assessed via the use of various tools
3. The conversation: based on evidence gathered in stages 1 and 2



The stock take has three parts, each of which align with the three stages of demonstration noted in the Best Practice Guide (the sections of the stock take are indicated in bold text):

1. Competence: the medical specialist's scope of practice and what the medical specialist is trained to do
<p>This can be assessed by:</p> <ul style="list-style-type: none"> • credentialling on appointment • reviewing continuing medical education (CME) through: <ul style="list-style-type: none"> • using MCNZ recertification requirements • College-approved recertification programmes.
2. Performance: what the medical specialist actually does in practice – assessed via the use of various tools
<p>This can be assessed by:</p> <ul style="list-style-type: none"> • audit <ul style="list-style-type: none"> • as required for recertification • for College-approved recertification programmes • within quality assurance programmes • peer review through: <ul style="list-style-type: none"> • MCNZ recertification requirements • College-approved recertification programmes • using multisource feedback tools as regular practice review processes • using multisource feedback tools as part of appraisal systems • gathering evidence through: <ul style="list-style-type: none"> • regular practice review as set out by the MCNZ • regular practice review as delivered by the Colleges and associations • appraisal • recredentialling • a practice visit or quality assurance (QA) process • a regular practice review and service review.
3. The conversation: based on evidence gathered in stages 1 and 2
<p>The conversation can be part of:</p> <ul style="list-style-type: none"> • appraisal • regular practice review • recredentialling.



1. Competence: the medical specialist’s scope of practice and what the medical specialist is trained to do

Credentiailling on appointment	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
Credentiailling	<p>Credentiailling is a process used by an employer or service provider to assign specific clinical responsibilities to medical specialists on the basis of verification of their:</p> <ul style="list-style-type: none"> • education and training • qualifications • experience • fitness to practice within a defined context. <p>Read more</p>	<p>The information on education, qualifications and employment on a medical specialist's CV should be verified and referees contacted. The MCNZ has a form to use when doing reference checks.</p> <p>Read more</p>	<p>Referees can give useful insight into a medical specialist's training, education and experience and former practice. The MCNZ form for reference checking may be helpful to tease out the information to get from the referees and questions to ask.</p>	<p>The <i>Credentiailling Framework for New Zealand Health Professionals</i> is detailed in an MoH booklet.</p> <p>Read more</p> <p>The MoH suggests that a consumer/layperson should be included on the credentials committee as well as a senior medical officer external to the service.</p> <p>Some of the questions in the various MCNZ tools may be helpful to explore matters, for example, as the interview tool has questions on continuing professional development (CPD) and work-life balance.</p> <p>Read more</p>
		<p>Registration information is available on the MCNZ's public register, which can be found at: www.mcnz.org.nz/support-for-doctors/list-of-registered-doctors</p>	<p>Registration information and any conditions on practice and status of the medical specialist's annual practising certificate are available on the MCNZ's online register.</p>	
		<p>The MoH has developed the <i>Credentiailling Framework for Senior Medical Officers in New Zealand Self-assessment Tool</i>.</p> <p>Read more</p>	<p>This tool has been designed to assist medical advisors to monitor the implementation of credentiailling systems within District Health Boards against the national framework.</p>	



Continuing medical education (CME)	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
CME for MCNZ recertification	<p>The MCNZ requires 20 hours of CME per annum as part of its requirements for recertification under section 40 of the Health Practitioners Competence Assurance Act 2003 (HPCAA). Educational activities include:</p> <ul style="list-style-type: none"> • attendance at appropriate education conferences, courses and workshops • self-directed learning programmes and learning diaries • assessments designed to identify learning needs in areas such as procedural skills, diagnostic skills or knowledge journal reading. 	<p>MCNZ form CPD4 records educational activities and relevance to a medical specialist's practice.</p> <p>Read more</p>	<p>This form allows medical specialists to keep a record of their CME completed in the period. Most Colleges have CME and CPD recording systems.</p>	<p>The MCNZ's <i>Recertification and continuing professional development booklet</i> describes recertification requirements.</p> <p>Read more</p> <p>Forms for recording recertification requirements can be found at: www.mcnz.org.nz/maintain-registration/recertification-and-professional-development/forms</p>



