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Medical Council of New Zealand

Invitation for an Expression of Interest

Invitation to submit expression of interest to manage an evaluation programme that looks at the effectiveness of the Regular Practice Review as implemented through the bpac^{nz} *inpractice* programme on behalf of the Medical Council of New Zealand

1.0 Statement of Work

1.1 Purpose

The purpose of this expression of interest (EOI) is to identify potential bodies (individuals or organisations) able to provide skills and resources to manage an evaluation programme that looks at the effectiveness of the Regular Practice Review (RPR) component of the bpac^{nz} *inpractice* programme. The RPR component is due to be implemented from July 2013.

The evaluation programme will not only help to answer the question on effectiveness of RPR but also provide data on the programme for further and future research.

1.2 The Council

The Council is the regulatory authority for doctors in New Zealand, and functions under the Health Practitioners Competence Assurance Act 2003 (HPCAA). The primary purpose of the Council is to protect the health and safety of members of the public by providing for mechanisms to ensure that doctors are competent and fit to practise their profession. Council has the following key functions (see Appendix 1 for section 118 of the HPCAA):

- registering doctors
- setting standards of clinical competence, cultural competence and ethical conduct
- ensuring the ongoing competence of doctors
- reviewing practising doctors if there is a concern about performance, professional conduct or health
- accreditation of New Zealand and Australian medical schools and post graduate training programmes.

1.3 Background

One of the mechanisms the Council uses to ensure doctors are competent is the requirement for doctors to "recertify" by participating in approved continuing professional development (CPD) programmes provided by the Medical Colleges or approved providers of recertification programmes and more recently for doctors with general registration by the bpac^{nz} *inpractice* programme.

RPR is viewed by Council as a mechanism that is likely to be a most effective and useful method of both assisting doctors in planning their CPD and assuring Council that ongoing competence is being maintained.

The Council's long term goal is that all doctors will undertake a form of RPR as a part of their CPD. For general registrants enrolled in the bpac^{nz} *inpractice* programme the RPR component of the programme will begin in July 2013.

RPR is a formative process. It is a supportive and collegial review of the doctor's practice by a peer, in the doctor's usual practice setting (see Appendix 2 for Council's *Policy on regular practice review*).

The primary purpose of RPR is to help individual doctors identify areas of strength and areas of their practice that could be improved.

The RPR will provide an assessment across the domains of competence as described in Council's *Good medical practice* along with an assessment of clinical knowledge specific to the particular scope within which the doctor is currently practising.

The RPR is informed by a portfolio of information provided by the doctor, which may include audit outcomes and logbooks. Multisource feedback (MSF) forms a part of a RPR.

The RPR visit for doctors registered in a general scope of practice will be undertaken by one vocationally registered and experienced peer (the assessor), practising in the same (or closely related) scope of practice as the doctor being assessed.

The outcome of an RPR will be a report that will be provided back to the doctor and which will form the basis of a discussion and the development of a professional development plan (PDP) with support and assistance from bpac^{nz}.

2.0 Standard Conditions of Invitation

2.1 Original EOI document

Once received, the Council will retain the EOI, and all related terms and conditions, exhibits and their attachments, in original form. Any modification of these is grounds for immediate disqualification.

2.2 Non-commitment of the Council

All applicants are advised that the Council is not committed to any course of action as a result of issuing this EOI and/or receiving a response from the applicant in respect of it. In particular, it should be noted by applicants responding to this EOI that Council may:

- reject any information and/or response which does not conform to instructions as specified within the EOI
- not accept responses or variations after the final submission date
- cancel, amend or withdraw all or part of this EOI at any time.

Applicants will also note that Council is not obliged to pay for any information or other preparation work required in connection with this EOI.

The Council will assess each EOI against the specified criteria outlined under Scope of Work (4.0 and its subsections).

2.3 Confidentiality

The applicant, whilst conducting this evaluation programme, may become aware of highly confidential information that is patient/doctor related or is the property of the Council. The applicant will be required to keep all such information, strictly confidential.

The requirement for confidentiality shall apply equally to any staff or agent of the applicant. The applicant, applicant's staff or agents will not, without prior written consent from Council, make any public statements in relation to this EOI, or subsequent short listing, contract negotiation or the awarding of a contract.

2.4 Conflicts of interest

The applicant must comply with Council's *Policy on conflict of interest* and must advise the Council of any conflicts of interest (see Appendix 3).

2.5 EOI updates

If during the EOI process the Council decides to provide further clarification or make any amendments, all applicants will receive formal notification.

