

Fitness to Practise and the Fitness to Practise Committee

July 2015

1 Preamble

Medical students are part of the medical profession. Whilst students do not yet enjoy the privileges accorded to qualified practitioners, and are not yet bound by the full professional constraints imposed upon practising doctors, it is vital that issues that may affect their current or future fitness to practise are fairly and transparently addressed by the Otago Medical School (OMS) and its component Schools and programmes.

This document outlines the policy and mechanisms of the University of Otago Medical School to assess and act fairly and equitably on issues concerning a student's Fitness to Practise.

It is expected that, at graduation our students will meet the expectations of the University of Otago Medical Graduate Profile, through their personal attributes, teaching and learning during the course, and support from staff. The University of Otago MBChB Graduate Profile is attached as an [Appendix ^{\(1\)}](#). The outcomes expected by the Australian Medical Council (AMC) [Appendix ^{\(2\)}](#) and the 'Domains of Competence' by the Medical Council of New Zealand (MCNZ) [Appendix ^{\(3\)}](#) are also provided in the appendices.

Throughout the undergraduate programme, the assessment processes will include steps to identify and monitor any students who might not meet the graduate profile standards through problems with health, or with professional attitudes and behaviour, both within and outside the course.

In the normal course of events, the assessment of Professional Attitudes and Behaviour will be conducted by the relevant Student Progress Committee (SPC) within the programmes of the Schools within the Otago Medical School.

Health issues will normally be assessed by the relevant ADSA.

To assist in the determination of Fitness to Practise issues, and to ensure support, remediation and monitoring of potential or actual Fitness to Practise needs of students, the Otago Medical School has a Fitness to Practise Committee. Reference to the Committee is also included in the Memorandum of Understanding with the Medical Council of New Zealand, [Appendix ^{\(4\)}](#).

Referral to the Fitness to Practise Committee (FtPC) will be made where there are repeated, consistent, or serious issues which may impinge on a student's capacity to meet the standards. The threshold for referral will be high. The aim will be to ensure consistency and continuity of monitoring of students over a sustained period which is important for the small number of students who may not meet or who do not meet graduate profile standards.

2 Primary goal of the Fitness to Practise policy and associated processes

The primary goal of the present Fitness to Practise Policy and associated processes is to ensure assessment and remedial / support mechanisms that will enable the student to remain in and successfully complete the programme wherever possible. Staff will use their utmost endeavours within resources available to achieve this outcome, provided that the proposed remedial action does not place the public, the student or the University at risk either during the medical programme or following graduation.

It is anticipated that in most cases any matter in relation to Fitness to Practise will be resolved at an early stage, with the student's cooperation. Where that risk is considered to be continuing despite an appropriate remedial action programme, then it is the responsibility of the FtPC to ensure that the student will not pose any risk to himself / herself or to any member of the public with whom they might interact.

This policy is not meant to encompass the normal day to day issues that are dealt with on attachments/modules by supervisors, programme coordinators or by the relevant Associate Deans of Student Affairs (ADSA), or interrupt the good processes that are already in place in teaching and learning programmes and Departments to guide and support students. This is a structure to help identify more serious issues and ensure that appropriate steps are taken to protect the student and the public.

3 The Fitness to Practise Committee

The scope of the FtPC activities and responsibilities will be limited to dealing with students who may fail to reach, or demonstrate breaches of the minimally acceptable standards in professional attitudes and behaviour, or who for other reasons e.g. personal health issues may not be able to perform the functions required as a student, or as a doctor once graduated.

The FtPC is a subcommittee of the Academic Board of the Otago Medical School.

3.1 Membership

- Chair (Senior Academic Staff member, not a Dean of School or ADSA)
- Senior Academic Staff member.
- Senior medical person (not an academic staff member)
- Senior member of UofO staff from outside the Otago Medical School
- Layperson
- Senior student
- Co-opted members as required (e.g. Lawyer, Maori, Pacific rep)

All members appointed by the Dean of the Otago Medical School.