Continuing medical education (CME)	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
CME for College-approved recertification programmes	<p>College programmes enable medical specialists to meet MCNZ recertification requirements, (also sometimes called CEP, MyCPD, MOPS or TOPS). These requirements apply to all medical specialists, whether in clinical practice or not.</p> <p>A list of approved recertification programmes can be found at: https://www.mcnz.org.nz/maintain-registration/recertification-and-professional-development/recertification-programmes</p>	<p>Each College has developed CPD or recertification systems:</p> <p>Royal Australasian College of Medical Administrators (RACMA) www.racma.edu.au/index.php?option=com_content&view=article&id=22:continuing-professional-developmentstandards&catid=1:college-policies&Itemid=185</p> <p>Royal Australasian College of Physicians (RACP) http://www.racp.org.nz/fellows/continuing-professional-development</p> <p>RACP also has information on their policies and forms for recording MyCPD on line.</p> <p>Read more</p> <p>New Zealand College of Public Health Medicine (NZCPHM) www.nzcphm.org.nz/education-training</p>	<p>Each College has standards and policies on CPD and on how the activities can be approved and/or allocated points.</p> <p>Some Colleges have professional development plans that enable the medical specialist to review what they have learned and what their learning goals for the next period should be.</p> <p>RNZCGP has a format for a professional development plan.</p> <p>Read more</p>	<p>Royal New Zealand College of General Practitioners (RNZCGP) links to online CME resources for GPs can be found at: www.rnzcgp.org.nz/online-cme</p> <p>Dr Steven Lillis, Medical Adviser, Medical Council of New Zealand, has collated research about educational activities in CPD and lists articles on which activities are associated with which outcomes in terms of physician performance and/or patient outcomes.</p> <p>Read more</p>



2. Performance: what the medical specialist actually does in practice – assessed via the use of various tools

Audit	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
Audit for recertification	The MCNZ requires audit of medical practice as part of a medical specialist's 50 hours of CPD. Audit is a systematic critical analysis of the quality of the medical specialist's practice used to improve clinical care and/or health outcomes. More information on audit of medical practice can be found at: https://www.mcnz.org.nz/assets/Forms/CPD3.pdf	The MCNZ has an audit tool for CPD and recertification. Read more	The tool is used to assist medical specialists to record information when auditing an area of another medical specialist's practice.	<i>Assessing doctors' performance</i> by Dr Ian St George, a former MCNZ medical adviser, outlines the practice and theory of undertaking performance assessments of doctors. It covers topics as diverse as 'How to identify an underperforming doctor' to 'Assessing the doctor who practises complementary and alternative medicine (CAM)'. This book is a must-read for every doctor who seeks to avoid diminishing performance and professional isolation. Read more
Audit for College-approved recertification programmes	Colleges give guidance and have programmes for medical specialists to record their audit information gathered to meet the College and MCNZ requirements.	RNZCGP approves applications for audit programmes Read more	This tool is designed to act as a guide for organisations wishing to gain College endorsement for their continuous quality improvement activities and to access the number of credits.	Read more
Audit within quality assurance programmes	Some Colleges' facilities are required to be accredited. Read more	RCPA and the Royal Australian and New Zealand College of Radiologists (RANZCR) have internal and external quality assurance processes and gain accreditation from International Accreditation New Zealand (IANZ), which also reviews competence and experience of staff.		



Peer review	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
Peer review for MCNZ recertification	<p>The MCNZ requires a minimum of 10 hours peer review per year. Peer review is an evaluation of the performance of individuals or groups of medical specialists by members of the same profession or team.</p> <p>Read more</p>	<p>The MCNZ performance assessment tool can be used to assess communication.</p> <p>Read more</p>	<p>Tools to assess medical specialists' communication skills can be useful. In this MCNZ tool, other medical specialists, practice staff and allied health professionals are asked to fill in a questionnaire giving their opinions on the medical specialist's communication with colleagues and patients. The medical specialist has input into the names of the people who will be sent the questionnaire, but the responses are sent directly to the convenor. The medical specialist sees anonymised comments but does not see the completed questionnaires.</p>	



