



The Royal New Zealand  
College of General Practitioners

# **Strategic Statement and Annual Business Plan**

for the 12 months to 31 March 2011

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# Executive Summary

The current Executive (known as “the Board”) commenced in January 2010 and has delegated authority from the Council to undertake all governance activity on behalf of the College until the September 2011 AGM, when it is anticipated that a new set of Rules will be adopted by members. In obtaining this authority, the Board proposed a vision for the College that includes strengthening all levels of the education and professional development activities offered for members, including increased emphasis on quality practise. College members do not however practise alone, and the Board intends to pursue strategic and operational relationships and partnerships with sector stakeholders so that together the quality of care can be increased, incidences that threaten patient safety can be decreased and barriers to equity in health access and outcome can be identified and eliminated. Additionally the Board is committed to ensuring members get real value from their membership of the College.

CORNERSTONE is an internationally recognised practice accreditation programme that now involves more than two-thirds of all New Zealand general practices. Its contribution to the strengthening of quality general practice is real but it continues to lack a sustainable financial model for its ongoing viability. The Board will work with the newly established Quality and Safety Commission to identify the best pathway forward for CORNERSTONE so that New Zealand general practitioners and practice teams can continue to improve health outcomes for New Zealanders.

Another important future consideration is tomorrow’s workforce, with more than half of current College members being over the age of fifty. The College will work with the newly formed Health Workforce New Zealand to ensure expanded and future focussed training and professional development programmes are implemented. General Practice will need to attract more doctors to ensure that each New Zealander has access to their own GP. This means the scope must be strengthened and promoted to medical students and junior doctors as the ‘scope of choice’. This will only occur once there is an explicit expectation that doctors working in the scope will complete their vocational training. Regulators, funders, patients and the profession itself must all come together to demand the highest quality from GPs and the College will develop a range of opportunities for doctors to complete their training and certification, recognising their individual circumstances but without compromising quality standards.

As our population ages and the burden of chronic conditions increases relative to acute presentations more and more medical treatment and care is likely to be transferred from hospitals to general practice. Predicting the future is never a precise science but the College will work with others to anticipate new care models and support members to acquire new skills and competencies. This will include the ongoing development of primary care teams where the GP will contribute his or her unique skills to be complemented by other professionals thereby delivering improved health outcomes for patients.

Patients also are likely to have an increased role in the active management of their health and specific treatment and care regimes. The College will reconstitute its former Consumer Liaison Committee to provide an opportunity for ‘patient-centred medicine’ to be incorporated into the development and promulgation of College work.

At the end of the first decade of the 21<sup>st</sup> century the College recognises the importance of using technology to underpin its operations. A significant investment will be made in upgrading the College’s IT platform providing members with new and innovative services.

The Board’s vision is that increasingly members of the College will value the College as its true partner in professional practise, and will recommend membership to colleagues.

# Introduction

The Royal New Zealand College of General Practitioners (RNZCGP) is an entity registered under the Charitable Trusts Act 1957 and the Charities Act 2005. The aims of the College derive from its traditional function as the body responsible for the education (initial and ongoing) of general practitioners, and other associated activities such as research, publication and information giving.

The College is unique in being one of only two medical colleges that are solely based in New Zealand. This presents both challenges and opportunities. The challenge is that membership is limited to national boundaries. The opportunities are that this singularity fosters a common sense of purpose, and presents the benefit of working under a single regulatory system.

# Background

Over the last three decades, the Royal New Zealand College of General Practitioners (RNZCGP) has provided general practitioner education, leadership in general practice quality, workforce issues and research in general practice to its membership and stakeholders.

In order to better meet the needs of its members and those of other sector stakeholders, such as the Ministry of Health and Health Workforce New Zealand, the College has periodically reviewed its programmes, services and infrastructure to ensure they meet its requirements. Most recently, this has been undertaken alongside a broader review of the College's constitutional arrangements. The outcomes of this review remain to be ratified. The final RNZCGP governance structure will not form part of this Business Plan as it is unlikely to be implemented before 01 April 2011.

# Vision

The health of all New Zealanders is improved through equitable high quality general practice care

# Purpose

To strengthen the professionalism and practise of College members.