The FTFC may find it useful for ADSAs to attend meetings to provide information and answer questions. ADSAs will not be present during FtPC decision-making.

3.2 Terms of Reference and Tasks of the FtPC

The primary responsibilities of the FtPC are to ensure that:

- in the conduct of their training, medical students in the Otago Medical School at the University of Otago do not pose a risk to patients or others with whom they have, or will have, professional contact, for reasons of their personal health or because of identified serious deficiencies or lapses in personal attitudes, conduct or behaviour.
- that where serious impairments, deficiencies or lapses have been identified or have occurred, remedial steps have been undertaken and fulfilled such that the perceived risks are no longer present

The tasks of the FtPC are:

- To consider and review the serious “Fitness to Practise” issues of students referred to the FtPC, and to make recommendations through the ALM School Deans/Associate Dean & Director Early Learning in Medicine (AD&Dir ELM) to the Student Progress Committee (SPC), for that student’s help and support towards achieving improvements in personal health or attitudes, conduct and behaviour.
- To monitor the progress of students who have been referred to the FtPC, and to ensure that all recommendations designed to help and support students to achieve improvements in their attitudes, conduct and behaviour (where appropriate) are being followed and the desired outcomes are being achieved.
- To refer individual cases where necessary to the Dean of the Otago Medical School, Academic Board, other appropriate OMS and Division of Health Sciences Committees or Boards, and to the University Disciplinary Authority (Proctor, Provost) as appropriate.
- To make recommendations to the appropriate SPC, appropriate Board of Censors or in exceptional circumstances to the OMS Academic Board, regarding the granting of Terms for individual students who have been referred to the FtPC.
- To notify the appropriate SPC, OMS Academic Board and the Dean of the Otago Medical School, regarding any students who should be notified to MCNZ under the condition of the Memorandum of Understanding between the Otago Medical School, University of Otago and the Medical Council of New Zealand. (see Appendix ⁴). Notification to the MCNZ shall be by the Dean of the Otago Medical School.

3.3 Responsibilities and reporting

Within its Terms of Reference, the FtPC will have the authority to make recommendations to the relevant SPC, Boards of Censors, OMS Academic Board and Dean of the Otago Medical School regarding individual students' fitness to be awarded terms and fitness to graduate.

The FtPC will:

- Receive referrals from the relevant ALM School Dean or AD&Dir ELM.
- Make recommendations to the relevant ALM School Dean/AD&Dir ELM, and through him / her to SPCs and/or, Heads of Departments and/or ADSAs regarding steps to be taken in the ongoing support of the student. This will include conditions which are required to be met in order to enable the student to discontinue supervision by the FtPC.
- Monitor and subsequently determine whether the reasons for the referral of individual students have been satisfactorily addressed and conditions have been met, and whether the student should continue to be monitored or may be removed from FtPC supervision.
- Determine whether any ongoing concerns are of sufficient importance to recommend:
 1. that the student should be denied terms
 2. that the student should be excluded from the programme.
 3. that the student should be notified to the Medical Council of New Zealand under the conditions of the Memorandum of Understanding between the Otago Medical School and the Medical Council of New Zealand regarding Fitness to Practise.
 4. other courses of action which will satisfactorily resolve all the concerns which prompted initial referral.
- Report regularly to the, relevant ALM School Dean/AD&DirELM, OMS Academic Board and Dean of the Otago Medical School regarding:
 1. the student's status in respect of the FtPC
 2. recommendations regarding measures to alleviate or improve the student's health status or professional conduct. *The relevant ADSA will be responsible for monitoring compliance and progress, and reporting to the ALM School Dean/AD&Dir ELM for feedback to the FtPC.*
 3. recommendations made with respect to the gaining of terms, exclusion from the programme, or notification to the New Zealand Medical Council.
 4. additional administrative requirements for Fitness to Practise issues
- Referrals to the FtPC will be documented by letter to the Convenor of the Committee outlining the situation, and attaching any relevant information.
- Copies of the details of all Fitness to Practise issues will be kept in the student's OMS record. This is to be held securely in the Student Affairs office of each of the Schools.
- The FtPC will provide its recommendations in writing, and these will be

provided to the student. Further written communications will be sent if/when recommendations change or are updated.