Peer review	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
Peer review for College-approved recertification programmes	Several Colleges use 360° reviews or multisource feedback (MSF) tools as a mechanism for peer review.	<p>RACMA has a mechanism for their Fellows to use. This can be found at: www.racma.edu.au/index.php?option=com_content&view=article&id=666&Itemid=382</p> <p>bpac has an electronic tool and systems for general registrants and has developed guides and information for general registrants.</p>	<p>360° reviews or MSF is a mechanism for getting feedback from other medical specialists, practice staff and other health professionals. It is best done via use of an electronically coordinated tool.</p> <p>These tools also enable the medical specialist to do a self-assessment. They can increase self-reflection and insight where the medical specialist can compare their own self-rating against the rating of their colleagues. These tools can be used by medical specialists in management and in practice where there is no patient contact.</p>	<p>Use of 360° reviews or MSF has a strong evidence base, and there are instruments with sufficient reliability and validity available. The approach appears to be most suited to formative feedback for enhancing self-development.</p> <p>Read more</p>



Peer review	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
Peer review using MSF tools as part of Colleges' regular practice review (RPR) processes	<p>RPR is promoted by the MCNZ but is not a mandatory requirement.</p> <p>Read more</p> <p>The MCNZ has developed a policy on RPR.</p> <p>Read more</p>	<p>RNZCGP advises on tools that GPs can opt in to on a user-pays basis:</p> <ul style="list-style-type: none"> • CFEP Surveys (Australia) Read more • 360 Clinical (UK) has tools for GPs and senior medical officers that are used by several Colleges in the UK. These can be found at: www.equiniti360clinical.com <p>The New Zealand Orthopaedic Association (NZOA) Practice Visit Programme is a form of RPR and includes tools for peer feedback. More information can be obtained via the NZOA CEO admin@nzoa.org.nz</p>	<p>RPR programmes use 360° reviews or MSF as a mechanism for getting feedback from other medical specialists, practice staff and other health professionals. It is best done via use of an electronically coordinated tool.</p> <p>The tools also enable the medical specialist to do a self-assessment and can increase self-reflection and insight. These tools can be used by medical specialists in management and in practice where there is no patient contact.</p>	<p>Validation of the CFEP 360° tool.</p> <p>Read more</p>



Peer review	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
		<p>Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) has a format for interviews with colleagues with whom the medical specialist works. A copy of the tool is in their visitor kit with a guide on how to use it. Interviews with the visitee's colleagues take about 15 minutes each. RANZCOG also has guidance for medical specialists on who to ask and how to set up their RPR.</p> <p>Visitor survey</p> <p>Visitee initial survey</p> <p>12 months post-visit survey</p>	<p>The pre-visit documentation is now completed online (via SurveyMonkey) by those Fellows having a practice visit (visitees). RANZCOG use a follow-up survey of the visitees after 12 months, and visitors are surveyed just after the visit.</p>	
Peer review using MSF tools as part of appraisal systems	<p>Appraisal or performance review is increasingly used by employers.</p> <p>Read more</p>	<p>ACH Anaesthesia uses MSF as part of their appraisal system and now has the questionnaire loaded on Doodle for easier use.</p> <p>Read more</p>	<p>This tool allows colleagues to assess a medical specialist's performance in relation to clinical behaviour, teaching and interpersonal behaviour.</p>	