# Strategic Priorities

The following strategic priorities have been identified and agreed for the 2010 -11 year:

- Professional Practice Support at the heart of patient-centred practice. Building on the challenge of Sir Donald Irving that every New Zealander will have a good doctor and good primary care; not just some of the people some of the time, but all of the people all of the time, the College will prioritise for its members the delivery of professional development programmes grounded in adult education theory. They will be topical, relevant, and use best of breed learning tools. Professional standards for general practice will be determined by general practice, for general practice, in collaboration with others, but not by them. General Practice will become a career choice for young graduates and we will work with the sector to regain control of the information structure. General practice will be at the heart of health care, safe and effective. Cultural diversity will be embraced and all New Zealanders will enjoy equal access and health outcome, irrespective of their ethnicity.
- Relationships and value that meet the needs of members and stakeholders. By developing a shared vision and working together we are likely to realise our professional practice support goals. College members collectively hold great knowledge and wisdom and so we will seek your views to better deliver what you want and to learn from you. We will talk to the networks that exist around the country to harness some of the great innovations that have occurred in recent years and develop and disseminate them around the country. General Practitioners cannot do this work alone and we will build on existing relationships with nursing and management colleagues, creating and supporting effective teams. At a national level we will build better relationships with other national organisations so that the College can lead in quality and education and can support the work of others. In this way we can speak with a single voice, with clarity and strength.
- Governance that meets the challenge of a rapidly changing environment. In this fast paced world the College must be able to respond with appropriate speed to the issues placed before it. A decade into the new millennium, last centuries structures are no longer fit for purpose and the College will complete the work started in 2006 to strengthen the constitution and better position the College remain relevant well into this century.

# Organisation Principles and Values

The following values and principles will underpin RNZCGP activity, leading to improvement in relationship centred health care and outcomes:

- Continuous Quality Improvement (CQI)
- Clinical leadership
- Innovation that is sustainable and relevant to members
- Responsiveness to issues of equity, biculturalism and cultural diversity

# Service Model

The core member services of RNZCGP will be Clinical Leadership and Provision of Expertise, Education, Professional Practice Support and member welfare. Where appropriate, RNZCGP will endeavour to deliver services in association with partner organisations.

RNZCGP acknowledges the importance of working collaboratively with organisations that represent the professional interests of individual general practice network and team members.

RNZCGP will continue to build alliances with other national allied professional groups (e.g. pharmacy) who are becoming increasingly involved in the broader general practice team and the wider health care networks, and maintain international associations.

New programmes and products will be integrated into the RNZCGP service model as appropriate.

# Organisational Structure

The internal restructure has been completed and the organisation now consists of five business units. These are:

- Professional Development
- Professional Practice Support
- Member Support
- Business Performance
- Finance and Administration

The roles played by each business unit in meeting the College's purpose are as follows:

- Professional Development: providing education, assessment and ongoing professional development.
- Professional Practise Support: setting standards, providing expertise to stakeholders, and supporting general practitioners and general practice teams to deliver quality services.
- Member Support: registering and supporting members, undertaking member related research and consultation and marketing functions, including publications and events.
- Business Performance: Managing College relationships with stakeholders that complement College capability so that business objectives can be met. Managing College communication. Identifying and following up on appropriate business development opportunities for the College.
- Finance and Administration: managing College finances and administrative functions, and delivering core IT functionality.

# Membership Model

College membership is defined in its Rules and Regulations. These are currently subject to Constitutional Review. The current strategic focus on value and relationships seeks to increase membership coverage while ensuring members and their practices are appropriately supported to improve the health of all New Zealanders through quality general practice care. Approximately 19% of doctors working in general practice are not vocationally trained nor in active training.

# Budget and Financial

The 2010-11 budget is based on funding and membership subscription already agreed by the Board. This provides adequate revenue to deliver on the stated vision, strategic priorities and services and operate within approved budget parameters.

The Board and management will actively pursue other revenue opportunities including more comprehensive membership coverage and service contracts that support or enhance core RNZCGP activity.

# Governance

College governance is currently subject to a review of the Constitution. In December 2009 Council gave Executive the mandate to proceed with interim arrangements:

- The President to appoint an interim Board (the Interim Executive Board, known as the Board)
- The Board consists of Drs Harry Pert, Tony Townsend (Chair CEO Performance committee), Tana Fishman (lead GPEP review), Richard Tyler (Chair Audit and Risk committee), Peter Jansen (Te Akoranga a Maui, until May) Jim Vause (Te Akoranga a Maui, from June) and up to two external Board members (David Moore was appointed from July). It has three priority areas: professional practice support, relationships and values, and governance.
- Disestablish the current standing committees and the Consumer Liaison Committee and re-establish these roles as part of the management structure.
- Review these arrangements at the June 2010 Council meeting and put the permanent changes to the September 2010 AGM. At that AGM the President invited a group of Past Presidents of the College to assist him in finalising the content of the new constitution which will now be put to members at a later date.

# Communications

A communications strategy will be developed to inform members and health system stakeholders of the objectives and direction of RNZCGP. This work will progress throughout the 2010-11 year.

The RNZCGP website and other promotional material will be developed as part of the communications strategy.

# Risk Register

A full RNZCGP Risk Register will be developed and monitored by the Board.