- The FtPC will keep written records of all meetings, decisions, recommendations and reports.
- The OMS Academic Board will record the final decisions on any recommendations made to it by the FtPC.

4 Conduct of the Fitness to Practise Committee towards students and natural justice

- The Committee will use due and fair process when dealing with all FtP issues.
- The chair of the relevant SPC, either for the ELM programme, or in the ALM programme will recommend to either the AD&Dir ELM or Dean of School for ALM that a student be referred to the FtPC. (Note that the Chair of the ALM SPC will usually be the Dean of the appropriate School) The AD&Dir ELM or Dean of School shall inform the student, in writing, that their case has been referred to the FtPC and shall inform the student of the reasons for the referral.
- The student will be advised that he or she has the right to make a written submission to the FtPC.
- In most cases when dealing with Professional Attitudes and Behaviour, face-to-face interaction with the student will take place with the Chair of the SPC. The ADSA may attend these meetings. In rare circumstances, consideration will be given to the student meeting with the Fitness to Practise Committee.
- Face to Face interaction with the student over health issues will normally be with the relevant ADSA.
- Students will be advised that they are able to bring a support person to any face-to-face meeting and will be encouraged to do so.
- The Committee will normally meet by teleconference, but may convene as appropriate to meet with a student in person.
- The Committee will, in consultation with and through the relevant ALM School Dean/AD&Dir ELM, endeavour to recommend reasonable and possible means whereby Fitness to Practice issues may be constructively remedied, including with the support of the ADSA, and will continue to monitor the individual student's progress in fulfilling these recommendations.
- The student will be advised of all FtPC recommendations in writing. These will include the conditions to be met in order for the monitoring processes to be discontinued, as well as the rare circumstances in which it is being recommended that Terms should be denied or where other actions are recommended.

5 Fitness to Practise: Policy and its Scope

The Otago Medical School Fitness to Practise Policy encompasses Fitness to Practise (FtP) in three separate areas:

Area 1: Health or Personal Issues

Students who become aware that they are suffering from any medical or personal condition which is likely to threaten their fitness to practise, and which may compromise or lead them to discontinue their programme of study, should seek advice at the earliest opportunity through the ADSAs.

Issues that are likely to affect the student's future ability to practise medicine include but are not limited to:

- Mental health disorders
- Physical impairment
- Infectious diseases including transmissible blood-borne viral infections
- Drug and alcohol issues

These are likely to:

- Expose the student, patients or staff members to potential risk
- Expose the OMS or partner organisations to potential risk

Area 2: Professional Attitudes and Behaviours

Issues of concern regarding professional attitudes and behaviours include:

General

- Failure to develop and maintain attitudes and behaviours which are expected of medical professionals in their conduct towards patients and colleagues. These include but are not limited to honesty, reliability, responsibility, and accountability.

Specific

- Plagiarism or any other form of academic and professional dishonesty
- Poor attendance without adequate explanation
- Inappropriate behaviour, where this is in breach of or judged to be below minimally acceptable standards, including:
 1. Serious unreliability in fulfilling assigned tasks or assignments
 2. Irresponsible behaviour likely to pose risk to patients, other students or other health care professionals
 3. Inability or unwillingness to reflect on and improve their own clinical practice
 4. Inability to receive and process constructive feedback and / or modify inappropriate behaviours and attitudes

5. Lack of respect or rudeness towards patients and their families/whanau, other students, staff or other health care professionals and members of the public
6. Not maintaining appropriate professional boundaries, or breaching ethical codes or policies
7. Exceeding appropriate scope of practice for a particular level of experience and training

Area 3: Issues External to the Programme

Students are required to bring any issues that may adversely affect their future ability to register as a Doctor with the New Zealand Medical Council to the attention of the Otago Medical School and the relevant ADSA. This includes any charges brought by the police in relation to a criminal offence.