Gathering evidence	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
Gathering evidence in support of: <ul style="list-style-type: none"> • RPR • appraisal • recredentialing • practice visits 	Medical specialists need to be able to demonstrate clinical competence (technical skills and knowledge) and behavioural competence (interpersonal and affective skills, use judgement and empathy and manage relationships) in their daily tasks, including demonstrating ethical conduct and cultural competence, which are HPCAA requirements.	The MCNZ has developed these case-based oral (CBO) tools. Generic CBO Psychiatry CBO Anaesthesia CBO	The objective of the CBO is to explore the clinical reasoning process. It is usually carried out in conjunction with a records review. A selection of records is made and discussed with the medical specialist to assess the reasons for a diagnosis or management plan. The MCNZ has developed some specific speciality tools in this area.	The Department of Health in Victoria has developed a toolkit to assist with credentialing. The development of the toolkit was informed by an extensive literature review on the efficacy of tools being used.
	Information or evidence can be gained by use of tools developed by the MCNZ and Colleges for their RPR processes. Practice visits can add valuable information to the overall assessment of a medical specialist's practice.	This MCNZ performance assessment tool can be used to assess communication. Read more	This tool is designed to assess the medical specialist's interaction with their patients, understanding of social/cultural issues facing the patient and the medical specialist's process for obtaining informed consent for any procedures or management. This is assessed largely via observation of consultations. In general practice, at least six patients should be observed. In other clinical settings, at least 2 hours of consultations should be observed.	



Gathering evidence	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
		<p>These MCNZ performance assessment tools can be used to assess record keeping.</p> <p>Generic records review</p> <p>Anaesthesia record review</p> <p>Major proceduralists records review</p> <p>Paediatrics records review</p> <p>Radiology records review</p>	<p>The records review tool is designed to assess the standard of the medical specialist's record keeping with regard to:</p> <ul style="list-style-type: none"> • summary of patient health information • details of last encounter • record systems. <p>The MCNZ has adapted this tool to particular specialities. For example, in radiology, the emphasis is on the radiologist's ability to make appropriate observations, deductions and recommendations and to communicate concisely and effectively.</p>	
		<p>These MCNZ performance assessment tools can be used for direct observation of procedural skills (DOPS).</p> <p>Generic records review</p> <p>Anaesthesia</p> <p>Psychiatry</p> <p>Minor proceduralists</p> <p>Major proceduralists</p>	<p>The objective of these tools is to assess the medical specialist's procedural skills by direct observation, for instance, a general practitioner's minor procedures, a cardiologist's catheterisations or a radiologist's procedures.</p> <p>The MCNZ has developed some tools that are specific to some specialities.</p>	



Gathering evidence	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
		<p>This MCNZ performance assessment tool can be used to assess practice systems.</p> <p>Read more</p> <p>RNZCGP has these resources in terms of practice systems:</p> <ul style="list-style-type: none"> • Aiming for Excellence can be found at: www.rnzcgp.org.nz/quality-standards • Foundation Standard for general practice can be found at: http://www.rnzcgp.org.nz/assets/documents/Standards--Policy/Foundation-Standard/Foundation-Standard-and-Interpretation-Guide-July.pdf 	<p>The objective of this tool is to assess premises, equipment and its safe use and maintenance, access and availability, record systems and patient privacy. A checklist is provided, and it is often helpful if the practice manager or equivalent is available to answer questions.</p>	
		<p>This MCNZ performance assessment tool can be used to assess general prescribing.</p> <p>Read more</p>	<p>This tool is to be used in assessments on general practitioners. The objective of the tool is to assess general practitioners' prescribing of all drugs or of a specified group of drugs. The purpose is to ensure safe prescribing, but overprescribing and underprescribing, recording of prescribing and the cost of prescribing may also be issues.</p>	



Gathering evidence	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
		<p>This MCNZ performance assessment tool can be used to assess addictive drug prescribing.</p> <p>Read more</p>	<p>The objective of the addictive drug prescribing tool is to assess the medical specialist's:</p> <ul style="list-style-type: none"> • prescribing of addictive drugs • systems for storage of narcotics • links with agencies working with addiction • knowledge of legislation and regulations relating to prescribing of addictive drugs, role of Medsafe and so on. 	
		<p>NZOA has advice on a theatre observation. More information can be obtained via the NZOA CEO admin@nzoa.org.nz</p>	<p>This covers risk management, systems, a documentation audit, technical aspects and post-operative care plan.</p>	
	<p>Patient satisfaction tools are used to get input from patients.</p>	<p>RANZCOG has a tool to assess patient satisfaction.</p> <p>Read more</p> <p>NZOA also utilises a patient feedback tool. More information can be obtained via the NZOA CEO admin@nzoa.org.nz</p>	<p>This is a tool to enable patients to give feedback on the medical specialist, staff at the surgery, communication and information received during visits.</p>	<p>The Department of Health in Victoria noted that patient satisfaction tools should not be used in isolation and should be part of a broader assessment. Nevertheless, it was noted that repeated complaints or dissatisfaction that appear to be directly attributable to an individual medical specialist may imply underperformance and should be reviewed by the medical specialist's medical lead.</p>



