MCNZ AND MYCPD REQUIREMENTS

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Medical Council of New Zealand (MCNZ) Continuing Professional Development (CPD) requirements for New Zealand vocational scope and general scope registrants

The Royal Australasian College of Physicians (The College) wishes to articulate clearly the MCNZ's CPD requirements. It is important that all participants of the College's CPD program (MyCPD) have an opportunity to familiarise themselves with both The College's and the MCNZ's requirements.

All registered health practitioners in New Zealand are regulated by the Health Practitioners Competence Assurance Act 2003. As the regulatory body in New Zealand, the MCNZ role is to ensure a doctor is competent and fit to practice medicine.

"Recertification is a mechanism used to ensure doctors are competent to practice within the scope in which they are registered. Recertification should provide assurance to the public and patients that practicing doctors are competent and safe to practice."

*Medical Council of New Zealand*

The College runs an accredited recertification (CPD) program for physicians. The College seeks re-accreditation from the MCNZ on a regular basis and therefore the College has to satisfy the MCNZ's standards regarding the CPD program they offer.

Participation in MyCPD is mandatory and therefore the expectation is that all College vocational scope and general scope registrants will meet the program’s requirements each year. The program runs on a credit basis and credits may be obtained by participating in a range of CPD activities and then recording these activities in MyCPD.
The College’s role is to support you with your learning goals and provide you with the means to meet The College’s CPD requirements, and also the MCNZ’s CPD requirements. The MCNZ expects doctors to meet their CPD requirements as a condition of their annual practicing certificate. As part of the College’s accreditation agreement with the MCNZ, the College are required to formally notify the MCNZ of any members who fail to complete the College’s CPD requirements over two consecutive years.

“You participation in CPD is your responsibility, not that of your employer, College, medical school, independent practitioners’ association, PHO or any other person or organisation. Nevertheless, these organisations will be able to help you with your CPD.”

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The MCNZ CPD requirements are linked to your registration status and are summarised in the table below. The requirements and further information can also be viewed on the MCNZ website. It is our role to monitor your compliance and support you in meeting these requirements.

As indicated in the table, some requirements are mandatory whilst others are recommended, and some of the activities may be completed over three years. The College CPD Unit will assist you by monitoring your CPD activities and sending you reminders to prompt you to complete your activities.

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<td>50 hours of CPD activities</td>
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<td>20 hours of CME activities</td>
<td>Mandatory</td>
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<td>Activity</td>
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<td>Mandatory (once every three years)</td>
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<td>Participate in one audit of medical practice</td>
<td>Mandatory</td>
<td>Mandatory</td>
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<td>Participate in a regular practice review</td>
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<td>Mandatory</td>
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<td>Complete a professional development plan</td>
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<td>Mandatory</td>
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<tr>
<td>Participate in a collegial relationship</td>
<td>Not applicable</td>
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<tr>
<td>Participate in cultural competency learning</td>
<td>Recommended</td>
<td>Recommended</td>
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</table>
1. Why do I need to specify my registration type when logging into MyCPD?

The MCNZ has implemented a range of mandatory recertification requirements within vocational and general registration scopes of practice. All MyCPD participants are asked to confirm their scope of practice upon logging into MyCPD, as this prompt will then provide information about the MCNZ recertification requirements specific to the scope of practice selected.

2. I am registered in a vocational scope AND general scope – which category do I tick?

3. Are you going to report information about my CPD activity to the MCNZ?

4. I am retired, do I need to participate in MyCPD?

5. The MCNZ mandates I undertake a minimum of 50 hours of Continuing Professional Development (CPD) activities. What is meant by CPD activities?

6. The MCNZ mandates I undertake a minimum of 20 hours per year of Continuing Professional Education (CME) activities. What is meant by CME activities?