Issues regarding the actions of students occurring outside the study programme, such as an offence which is potentially to be brought before the criminal courts (excluding minor traffic offences) e.g. alcohol or drug related convictions; pornography offences will come under this.

6 Classification of Concerns

Concerns raised are classified into three groups as follows:

1. Category A

An issue that raises concerns about current functioning in the course and/or future fitness to practise that would best be dealt with through support and counselling, and that can be managed by the individual ADSAs with the advice of the ADSA Group as necessary. Examples include poor attendance, remediable poor professional behaviour, or health issues that may require a short time out of the course but are expected to resolve.

2. Category B

Issues that raise much more significant concerns about current functioning in the course and/or future fitness to practise and would, if the student had been a registered doctor, have likely resulted in a patient complaint, action by an employer or referral to the MCNZ. Examples include dishonesty, serious health issues, significant contravention of a policy, court convictions and drug and/or alcohol abuse. Repeated Category A concerns may escalate to this category.

Any withdrawal on health grounds from the course will be deemed to be a Category B issue.

3. Category C

An unpredicted event giving rise to the need for immediate action because of the likelihood of significant harm, either involving a medical student, or resulting from the action of a medical student.

It is the responsibility of the relevant Dean of the School or AD&Dir ELM in consultation with the SPC and/or the relevant ADSA to determine the category of the event or issue.

The Dean of the appropriate School, AD&Dir ELM and the Dean of the Otago Medical School shall be notified immediately of any Category C incident. If there are implications for the safety of patients, staff, or students, the Dean of the Otago Medical School has the authority to temporarily suspend the student or place limits on the continuation of his/her study and/or clinical or learning attachment/module

7 Relationship to the Medical Council of New Zealand

The Medical Council of New Zealand (MCNZ) has no direct jurisdiction over medical students but recognises that their health and conduct prior to graduation may have a significant bearing on their future eligibility for registration. The guidelines produced by the Medical Council and contained within the document “Good Medical Practice” (Appendix ⁽³⁾) provide the framework for a medical student’s conduct. The clear and stated linking of the Fitness to Practise policy to professional standards expected by the MCNZ helps to ensure continuity and consistency with what is expected of graduates once they qualify as a practising clinician.

At present, MCNZ does not register students, but does expect medical schools to have a defined Fitness to Practise policy. A Memorandum of Understanding exists between the Otago Medical School and the Medical Council of New Zealand with respect to Fitness to Practice considerations for medical students (Appendix ⁽⁴⁾).

Prior to admission to the course, students are required to declare their awareness of any issues that may affect their later ability to practise medicine. Once admitted to the programme they are expected to report any such issues to the OMS. Each of these post-admission self-reports will be assessed by the ADSA, and where necessary referred to the FtPC by the Dean.

The Health Practitioners Competence Assurance Act (2003) (HPCA Act) creates a statutory duty on any health practitioner or employer of health practitioners to notify the Medical Council if any graduating student has a health problem that would not enable them to perform the functions required for practice. Parts of the relevant section of the HPCA Act are as follows:

45. *Notification of inability to perform required functions due to mental or physical condition –*
- 5) *If a person to whom this subsection applies has reason to believe that a student who is completing a course would be unable to perform the functions required for the practice of the relevant profession because of some mental or physical condition, the person must promptly give the Registrar of the responsible authority written notice of all the circumstances.*

The Otago Medical School must therefore notify the Medical Council of New Zealand (MCNZ), at graduation, of any students who fall into this category. The MCNZ Health

Committee functions to support and monitor doctors with health issues and helps them practise within their capacity. Graduating students will be advised where any such information is passed to the MCNZ.

The MCNZ must also be sure under section 16 of the HPCA Act (Fitness to Practise) that any student being registered to practise will not endanger the safety of the public. With this in mind, the Otago Medical School will also pass information to the MCNZ about significant behavioural issues pertaining to graduating students which might endanger the health or safety of the public, but currently this requires the student's consent.