If the due date is extended for an applicant, the same extension will be offered to all applicants. The due date will not be extended if the request is made fewer than 7 calendar days away from the date of the closing date of the EOI.

2.6 Correspondence/clarifications

No verbal communication will be entered into with regard to this EOI. All communications must be in writing. Email is acceptable for any queries, however the EOI must meet the requirements of section 3.4 and must be in hard copy.

Written communication between the Council and the applicant may include, but is not limited to:

- Information or comments shared between the Council and the applicant.
- Questions concerning this EOI (these must be submitted in writing and be received prior to 5pm on Friday 21 June 2013.
- Errors and omissions in this EOI and attachments. Applicants may advise the Council of any discrepancies, errors or omissions that may exist within this EOI. With respect to this EOI, applicants may request any additions, which the Council will consider. These must be submitted in writing and be received prior to 5pm on Friday 12 July 2013.
- Enquiries about technical interpretations must be submitted in writing and be received prior to 5pm on Friday 21 June 2013.
- Written presentations.
- Negotiations under this EOI.
- Council's response.

2.7 The Council's responses

The Council will, in good-faith, make a reasonable effort to provide a written response to each question or request for clarification within ten business days. All questions and answers will be shared with all prospective applicants who have lodged an EOI. It is Council's intention that these will be issued simultaneously to all applicants and will, upon issue, be deemed to become part of the EOI. The Council will not respond to any questions or requests for clarification if received by the Council after 5pm on Friday 21 June 2013.

If an applicant is unable to obtain clarification on any matter relating to the requirements of this EOI, they should indicate where it believes the EOI is ambiguous or unclear in any way and should describe the interpretation it has adopted in preparing its EOI.

2.8 Applicant enquiries

Enquiries, questions, and requests for clarification to this EOI are to be directed in writing to:

Andrea Flynn, Project Coordinator
Medical Council of New Zealand
PO Box 11649
Manners Street
Wellington 6142
Email: aflynn@mcnz.org.nz

3.0 Applicant Preparation Instructions

3.1 Applicant understanding of the EOI

In responding to this EOI, the applicant accepts full responsibility to understand the EOI in its entirety, and in detail, including making any enquiries to the Council as necessary to gain such understanding.

3.2 Good faith statement

All information provided by the Council in this EOI is offered in good faith. Individual items are subject to change at any time. The Council is not responsible or liable for any use of the information or for any claims asserted.

3.3 Contract not guaranteed

Council reserves the right to not enter into any contract, to add or delete elements, or to change any element of the Scope of Work (4.0 and its subsections) at any time during the EOI process without prior notification and without any liability or obligation of any kind or amount.

3.4 Applicant expression of interest

The applicant will provide three A4 hard copies (one of this is to be unbound and single sided) and an electronic copy (on CD or USB device) of their expression of interest and any supporting documentation by the EOI deadline to Andrea Flynn (address provided below) on or prior to 5pm on Friday 12 July 2013. The Council will not accept expressions of interest received by fax or email.

Andrea Flynn, Project Coordinator
Medical Council of New Zealand
PO Box 11649
Manners Street
Wellington 6142

3.5 Criteria for selection

The evaluation of each EOI will be based on its demonstrated competence, compliance, format, and organisation. The purpose of this EOI is to identify those applicants that have the interest, capability, and financial strength to manage an evaluation programme that looks at the effectiveness of the Regular Practice Review on behalf of the Council identified in the Scope of Work (4.0 and its subsections).

3.5.1 Evaluation criteria

1. Capability of the applicant to meet or exceed requirements set forth in Scope of Work (4.0 and its subsections).
2. The cost to the Council of this service.
3. Future sustainability and capability of the applicant to manage the evaluation over the timeframe through to the final report in January 2020.

Please respond to every point under Scope of Work (4.0 and its subsections).

The following codes are suggested for applicants to use for each point under Scope of Work (4.0 and its subsections).

(Y) Yes	Fully conforms, as at the EOI closing date
(C) Customisation	Some customisation (by the applicant) is required (supply an explanation)
(D) Development	Currently under development (supply expected delivery date)
(N) No	Does not conform

3.6 Selection and notification

Applicants who are determined by the Council to possess the capacity to satisfy all criteria in this EOI will be invited to provide a detailed proposal to the Council. Notification will be sent to these applicants via email and mail. Those applicants not asked to provide a proposal will also be notified by email and mail.