Gathering evidence	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
	<p>Reviewing performance across all domains of competence.</p>	<p>Royal Australasian College of Surgeons (RACS) has a <i>Surgical Competence and Performance</i> guide. Read more</p>	<p>RACS professional development programmes extend over the following competencies: collaboration, communication, health advocacy, judgement – clinical decision making, management and leadership, medical expertise, professionalism, scholar and teacher, technical expertise.</p>	
		<p>RACP has a <i>Supporting Physicians' Professionalism and Performance (SPPP)</i> framework, which can be found at: http://www.racp.org.nz/fellows/supporting-physicians-professionalism-and-performance-%28sppp%29</p>	<p>The RACP SPPP framework and CPD units provide members with CPD opportunities across the various SPPP domains of professionalism.</p>	



Gathering evidence	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
		<p>Australian and New Zealand College of Anaesthetists (ANZCA) has a <i>Supporting Anaesthetists' Professionalism and Performance</i> guide.</p> <p>Read more</p>	<p>ANZCA has recognised that Fellows have an increasing need for transparency and accountability. To meet that need, Fellows must demonstrate the highest standards of performance to patients, colleagues and organisations with whom they work and society in general. The guide has been structured to mirror the ANZCA Roles in Practice and provide four patterns of behaviour under each role. Each pattern of behaviour is illustrated by a set of eight positive and negative behavioural markers. These documents link the role of the medical expert and six non-medical expert roles: communicator, collaborator, manager, health advocate, scholar and professional.</p>	
		<p>RANZCR aligns its CPD programmes to the CanMEDS framework.</p> <p>Radiation Oncology CPD Program</p> <p>Radiology CPD Program</p>		



Regular practice review advice for visitors and visitees	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
<p>As delivered by Colleges and associations</p>	<p>Some colleges have developed RPR systems – many using an adaptation of the tools listed above. They have designed advice for reviewers and those being reviewed.</p> <p>RPR is promoted by the MCNZ but is not a mandatory requirement.</p> <p>Read more</p>	<p>NZOA provides:</p> <ul style="list-style-type: none"> • information and guidelines for visited Fellows • visitee pack • visitor pack. <p>More information can be obtained via the NZOA CEO admin@nzoa.org.nz</p> <p>RNZCGP provides an RPR process and guidelines.</p> <p>Read more</p> <p>RANZCOG operates RPR and provides tools and advice for setting up the visit for both the visitor and the visitee.</p> <p>Visitor kit</p> <p>Visitee kit</p>	<p>These tools enable reviewers to prepare for a practice visit and give a detailed structure and purpose of the visit, advice on privacy and confidentiality, use of the tools and post-visit follow-up.</p>	



Regular practice review advice for visitors and visitees	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
RPR and service review	As well as developing an RPR process, RACP has incorporated a service review process. This incorporates a formative professional development review of the individual medical specialist's practice, including professional skills, job satisfaction and job sizing, and a service review, which is an overarching review of the service or department.	An overview of the RACP review processes can be found at: www.racp.edu.au/fellows/resources/cpd-regular-practice-review Professional development review form Service review form	The professional development review form enables the medical specialist to detail information on their practice, non-core and non-clinical activities, professional development planning and job satisfaction and maintaining their health. The medical specialist is required to bring their College CPD participation certificate. The service review outlines in broad terms the key elements of health delivery for a particular service.	The RACP FAQs give very useful information on how the process works.
Recredentialling	Recredentialling is a process used by employers or service providers to confirm or reassign specific clinical responsibilities to medical specialists after a period in the position.	Tools that could be adapted to be part of this process: <ul style="list-style-type: none"> • NZOA Pre-visit practice profile. More information can be obtained via the NZOA CEO admin@nzoa.org.nz • The interview tool from the MCNZ's <i>Performance assessment overview</i> Read more • RACP Professional development review form. Read more 	These tools enable a medical specialist to describe their current clinical responsibilities, teaching responsibilities, current clinical activity and a picture of the environment in which the medical specialist is working. The questions in the interview will also focus on adherence to recertification requirements.	The MoH has developed the <i>Credentialling Framework for Senior Medical Officers in New Zealand Self-assessment Tool</i> . Read more