At present other issues impinging on Fitness to Practise are not notifiable to the MCNZ, unless with the consent of the student. In circumstances where a graduate applies for registration they are required to declare to the MCNZ any disciplinary action related to fitness to practise which may have arisen during the MB ChB programme.

8 Identification of Students at Risk and Referral to Fitness to Practise Committee (FtPC)

The process of referral may be via (but is not exclusive to):

a. Student Progress Committee (via Dean/AD&Dir ELM)

This will be the most common route of referral in relation to attitudes, conduct and behaviours (Section 5 above: Policy and its Scope. Area, Professional Attitudes).

The Otago Medical School has already in place a system which assesses students' professional functioning during each attachment/module. The Professional Attitudes and Summary of Achievement Form (PASAF) is filled out for every clinical or learning attachment/module, ELM students are monitored by their tutors and have their attendance at tutorials and labs recorded. Students of concern are identified and discussed by the Committee responsible for monitoring student progress (both ELM and ALM).

SPCs will review and refer students to the FtPC (via Dean/AD&Dir ELM) who may fail to reach or demonstrate breaches of the minimally acceptable standards in professional attitudes and behaviour. For instance, ALM students will be reviewed by the relevant SPC (in addition to any other "normal" support and remedial measures having been undertaken) where PASAF evaluations include a "conditional pass" or "fail" in relation to "attitudes and behaviours" on two or more occasions. This may occur within one academic year, or cumulatively over more than one academic year.

Health issues impacting on the ability to function in the course will be reviewed by the relevant ADSA, and in conjunction with the appropriate Dean/AD & Dir ELM, referred as necessary to the FtPC. (see 8 b. below)

Progression within the Programme

SPCs are responsible for recommending to the relevant Board of Censors that Terms should be granted. The FtPC may recommend to SPCs and Boards of Censors that

unresolved Fitness to Practise issues mean that a student should not be granted terms and/or should not progress further within the programme. SPCs and Boards of Censors will normally follow the FtPC recommendation when making final recommendations to the OMS Board. If SPCs and Boards of Censors decide not to follow the FtPC recommendation, this action should be justified and material forwarded to OMS Academic Board for final determination. In cases where Terms are granted, the FtPC may still recommend that students will remain under supervision until the FtPC is assured that supervision and monitoring are no longer required.

b. The School Deans and Associate Dean and Director ELM (AD&Dir ELM)

Where an issue under Areas 1, 2 or 3 (Section 5 above: Policy and its Scope) has been raised either via a progress review, or by a student (self-reporting), or in writing by a member of Staff or honorary teaching staff, or by the Rural Medical Immersion Programme (RMIP) it will be reviewed by the relevant ADSA, and after consultation with the ADSA Group when appropriate, and in discussion with the Dean/AD&Dir ELM classified as Category A, B or C. Category B and C must be referred to the FtPC by the Dean of School or AD&Dir ELM.

Thereafter the decision pathway to be followed will be determined by the nature of the issue. A summary of decision processes is given in the Table.

| | Category A | Category B | Category C |
|-------------------------|---|---|--|
| Handled by | Associate Dean Student Affairs | Associate Dean Student Affairs and Dean of School/ AD&Dir ELM, and/or SPCs | Associate Dean Student Affairs and/or Dean of School/ AD&Dir ELM AND Dean of OMS |
| Referral to FtPC | No | Yes | Yes |
| Action | Devise an agreed action plan with student, which is monitored by Associate Dean Student Affairs | Devise an agreed action plan which is monitored by Dean of School/ AD&Dir ELM together with Associate Dean Student Affairs | Case by case action depending on circumstances |
| Study programme | Student may continue with their study. | Student may continue with their study if appropriate. No student should continue in clinical/learning placements if this would compromise their health or treatment or create safety concerns for patients | Suspension or withdrawal from clinical/learning attachment/module, pending investigation No student should continue in clinical/learning placements if this would compromise their health or treatment or create safety concerns for patients |

| | | | |
|------------------|--|---|--|
| Reporting | To SPC via Associate Dean Student Affairs and as appropriate to Dean of School | By FtPC to Dean of School/AD&Dir ELM To SPCs To Board of Censors To MCNZ | By FtPC to Dean of OMS To SPC To Dean of School/AD&Dir ELM To Board of Censors To MCNZ |
|------------------|--|---|--|