7. The MCNZ mandates I participate in at least one Audit of Practice per year. What is an audit of practice?

8. The MCNZ mandates I undertake a minimum of 10 hours per year of Peer Review. What is Peer Review?

9. The MCNZ mandates or recommends I participate in cultural competency learning. What is Cultural Competency and why do I need to demonstrate it?

10. What is a Regular Practice Review (RPR) and who is it a mandatory requirement for?

11. The MCNZ require reporting of hours whereas the RACP require reporting of credits - how do I report both?

12. What are my additional requirements if I am a registered in a general scope of practice?

13. Who can I contact for more information about my CPD requirements?
MyCPD participants are restricted to one choice, you will need to answer according to the scope you are currently practicing in.

3. Are you going to report information about my CPD activity to the MCNZ?
   As part of the College’s accreditation agreement with the MCNZ, the College are required to formally notify the MCNZ of any members who fail to complete the College’s CPD requirements over two consecutive years.

   If you are audited by the MCNZ they will request your CPD information from the College. You agree to the release of information held by the College regarding your CPD participation when you complete your application for an annual practising certificate.

4. I am retired, do I need to participate in MyCPD?
   Participants who advise the CPD Unit they hold non-practising registration, or no longer require an annual practising certificate, are withdrawn from the MyCPD program. It is recommended retiring Fellows refer to the MCNZ definition of ‘practice of medicine’ (see Recertification and Continuing Professional Development handbook, ‘definitions’ section), to clarify if any activities intended to be undertaken in retirement may still require an annual practising certificate (and accordingly CPD requirements still need to met).

5. The MCNZ and RACP mandate that I undertake a minimum of 50 hours per year of Continuing Professional Development (CPD) activities. What is meant by CPD activities?
   Vocational and general scope registrants are expected to complete 50 hours of CPD every year, including 20 hours of Continuing Medical Education (CME).

   It is important to note that the MCNZ differentiates CPD activities from CME. CPD activities encompass a wider variety of learning activities than CME activities. CPD activities could for instance include writing a policy paper on the health system, or developing your professional skills by participating in an ethics workshop. CPD activities in MyCPD could include category one “Educational Development, Teaching and Research”, reviewing a publication, developing a standard, or writing a health policy or a grant proposal. More information on CME activities can be found in FAQ #6.

   In MyCPD, you can differentiate between CPD and CME by selecting areas relevant to your scope of practice in the “My Speciality Areas and Learning Domains” page.
You can then allocate hours towards the selected specialty areas and learning domains when adding your activity details, allowing MyCPD to guide you in meeting the MCNZ requirement of 20 hours of CME.

The College’s Supporting Physicians’ Professionalism and Performance (SPPP) provides a useful framework to guide and support you in developing CPD activities across a range of roles you may undertake as a physician.

The MCNZ provides further examples of CPD including:

“Examining candidates for College examinations, supervising and mentoring others, teaching and attending committee meetings that have an educational content, such as guideline development and presentations to scientific meetings.”

Medical Council of New Zealand

For more information view the MCNZ Recertification and Continuing Professional Development booklet.

6. The MCNZ mandates I undertake a minimum of 20 hours per year of Continuing Medical Education (CME) activities. What is meant by CME activities?

You are expected to complete 50 hours of CPD every year and include 20 hours of Continuing Medical Education (CME) activities within your overall CPD activities.

CME activities are those learning activities that are directly linked to your scope of practice or your speciality area e.g. activities focusing on developing your clinical and diagnostic skills and improving your clinical decision-making. For example, under category four in MyCPD “Assessed Learning”, attending an Advanced Life Support (ALS) course would constitute a CME activity. You can record CME activities that relate directly to your medical speciality e.g. cardiology, by selecting them in the “My Speciality Areas and Learning Domains” page in MyCPD. You can then allocate hours towards the selected specialty areas when adding your activity details.

The MCNZ provides further examples of CME including:

“Self-directed learning programmes and learning diaries, journal reading and assessments designed to identify learning needs in areas such as procedural skills, diagnostic skills or knowledge” to be CME activities.”
7. The MCNZ mandates I participate in at least one audit of medical practice per year.