3.7 Expression of Interest timeframe

The following is a tentative schedule that will apply to this EOI, but may change in accordance with the Council's needs or unforeseen circumstances. Changes will be communicated by email to all applicants.

Process	Date
Open invitation to submit expressions of interest	31 May 2013
Deadline for written correspondence	21 June 2013
Expression of interest closes (6 weeks)	12 July 2013
Applicants notified of outcome	23 August 2013

Some applicants may be invited to submit a more detailed proposal to the Council.

4.0 Scope of Work

4.1 Services Required

The applicant must demonstrate that they have the skills and resources to provide timely and effective services as described in the Scope of Work (4.0 and its subsections).

The output required of these services is an evaluation of the effectiveness of the Regular Practice Review (RPR) programme that is to be implemented through the bpac^{nz} *inpractice* programme from July 2013. There will be an initial evaluation report to be provided in January 2015 based upon the 12 months experience of participants, then annual updates and a final evaluation in January 2020.

The Council requires as a minimum that the following data and information to be collected and tracked:

- Multisource feedback mean scores for patient and colleague questionnaires
- Multisource feedback mean scores from self assessment
- The RPR report
- Scoring of ePortfolio
- Telephone/online interview/questionnaire.

From the above inputs the evaluation will need to address the question of the effectiveness of the RPR process from the perspective of the involved stakeholders i.e. the doctor and the Council. The measures of effectiveness will relate to the doctors performance and practice. There will be both direct measures and indirect or proxy measures to be considered.

The doctor will view the process as effective if it supports and helps them with meeting their ongoing learning needs and professional development.

The Council will see the process as effective if it helps in ensuring the ongoing competence of doctors and helps identify doctors where there may be concerns about performance, professional conduct or health.

It is expected that the evaluation will provide findings that will help answer:

- What are the most effective components of RPR?
- What activities/tools lead to the most changes in practice?
- What is being done by doctors as a result of their RPR that they would not have otherwise done?
- What are the time commitments for each aspect of RPR?
- What educational activities have been stopped or replaced?

Numbers:

Approximately 750 doctors over 3 years will participate in the RPR component of the recertification programme administered by bpac[nz].

Timeline:

Baseline	MSF mean scores (self, colleagues, patients), ePortfolio score
At 3 months	Interview
At 12 months	Interview, ePortfolio score, RPR Report
At 36 months	Interview, ePortfolio score, MSF mean scores (self, colleagues, patients)

The first RPRs are due to begin in July 2013. Council expects that the evaluation activity will begin in the last quarter of 2013.

4.2 MSF Scores

Bpac[nz] is contracted to administer the MSF tool as part of the *inpractice* recertification programme and will make these score available.

4.3 ePortfolio Score

The ePortfolio is an online tool that is created and updated by doctors enrolled in the bpac[nz] *Inpractice* programme. The ePortfolio score will need to be created from an assessment of this portfolio by the evaluation team and should reflect the degree to which the doctor has completed and maintained their ePortfolio as well as a measure of the quality of the ePortfolio.

Elements of the ePortfolio that can be counted are:

- Presence or absence of a professional development plan (PDP)
- Continuing medical education (CME) activity recorded
- Cultural competence activity recorded
- Peer review activity recorded
- Audit activity recorded
- Essentials quiz completed, parked or not attempted

4.4 Interview/Questionnaire

The questionnaire will need to be in a structured interview format that explores the doctors' experience and outcomes from being a part of RPR programme.

The questionnaire must address as a minimum the following areas:

- What educational activities will you do now as a consequence of the RPR?
- What aspects of clinical performance and behaviour do you plan to modify?
- What activities undertaken currently have been affirmed or reinforced?
- Have you implemented all the activities detailed in your PDP?
- What barriers have you faced in implementing your PDP?
- What were the most effective parts of the RPR process?
- What are you doing now as a result of the RPR process that you might not otherwise have done?
- What have the time commitments been in relationship to the RPR process?
- Have there been expenses incurred in relationship to the RPR process?
- What educational activities have you stopped or replaced as a result of the RPR process?
- Are there aspects of patient care that have improved as a result of the RPR process?

5.0 Budget

The applicant is to provide the costing associated with the Scope of Work (4.0 and its subsections) contained in this EOI.

In addition, other relevant associated costs are to also be included. All prices are to exclude GST.