9 Outcomes of Process

In general, the desired outcome will be to address and resolve the reason(s) for referral. The aim in all cases will be to provide recommendations which include “conditions to be met” such that supervision is no longer required.

For specific issues, the possible outcomes available will vary according to the reason for referral.

Area 1: Health or Personal issues

The primary goal of the process and /or FtPC recommendations is to provide the student with a plan and support framework that will enable the student to remain within the OMS and complete their undergraduate degree, provided that such an action does not potentially place the public, staff, other students or the individual student at risk.

Such a plan may involve monitoring, mentoring and counselling and will be agreed between the student and either the relevant ADSA and the chair of the relevant SPC, the School Dean or the AD&Dir ELM, or the FtPC (depending on the category of concern). The plan is regarded as a condition of remaining within the course.

Area 2: Professional attitudes and behaviours raised within the programme

Where concern is a Category A, the ADSA will consult with the ADSA group as necessary and an agreed action plan will be tracked to completion, with appropriate support. The ADSA will monitor compliance and successful completion of the agreed action plan. If this is satisfactory, then the student will no longer require to be supervised by the ADSA. Where this is inadequate the ADSA will continue supervision, and may discuss with the Dean of School/AD&Dir ELM, or recommend discussion at the SPC.

For a Category B issue the student may be placed on a formal reporting regime, with a clearly defined reporting period during which the issue must be monitored, and, where applicable, “conditions met”. This will be supervised by the Dean of School/AD &Dir ELM and the ADSA.

For Category C issue, the likely appropriate action will be that the student will be suspended from the programme by the Dean of the Otago Medical School, until there is a complete investigation and a decision made by the FtPC.

If a final decision is made to recommend suspension from the programme, this will require confirmation by the OMS Board and the Dean of the Otago Medical School. He/she will be responsible for ensuring that the student is given appropriate advice about other options, which, if appropriate might include:

- transferring to an alternative programme; or
- interrupting his or her studies while receiving appropriate therapy/counselling/mentoring.

Area 3: Issues external to the programme

The guidelines for the Fitness to Practise Committee for Area 3 issues will be similar to those that would apply to a practising doctor who was referred to the Medical Council for similar reasons; the FtPC will consider the issue in this light.

For students appearing as a result of a criminal conviction, the FtPC will not consider matters of guilt. If the student has been convicted then they will be considered to have committed the offence and the issue will be considered in this light.

The guidance issued by the MCNZ regarding students convicted of an offence against the law will be used as the baseline for making recommendations and decisions in this area.

If the FtPC considers that there are sufficient grounds for judging that the student is unfit for entry to the profession, its first step will be to ensure that the student is given appropriate advice and the opportunity to accept the advice. The convenor of the FtPC will notify the OMS Board and the Dean of the Otago Medical School.

10 Right of Appeal

Students will have the right to seek leave to appeal through the University, including if the outcome of a FtPC recommendation and thereafter the final OMS Academic Board decision is that a student has failed the year or is required to withdraw from the programme temporarily or excluded. The appeals processes will follow the usual University regulations.

11 Advising all students of Fitness to Practise Policy

Students will be provided with a copy of the Policy document and asked to declare their acceptance to study within its framework at the commencement of their studies in the MB ChB programme. The Policy document will be available on the OMS website. Discussion of this document and the issues of Fitness to Practise should form the basis of some of the learning in the Professional Development area during the early years of the course.