What is an audit of medical practice?

The MCNZ has defined audit of medical practice as:

“A systematic, critical analysis of the quality of the doctor’s own practice that is used to improve clinical care and/or health outcomes, or to confirm that current management is consistent with the current available evidence or accepted consensus guidelines.”

The MCNZ has described the key principles of an audit:

- The topic for the audit relates to an area of your practice that may be improved.
- The process is feasible in that there are sufficient resources to undertake the process without unduly jeopardising other aspects of health service delivery.
- An identified or generated standard is used to measure current performance.
- An appropriate written plan is documented.
- Outcomes of the audit are documented and discussed.
- Where appropriate an action plan is developed that will identify and maximise the benefit of the process to patient outcomes. The plan should outline how the actions will be implemented and a process of monitoring.
- Subsequent audit cycles are planned, where required, so that the audit is part of a process of continuous quality improvement.

Several activities that constitute an audit are listed below:

- Audits of clinical procedures are an obvious choice for clinicians.
- Comparing the processes, or outcomes of health delivery or patient care with recognised benchmarks or standards.
- Patient satisfaction surveys are often used as the basis for a CQI activity. Doctors who do not see patients usually produce outputs for someone – their customers – and satisfaction surveys of customers rather than patients can also be the basis of a CQI activity.
• Audits of written outputs e.g. patient records, policy, board or research papers, are another area where CQI can be applied. There are many existing standards and guidelines that can be accessed via the web to help.
• Annual performance agreements may be another source for audit of medical practice.
• Personal development plans often include an audit activity.

For more information view the audit of medical practice section in the MCNZ Recertification and Continuing Professional Development booklet.

8. The MCNZ mandates I undertake a minimum of 10 hours per year of Peer Review. What is Peer Review?

Peer review is considered highly desirable as an educational activity and is compulsory under the MCNZ guidelines.

Peer review is important because it:
• maintains currency of practice within a rapidly changing knowledge base;
• promotes professionalism and accountability;
• helps identify strengths and weaknesses;
• allows for collaboration and reflection between peers regarding best practice.

Examples of activities that may be considered peer review activities:
• Jointly reviewing cases with your colleagues – this activity can include a random selection of cases, selection of out-patient letters or cases of particular interest.
• Review of charts – this could be reviewing prescribing processes on a random selection of drug charts within a peer review group meeting.
• Video a consultation and critique it with a colleague. You will need to get patient consent for this and you may wish to destroy it after the critique. It is best to plan what you would like to work on prior to the consultation. If you do destroy the video, make sure a record of the critique is kept for future reference and for proof in the event of an audit.
• Inter-departmental meetings including reviewing cases and interpretation of findings. Often these meetings are held but not recorded for CPD purposes. If it
is helpful, have a “sign-in” sheet, or circulate minutes with patient details de-
identified afterwards. These could be directly uploaded to the MyCPD website
when you enter the activity.
• 360 degree appraisals and feedback.
• Case reviews from Mortality and Morbidity meetings.

The MCNZ has defined peer reviews as:

“**Formal peer review is an activity where peer(s) systematically review
aspects of a practitioner’s work, e.g., a review of the first six cases
seen or a presentation on a given topic. It would normally include
guidance, feedback and a critique of the practitioner’s performance.**”

For more information view the peer review section in the [MCNZ Recertification and
Continuing Professional Development booklet](#).

The Regular Practice Review framework has components of peer review. Please see
more about regular practice reviews in [FAQ #10](#).

**9. The MCNZ recommends I participate in cultural competency learning. What
is Cultural Competency and why do I need to demonstrate it?**

The Medical Council of New Zealand stipulates that an accredited recertification /CPD
programme, such as MyCPD, must involve cultural competence.