Appendix 1

Health Practitioners Competence Assurance Act 2003 - Section 118

118 Functions of authorities

The functions of each authority appointed in respect of a health profession are as follows:

- 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
- to authorise the registration of health practitioners under this Act, and to maintain registers
- to consider applications for annual practising certificates
- to review and promote the competence of health practitioners
- to recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners
- to receive and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of health practitioners
- 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
- to consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession
- to set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession
- to liaise with other authorities appointed under this Act about matters of common interest
- to promote education and training in the profession
- to promote public awareness of the responsibilities of the authority
- 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.

Appendix 2

Policy on regular practice review

Policy Statement	The Medical Council of New Zealand (the Council) wants to ensure that recertification programmes for all doctors are robust, help assure the public that the doctor is competent and fit to practise, and improve the current high standards of practice of doctors in New Zealand.

Background

One of the mechanisms the Council uses to ensure doctors are competent is the requirement for doctors to 'recertify' by participating in approved continuing professional development (CPD) programmes provided by Medical Colleges or approved providers of recertification programmes. Participation in CPD activities should deliver an improvement in the performance of doctors and better patient outcomes.

The Council views effective medical education for doctors to be based on their own work environment and individual practice.

The Council's long term goal is that all Medical Colleges or BABs will adapt or expand upon existing processes, or develop new processes, so that all doctors (except those in vocational training) will have the opportunity to undertake a form of regular practice review (RPR) that is a formative assessment and that does not duplicate existing processes.

Primary purpose of RPR

The primary purpose of RPR is to help maintain and improve standards of the profession. RPR is a quality improvement process. RPR may also assist in the identification of poor performance which may adversely affect patient care. The goal of RPR is to help individual doctors identify areas where aspects of

their performance could be improved, benefiting not only their own professional development but also the quality of care that their patients receive.

The Council's approach to RPR differs depending on whether a doctor is registered in a vocational or general scope of practice:

1. Vocational scope
   The Council is encouraging BABs to develop RPR processes for doctors registered in a vocational scope of practice, and make these available as part of the CPD programme on a voluntary basis.

2. General scope
   The Council has approved a recertification programme for doctors registered in a general scope of practice, who are not participating in an accredited vocational training programme. The recertification programme includes RPR to be undertaken 3 yearly, with the first review to be undertaken 3 years after the doctor achieves registration in a general scope of practice.

RPR Principles

The key principles of RPR include, but are not limited to;

- That RPR is a formative process. It is a supportive and collegial review of a doctor's practice by peers, in a doctor's usual practice setting.
- That the primary purpose of RPR is to help maintain and improve the standards of the profession. RPR is a quality improvement process. RPR may also assist in the identification of poor performance which may adversely affect patient care.
- That RPR provides an assessment across the domains of competence outlined in *Good Medical Practice* focusing on the area in which the doctor works.
- That RPR is informed by a portfolio of information provided by the doctor, which may include audit outcomes and logbooks.
- That multi source assessment forms part of a RPR.
- That RPR must include some component of external assessment, that is by peers external to the doctor's usual practice setting.
- That the RPR must include a process for providing constructive feedback to the doctor being assessed.
- That RPR will be led by the profession with support and assistance from Council.
- That Council will encourage each Medical College or approved provider of recertification programmes to develop a RPR process using specific tools relevant to that specialty or scope. Alternatively they may expand upon existing processes or tools to include Council's principles of RPR. The

Medical Colleges and providers of recertification programmes will make the process available to doctors on a voluntary basis for doctors registered in a vocational scope of practice. Council will review and provide feedback about the RPR process when accrediting a Medical College recertification programme.

- That the organisation responsible for undertaking the RPR must have a process for assisting the doctor in identifying and addressing learning needs.
- That personal development plan (PDP) should be developed for each doctor following the RPR process as a core component of RPR.

Continuum when deficiencies in practice are identified

Where areas of practice needing work are identified, colleges work with the doctor to ensure their CPD activities address any deficiencies.

1. Where there are small areas of a doctor's practice identified that need improvement, doctors will often be able to ensure that their CPD activities are targeted to those areas, with the assistance of a PDP.

2. If the areas identified are more significant the Medical College or BAB or organisation providing the recertification programme will need to work closely with the doctor to ensure CPD activities address the deficiencies.

3. When reviewers have concerns that a doctor's practice is placing patient health and safety at risk, then the reviewers and the Medical College or BAB have a professional obligation to report this separately to Council, just as they would do if the poor performance had been identified in any other way. Council will consider the information through its usual processes and consider whether a performance assessment is necessary.

The Council has published a statement called: '*What to do when you have concerns about a colleague'*, which outlines further how issues of this nature should be addressed.