University of Otago Medical Graduate Profile

On completion of the Otago University MB ChB programme, the graduate should be competent to practise safely and effectively as a first year doctor (intern) and have an appropriate foundation for further training in any branch of medicine. Specifically, the graduate should have the following skills and attributes;

1. Personal Attributes

- 1.1 The capacity to be a critical thinker, capable of weighing, evaluating and integrating new information into his or her understanding of issues.
- 1.2 The ability to evaluate his or her own professional functioning and to act to remedy limitations of knowledge, skills and attitudes throughout his or her career.
- 1.3 The ability to extrapolate from knowledge and principles to solve new problems.
- 1.4 An awareness of his or her professional limitations, and a willingness to seek help when these limitations are met.
- 1.5 The ability and willingness to learn and to appreciate that learning continues throughout life.
- 1.6 The ability and willingness to facilitate the learning experience of individuals, groups and communities, both within and beyond the health sector.
- 1.7 Information literacy, including the ability to locate, evaluate and use information in a range of contexts.
- 1.8 The ability to be organised and the skills for time management, so that time and resources are used effectively and efficiently.
- 1.9 A dedication to appropriate ethical behaviour, based on a well developed awareness of his or her own moral values, and knowledge and application of principles of medical ethics.
- 1.10 An awareness of his or her own needs as a person, how health needs might impact on competence to practice and an ability to access appropriate support or healthcare for him or her self.
- 1.11 A commitment to the fundamental importance of the interdependence between research, medical knowledge and professional practice.
- 1.12 A commitment to advocate for the health needs of individuals and communities.

2. Interactive Attributes

- 2.1 A caring and empathetic attitude to others.
- 2.2 Respect for, and an ability to co-operate with colleagues, competence in teamwork and an understanding of the roles of other health professionals and healthcare teams.
- 2.3 A respect for patients and a dedication to work with patients to optimise their health and wellbeing.

- 2.4 Respect for, and an ability to respond to the cultural context and aspirations of patients, colleagues, other health care workers and communities.
- 2.5 An understanding of and an ability to respond to the obligations of the Treaty of Waitangi.
- 2.6 Oral and written communication skills, including an ability to communicate effectively with individuals, groups and communities, both within and beyond the health sector.

3 Disciplinary Attributes

- 3.1 A sound knowledge of the philosophical, scientific and ethical principles underlying the practice of medicine and an ability to apply this knowledge as part of competent medical practice.
- 3.2 A sound understanding of the legal framework surrounding medical practice in New Zealand.
- 3.3 A sense of social responsibility and an understanding of the contribution of doctor, health services, society and political influences to the health outcomes of patients.
- 3.4 A commitment to the principles of patient-centred medicine.
- 3.5 Knowledge of factors impacting on inequalities in health outcomes.
- 3.6 Knowledge of factors impacting on the health status of Maori and other cultures.
- 3.7 Skills in eliciting, documenting and presenting the history of a patient's problems and the relevant physical examination findings.
- 3.8 Skills in problem solving and formulation of differential diagnoses.
- 3.9 Skills in the management of common medical conditions, including; informing and negotiating, the performance of relevant clinical procedures, assessment of prognosis, prescribing skills, knowledge of drug therapy and care of the dying patient.
- 3.10 Skills in the management of emergencies and other serious medical conditions.
- 3.11 An awareness of, and the skills to manage, uncertainty in medical interpretation and decision making.
- 3.12 An ability to maintain proper boundaries between personal and professional roles.
- 3.13 An understanding of the role played by individuals and society in the development of disease and the maintenance of wellbeing.
- 3.14 A sense of social responsibility and an understanding of the roles and functions of healthcare institutions in the social and political environment.
- 3.15 An appreciation of the global perspective of medicine, and an informed sense of the impact of the international community on New Zealand and New Zealand's contribution to the international community.



This document replaces Part 2 of the Australian Medical Council's guidelines, *Assessment and Accreditation of Medical Schools: Standards and Procedures, 2002*

These new standards were approved by the Australian Medical Council at its 27 July 2006 meeting and reviewed by the Medical School Accreditation Committee at its meeting on 23 October 2007.