# 2010–11 Annual Plan: Goals, objectives, initiatives and measures

**Vision:** The health of all New Zealanders is improved through equitable high quality general practice care

**Purpose:** Strengthening the professionalism and practice of College members.

Goals	Objectives	Initiatives	Measures	Target Date	Action By
<p>Relationships and value</p> <p><b>Members achieve vocational registration</b></p>	<p>The profession, regulators and funders support vocational training in general practice and recognise FRNZCGP as the quality standard.</p> <p>NZ health consumers understand the benefits of vocational training and recognise FRNZCGP as the quality standard.</p>	<p>Develop a strategy to achieve full vocational registration for all doctors working in unsupervised general practice.</p> <p>Multiple pathways to vocational registration in General Practice are developed and provided.</p> <p>Evidence-based comparisons between the performance of vocationally registered General Practitioners and other doctors working in general practice are developed.</p>	<p><b>Strategic:</b></p> <ul style="list-style-type: none"> <li>Decrease the % of generally registered doctors working in general practice who are not in training to less than 15%; and</li> <li>Increase the % of doctors working in general practice who hold FRNZCGP by 10%.</li> </ul> <p><b>Annual:</b></p> <ul style="list-style-type: none"> <li>College statement on vocational registration completed.</li> <li>Implementation and communication strategies developed and accepted by the board.</li> <li>A communications strategy aimed at stakeholders understanding of the benefits of FRNZCGP implemented</li> <li>Pathways to vocational registration reviewed.</li> <li>Research needs identified.</li> <li>Research strategy developed.</li> </ul>	<p>March 2011 or earlier</p>	<p>CEO</p>
<p>Relationships and value</p> <p><b>Members received improved value from College services</b></p>	<p>Members perceive value in belonging to the College.</p> <p>Members recommend College membership to colleagues.</p>	<p>Design and implement an evaluation to identify and track improvements in perceived 'value' over time.</p> <p>Develop a new subscription policy for the 2011–12 year.</p> <p>Identify and provide products and services to members from behind the member-secure area (incorporating member input into prioritisation).</p>	<p><b>Strategic:</b></p> <ul style="list-style-type: none"> <li>Increase the % of members who are satisfied with College services by 25%; and</li> <li>Increase the dollar value of membership by 15%.</li> </ul> <p><b>Annual:</b></p> <ul style="list-style-type: none"> <li>Audit member perceptions of relationship with the College and value of membership. Report to board.</li> <li>Marketing strategy developed.</li> <li>Subscription policy presented to the Board.</li> <li>Board monitors development of products and services for members.</li> </ul>	<p>March 2011 or earlier</p>	<p>CEO</p>

Relationships and value	<p style="text-align: center;"><b>Members see relationships supporting College strategy</b></p>	<p>The College is a regarded nationally and internationally as a respected solution-focused authority within the New Zealand health sector.</p> <p>The College builds trusted long-term relationships with stakeholders.</p>	<p>Develop a relationship strategy to support College objectives.</p> <p>Develop MoUs with organisations that will work with the College to improve the health of New Zealanders.</p> <p>Maintain/strengthen international stake-holder relationships to ensure the College contributes at the international level.</p>	<p><b>Strategic:</b></p> <ul style="list-style-type: none"> <li>Increase the # of joint work programmes established and delivered on time and on budget to stakeholder satisfaction to 5.</li> </ul> <p><b>Annual:</b></p> <ul style="list-style-type: none"> <li>Audit stakeholder relationship and value perception. Report to board with survey.</li> <li>Identify key stakeholder groups for strategic alliances and formalise relationships appropriately.</li> <li>Relationship strategy developed.</li> <li>Regular Board reporting on MoU's and joint working.</li> <li>Report on international activities and links.</li> </ul>	<p style="text-align: center;">March 2011 or earlier</p>	<p style="text-align: center;">CEO</p>
Professional Practice Support	<p style="text-align: center;"><b>Members use effective education programmes</b></p>	<p>The College provides world class, fit-for-purpose programmes for general practitioners professional development.</p> <p>New Zealand general practitioners are able to demonstrate ongoing competency development for their areas of practice.</p>	<p>Participate in the HWNZ 2012 project to redesign general practice vocational training.</p> <p>Develop, with members/stakeholders, an integrated CPD programme that will support current and future competency requirements of NZ GPs.</p> <p>Develop/implement IT platform for expanded educational programmes.</p> <p>Promote the role and value of GP teachers to strengthen the GP teacher workforce.</p> <p>Deliver educational programmes that meet the needs and expectations of members.</p>	<p><b>Strategic:</b></p> <ul style="list-style-type: none"> <li>Ensure MCNZ accreditation is maintained for all programmes; and</li> </ul> <p><b>Annual:</b></p> <ul style="list-style-type: none"> <li>College demonstrates active participation in the HWNZ project to achieve appropriate outcomes for members and general practitioners.</li> <li>CPD development scoped and requirements added to internal College budget bids for 2011-2012.</li> <li>IT infrastructure projects that relate to education programmes are linked in and proceed on time and to budget.</li> <li>GP teaching capacity increased to meet current 2010-2011 demand.</li> </ul>	<p style="text-align: center;">March 2011 or earlier</p>	<p style="text-align: center;">CEO</p>