Approved by Council: 9 August 2011

Appendix 3

Policy on conflict of interest

Policy Statement	The Council places great importance on making clear any existing or potential conflicts of interest for its members. When Council members believe they have a conflict of interest on a subject, which may prevent them from reaching an impartial decision, or undertaking an activity consistent with the Council's functions, then they must declare a conflict of interest and if required absent themselves from the discussion and/or activity (in accordance with clause 14 of the Third Schedule to the Health Practitioners Competence Assurance Act 2003 (HPCAA)). All such conflicts of interest shall be declared by the member concerned and documented when the issues arise.

Background

Bias generally

1 Council shall observe the rules of natural justice but, subject to that, may receive as evidence any statement, document, information, or matter, whether or not it would be admissible in a court of law.

2 Fundamental to natural justice is the rule against bias. It is imperative that Council, in making its decisions is independent and impartial. Bias is an attitude of mind that prevents the decision maker from making an objective determination on the issues that he or she has to resolve. Bias may be actual bias or apparent bias.

3 The test for bias is whether the fair minded and informed observer, having considered the facts, would conclude that there was a real possibility that the Council was biased. ("Real" is meant not without substance, a real danger clearly involves more than a minimal risk, less than a probability). Appearance, as well as impartiality, is necessary to retain confidence in the administration of justice.

Actual bias

4 No member of Council is entitled to be present, vote or otherwise participate in a capacity of a member of Council where any matter relating to that member's registration, suspension, competence, fitness to practise or discipline under the Act is being considered. (Clause 10 of the Third Schedule to the Act).

5 Any business or personal matter which is or could be a conflict of interest involving a member and his/her role and relationship within

the organisation must be declared. Under clause 11 of the Third Schedule to the Act, a member is interested in a matter relating to Council if she or he:

- is a party to or may derive material financial benefit from the matter; or
- has a material financial interest in party to transaction to whom the matter relates; or
- is a director, officer, member, trustee or party to who the matter relates and may derive a material financial benefit from the matter; or
- is a parent, child, spouse or de facto partner (including same-sex) of a party to who the matter relates and may derive a material financial benefit from the matter; or
- is otherwise directly or indirectly materially interested in transaction or matter.

6 A member would also be considered to have an actual bias in relation to any doctor undergoing processes in relation to registration, performance, conduct, competence, health or HPDT, if the member provides support to that doctor that is relevant to the process being undertaken. The conflict of interest would extend to HDC and ACC processes in situations where the matter may be referred to the Council.

7 When a Council member or officer has an interest in a transaction or proposed transaction as described in paragraph 2 above then he or she must disclose the interest to the Chairperson or deputy Chairperson as soon as practicable after the member becomes aware of it (in accordance with clause 12 of the Third Schedule to the Act).

8 A conflict of interest register is to be kept (in accordance with clause 13 of the Third Schedule to the Act).

9 A member of Council who is "interested" (within paragraph 2 above) must not vote or take part in any deliberation or decision that relates to the matter, and is to be disregarded for the purpose of forming a quorum for that part of the meeting.

10 In all situations where there is a direct link to the quasi-judicial role of Council and where there may be a potential and avoidable conflict of interest, Council members will give priority to the purpose and functions of Council.

Apparent bias

11 Where there has been previous involvement in the case by a member who should be unbiased, then the appearance of bias may be created or the decision may be predetermined. This situation occurs where a decision maker has already been concerned with the case in some other capacity. For example, a member may have been involved in a case as a colleague of the practitioner and is subsequently required to make a decision as a member of the Council about his or her

registration.

12 Other obvious cases of bias are kinship, personal friendship or hostility towards a practitioner and family or commercial relationship. In cases of this nature something more than mere acquaintance or business contact is required.

13 A Council member should not disclose the information he or she has unless it is appropriate and the matter can be discussed openly. If the Council member is unsure he or she may like to discuss this with the CEO or Registrar prior to the meeting.

14 If the nature of the information held by the Council member would impact on patient health and safety it should be disclosed at the meeting.

15 Where a conflict of interest is declared (with the exception of a member who is declared "interested" within Clause 11 of the Third Schedule to the Act), the Council will decide if the member may participate in any discussion on topics felt by the Council to be closely related. Council should reach its decision by considering not only actual bias but also apparent bias.

16 Frequently, Council members are asked for advice about an individual application for registration either before or during the application process. To assist members to avoid any suggestion of bias or lack of impartiality when making the final decision, members should refer all individual case matters to Council offices

Updated for HPCAA 2003: June 2004
Updated at Council meeting: June 2009