Regular practice review advice for visitors and visitees	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
Appraisal or performance review	An appraisal or performance review monitors a medical specialist's performance against their job requirements/ employment contract. Read more	ACH Anaesthesia has a self-review professional activity questionnaire. Read more		



3. The conversation: based on evidence gathered in stages 1 and 2

The conversation	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
<p>The conversation</p> <p>Read more</p>	<p>The conversation should use an open, non-threatening style. Avoid entrapment or a leading style of interviewing. Defensive replies should be probed gently (open questions), noted but not confronted directly.</p>	<p>The interview tool from the MCNZ's Performance assessment overview.</p> <p>Read more</p>	<p>This MCNZ tool provides a guide for both the initial and closing interviews with the medical specialist. The objectives of the tool are:</p> <ul style="list-style-type: none"> • to gain an understanding of the context in which the medical specialist practises • to identify factors that may be affecting performance • to draw the assessment to a close and explain to the medical specialist what happens next. <p>This tool is designed for assessments of medical specialists from various branches of medicine so there may be questions that are not applicable.</p>	



The conversation	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
<p>The conversation is the culmination of the processes of appraisal</p>	<p>Appraisal or performance appraisal requires a conversation about the medical specialist's performance against specific job requirements. This is not linked to the employment contract review.</p> <p>Read more</p>	<p>Evidence of the medical specialist's performance can be accessed via the tools outlined in stage 2 ACH Anaesthesia.</p> <p>Professional development objectives</p> <p>Professional development review</p> <p>Annual appraisal SMO feedback form</p> <p>Self-review SMO questionnaire</p>	<p>The ACH Anaesthesia tools give a system for appraisal that is designed to give the individual medical specialist insight into their professional development as assessed by their peers and assess their role within the department and overall job performance, develop performance and job satisfaction by achieving individual performance targets and ensure the individual is maintaining professional standards.</p>	



The conversation	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
<p>The conversation is the culmination of the processes of RPR</p>	<p>The conversation held as the culmination of an RPR process includes a process for providing constructive feedback to the medical specialist being assessed.</p>	<p>An NZOA practice visit report can be obtained by contacting the NZOA CEO admin@nzoa.org.nz</p> <p>RANZCOG provides tools and advice for setting up the visit for both the visitor and the visitee.</p> <p>Visitor kit</p> <p>Visitee kit</p> <p>RACP has a formative review of the individual medical specialist's practice including clinical, professional skills, job satisfaction and job sizing that can be used as part of the conversation</p> <p>Read more</p>		



The conversation	Definition and legal requirements	Tools that can be used	What the tool assesses	Additional guidance and other useful references
The conversation is the culmination of the processes of recredentialling	A conversation is the culmination of the recredentialling with an agreement on any conditions, specific orientation to the service and supervision requirements, and any recredentialling review is agreed and on-going clinical responsibilities are confirmed (this may be part of the annual appraisal review).	ACH Anaesthesia self-review professional development questions. Read more	This questionnaire has a section that can be used to document current scope of work and credentialled status.	
Other MCNZ resources that may assist medical specialists and those working with them	Statements page: www.mcnz.org.nz/news-and-publications/statements-standards-for-doctors Guides and booklets page: www.mcnz.org.nz/news-and-publications/guides-and-booklets			



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Support of the project sponsors:

Dr Derek Sherwood, Chair of the Council of Medical Colleges

Mr Andrew Connolly, Chair of the Medical Council of New Zealand

Dr Don Mackie, Chief Medical Officer on behalf of the Ministry of Health

Dr Ken Clark, Chair of the Chief Medical Officers Group

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