<p>Professional Practice Support</p>	<p>CORNERSTONE Practice Accreditation is seen as a key indicator of primary care quality.</p> <p>College members have the competencies and tools to address health disparities, especially for their Maori patients.</p>	<p>Review and update Aiming for Excellence.</p> <p>CORNERSTONE Programme is cost effective and promoted to general practice.</p> <p>Partner with the Quality and Safety Commission to provide College quality frameworks and sustainable programmes for sector use.</p> <p>Establish the Patients First (q14gp) collaborative.</p> <p>Enhance consumer input into the work of the College by forming a Consumer Advisory Group (CAG) and develop a work plan.</p> <p>Assist members to address patient health disparities, especially for their M ori patients.</p>	<p><b>Strategic:</b></p> <ul style="list-style-type: none"> <li>• Increase the number of practices in New Zealand who are CORNERSTONE accredited or working toward it to all practices</li> </ul> <p><b>Annual:</b></p> <ul style="list-style-type: none"> <li>• New version of Aiming for Excellence piloted and published.</li> <li>• Business case to maintain sustainability and growth of Cornerstone, in practices and in College office accepted by the Board.</li> <li>• Partnership established with general practice networks to promote Aiming for Excellence and Cornerstone within network.</li> <li>• Relationship with QSC established and the role of the College in quality promoted.</li> <li>• Patients First programme and projects delivered on time and on budget.</li> <li>• Consumer Advisory Group established. Work plan accepted by CAG and Board.</li> <li>• Board attend Hui with Te Akoranga a Maui to discuss strategy.</li> <li>• Policy paper on College role on reducing health inequalities developed in conjunction with Te Akoranga a Maui.</li> </ul>	<p>March 2011 or earlier</p>	<p>CEO</p>
<p>Professional Practice Support</p>	<p>The College develops and promulgates policy positions to support its members so that the viability and sustainability of general practice and its relevance to primary health care is maintained.</p> <p>Members are engaged in the work of the College.</p>	<p>Use an evidence-based approach to develop and promulgate the value of general practice in all key position statements.</p> <p>Establish EAGs and other opportunities to allow member contribution.</p> <p>Develop and implement a stakeholder relationship strategy, including the use of MoUs to strengthen the primary health care environment.</p> <p>Operate a members' 0800 support line.</p>	<p><b>Strategic:</b></p> <ul style="list-style-type: none"> <li>• Increase the % of members who actively contribute to the development and promulgation of College policy positions and programmes to 8–10%; and</li> <li>• Increase the # of joint work programmes established and delivered on time and on budget to stakeholder satisfaction to 5.</li> </ul> <p><b>Annual:</b></p> <ul style="list-style-type: none"> <li>• College submissions, reports and publications make appropriate use of best evidence to meet strategic aims.</li> <li>• Relationship strategy developed</li> <li>• Regular Board reporting on MoU's and joint working.</li> <li>• 0800 support line maintained, promoted and reported against appropriately.</li> </ul>	<p>March 2011 or earlier</p>	<p>CEO</p>

Governance	<p style="text-align: center;"><b>The College is effective and efficient in all its work</b></p>	<p>The College uses good governance principles in all its activities.</p> <p>The College uses best practice to manage all its resources.</p>	<p>The College constitution is reviewed using member input.</p> <p>The College identifies its risks and is financially secure through sound governance and management practice.</p> <p>Board regularly evaluates its own performance using agreed governance principles.</p> <p>Board reporting is reviewed and new quality models are implemented.</p>	<p><b>Strategic:</b></p> <ul style="list-style-type: none"> <li>• Ensure ongoing compliance with all legal requirements, organisational policies and strategies.</li> </ul> <p><b>Annual:</b></p> <ul style="list-style-type: none"> <li>• New constitution accepted by AGM or SGM.</li> <li>• Audit and risk committee established. ToR accepted by board.</li> <li>• Risk register established and regularly updated.</li> <li>• Contract management protocol established and accepted by Audit and Risk Committee and the Board.</li> <li>• Board performance programme established.</li> <li>• Financial reporting systems established to the satisfaction of the Audit and Risk Committee, and the Board.</li> <li>• Financial performance.</li> <li>• CEO Performance committee established.</li> <li>• ToR accepted by board.</li> <li>• CEO KPIs established.</li> </ul>	<p>March 2011 or earlier</p>	<p>Board CEO</p>
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