Underpinning your knowledge of cultural competence should be two essential elements:

• a working knowledge of the other cultures’ attitudes to health, and;
• an awareness of health disparities that exist between the Māori (or Pacific)
  populations and the Pakeha population of New Zealand.

The College recommends that within your CPD activities, at least two hours are spent
addressing cultural competency.

Cultural competence should lead to better health outcomes for the specific
population and greater job satisfaction for you as the physician. You should not see
cultural competence as another requirement but an opportunity to develop a productive
relationship with your patients from other cultural backgrounds. You can record your
cultural competence activities by going into the Speciality Areas in MyCPD. You may
identify the CPD activities you have completed in areas of Māori health or in the cultural competency category within the Supporting Physicians’ Professionalism and Performance (SPPP) framework.

Fellows have asked for practical guidance in addressing issues relating to cultural competence. In response to this the NZ CPD Committee and the Māori Health Committee have designed guideline commentaries to assist with interactions with Māori patients.

The guideline commentaries are available on the Cultural Competence examples page, including a discussion paper on cultural competence produced by the Māori Health Committee.

The MCNZ defines cultural competence as:

“Cultural competence requires an awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds. Cultural competence means a doctor has the attitudes, skills and knowledge needed to achieve this.”

*Medical Council of New Zealand*

The MCNZ Statement on Cultural Competence can be viewed [here](#).

**10. What is Practice Review (RPR) and who is it a mandatory requirement for?**

The MCNZ requires that all doctors registered in a general scope participate in a regular practice review (RPR) every three years. The MCNZ expects that doctors registered in a vocational scope will also start to engage in RPR activity.

The College strongly encourages you to participate in a RPR as part of your CPD program, as the College’s 2013 pilot indicated it can be a supportive and useful exercise allowing to you address particular areas within your professional development plan.

The College has developed a framework for RPR and this is outlined in the [Process and Guidelines document](#) on the [CPD Regular Practice Review Page](#). There are two aspects to the framework:
i) A Professional Development Review (PDR) which is a formative review of the individual doctor’s practice including clinical, professional skills, job satisfaction and job sizing. The draft PDR form is available on the CPD Regular Practice Review Page. The PDR has the following objectives, to:

- define and clarify performance expectations particularly as expressed in the position description;
- plan performance objectives;
- review performance objectives;
- seek feedback from each other regularly;
- meet the learning needs identified in this review by actively pursuing the development opportunities;
- examine CME/CPD activities relevant to your scope of practice.

ii) A Service Development Survey (SDS) which is an over-arching review of the service or department in which the doctors, who have completed the Professional Development Review, are practicing. The draft SDS is available on the CPD Regular Practice Review Page. The SDS outlines in broad terms the key elements of health delivery for a particular service. It does not propose to set standards, however it does provide links to other documents that may inform the SDS process. The SDS could be applied to a single service, a department or an entire hospital. It will provide insight into the health care delivery across a service area and the infrastructure that supports it and the physicians involved.

The College is continually developing these resources and we welcome feedback at mycpd@racp.org.nz on these draft documents.

The MCNZ has identified several key principles relating to RPR, including:

- “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.”
- RPR is informed by a portfolio of information provided by the doctor, which may include audit outcomes and logbooks.
- Multi source assessment forms part of a RPR.
- The RPR must include some component of external assessment that is by peers external to the doctor’s usual practice setting.”
To view the MCNZ’s Policy on Regular Practice Review [here](#).

11. The MCNZ require reporting of hours whereas the RACP require reporting of credits – how do I report both?

MyCPD has the functionality to report on both hours and credits you have obtained in each category. This will assist you in meeting your College’s CPD requirements and let you know how you are tracking regarding the MCNZ’s requirements.

As shown in the MyCPD Framework (below), the various categories of CPD activities are allocated a certain amount of credits per hour:

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<tr>
<th>#</th>
<th>Category</th>
<th>Examples</th>
<th>Credit</th>
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<tbody>
<tr>
<td>1</td>
<td>Practice Review &amp; Improvement</td>
<td>• Practice audits/Clinical audits</td>
<td>3 credits per hour</td>
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<td>• Peer review</td>
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<td>• Patient satisfaction studies</td>
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<td>• Institutional audits, e.g. hospital accreditation</td>
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<td>• Incident reporting/monitoring, e.g. morbidity and mortality meetings</td>
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<td>• Practice Review, e.g. Regular Practice Review</td>
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<td>• Multi Source Feedback (MSF)</td>
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<td></td>
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<td>• Participation in the RACP Supervisor Professional Development Program (SPDP)</td>
<td>Maximum 50 credits per year</td>
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<tr>
<td>2</td>
<td>Assessed Learning</td>
<td>• PhD studies</td>
<td>2 credits per hour</td>
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<td>• Formal postgraduate studies</td>
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<td>• Courses to learn new techniques, e.g., Advanced Life Support (ALS)</td>
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<td>• Learner initiated and planned projects</td>
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<td>3</td>
<td>Educational Development, Teaching &amp; Research</td>
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<tr>
<td>• Teaching, e.g. supervision, mentoring</td>
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<td>• Research – grant proposals and trials</td>
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<td>• Involvement in standards development</td>
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<td>• Reviewer</td>
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<td>• Writing Examination questions</td>
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<td>• Examining</td>
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<tr>
<td>• Publication (including preparation)</td>
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<td>Presentation (including preparation)</td>
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<tr>
<td>• Committee/working group/council involvement</td>
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<td>1 credit per hour</td>
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<td>Maximum 50 credits per year</td>
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<tr>
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<th>Group Learning</th>
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<td>• Seminars</td>
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<td>• Journal Clubs</td>
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<td>Hospital and other medical meetings</td>
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<td>1 credit per hour</td>
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<td>Maximum 50 credits per year</td>
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<tr>
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<th>Other Learning Activities</th>
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<td>• Reading journals and texts</td>
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<td>• Information searches, e.g. Medline</td>
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<td>• Audio/videotapes</td>
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<td>• Web-based learning</td>
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<td>1 credit per hour</td>
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<td>Maximum 50 credits per year</td>
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12. What are my additional requirements if I am registered in a general scope of practice?

In addition to participating in one audit of medical practice, engaging in peer review and completing CME activities, you must also meet the following mandatory requirements:

- **Participate in a multi-source feedback exercise once every three years.**

  The CPD Unit can assist in collating your information and providing the data to the doctor with whom you have a collegial relationship. The MCNZ will shortly be providing doctors with access to a multi-source feedback tool based on the General Medical Council’s tool. This will be communicated to you when it becomes available.
• **Participate in a regular practice review once every three years.**
  Information regarding regular practice review can be found in FAQ #10.

• **Complete a Professional Development Plan (PDP) each year.**
  MyCPD allows you to record your Professional Development Plan. The objective of a PDP is to assist you in setting goals in your CPD program and ensuring you identify those areas where you may need to build your skills or knowledge.

• **Establish a collegial relationship with a vocationally registered doctor.**
  You will need to locate another doctor who practices in a similar area of practice to you. The doctor with whom you have a collegial relationship will be able to support you and provide mentorship. You are asked to meet on a regular basis with this doctor e.g. in the first year you must schedule and complete six meetings. The MCNZ has produced a form that sets out the requirements of a collegial relationship.

  The CPD Unit can also assist with tracking your meetings and locating an appropriate doctor.

13. **Who can I contact for more information or assistance with my CPD requirements?**

  Email the New Zealand CPD Unit at mycpd@racp.org.nz, or feel free to call the office on:
  +64 4 460 8122, or +64 4 472 6713.

  The CPD Unit can also put you in contact with one of the College’s CPD Directors, who are physicians and able to assist with clinical questions relating to CPD.

  You are also welcome to visit the office at Level 4, 99 The Terrace, Wellington.