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PART 2 EDUCATIONAL STANDARDS

Attributes of graduates

The goal of medical education is to develop junior doctors who possess attributes that will ensure that they are competent to practise safely and effectively as interns in Australia or New Zealand, and that they have an appropriate foundation for lifelong learning and for further training in any branch of medicine. Attributes should be developed to an appropriate level for the graduates' stage of training.

Specific attributes incorporating:

- knowledge and understanding
- skills and
- attitudes as they affect professional behaviour

are described in the list below.

Doctors must be able to care for individual patients by preventing and treating illness, assisting with the health education of the community, being judicious in the use of health resources, and working with a wide range of health professionals and other agents. They must be able to work effectively, competently and safely in a diversity of cultural environments, including a diversity of Indigenous health environments.

The quality of each medical school will ultimately be judged by the ability of its graduates to perform at a high level in the changing roles the community requires of its medical practitioners. This requires a flexibility of approach and a commitment to a lifetime of continuing medical education. Medical courses should produce graduates who are willing and able to develop further their knowledge and skills, beginning in the intern year and continuing throughout their professional careers. Graduates must possess a sufficient educational base to respond to evolving and changing health needs throughout their careers.

In Australia and New Zealand, inequalities remain in the health status of various social and cultural groups. Medical schools have a responsibility to select students who can reasonably be expected to respond to the needs and challenges of the whole community, including the health care of these groups. This may include selection of students who are members of such groups. The medical curriculum should also provide opportunities for cultural education programs, and opportunities for training and provision of service in under-serviced communities. A balance of rural, remote and urban area health needs should also be reflected in the curriculum.

Australia has special responsibilities to Aboriginal and Torres Strait Islander people, and New Zealand to Māori, and these responsibilities should be reflected throughout the medical education process.

Doctors work in a context in which the Indigenous peoples of Australia and New Zealand bear the burden of gross social, cultural and health inequity. Doctors must be aware of the impact of their own culture and cultural values on the delivery of services, historically and at present, and have knowledge of, respect for and sensitivity towards the cultural needs of Indigenous people. In this context, beginning doctors need to be able to relate the knowledge and understanding, skills, and particularly attitudes set out below specifically to Indigenous peoples.

Knowledge and Understanding

Graduates completing basic medical education should have knowledge and understanding of:

1. Scientific method relevant to biological, behavioural and social sciences at a level adequate to provide a rational basis for present medical practice, and to acquire and incorporate the advances in knowledge that will occur over their working life.
2. The normal structure, function and development of the human body and mind at all stages of life, the factors that may disturb these, and the interactions between body and mind.
3. The aetiology, pathology, symptoms and signs, natural history, and prognosis of common mental and physical ailments in children, adolescents, adults and the aged.
4. Common diagnostic procedures, their uses and limitations.
5. Management of common conditions including pharmacological, physical, nutritional and psychological therapies. A more detailed knowledge of management is required for those conditions that require urgent assessment and treatment.
6. Normal pregnancy and childbirth, the more common obstetrical emergencies, the principles of antenatal and postnatal care, and medical aspects of family planning.
7. The principles of health education, disease prevention and screening.
8. The principles of amelioration of suffering and disability, rehabilitation and the care of the dying.
9. Factors affecting human relationships, the psychological, cultural and spiritual well-being of patients and their families, and the interactions between humans and their social and physical environment.
10. Systems of provision of health care in a culturally diverse society including their advantages and limitations, the principles of efficient and equitable allocation and use of finite resources, and recognition of local and national needs in health care and service delivery.
11. Indigenous health, including the history, cultural development and health of the Indigenous peoples of Australia or New Zealand.
12. The principles of ethics related to health care and the legal responsibilities of the medical profession.

Skills

Graduates completing basic medical education should have developed the following skills and abilities:

13. The ability to construct, in consultation with a patient, an accurate, organised and problem-focused medical history.
14. The ability to perform an accurate physical and mental state examination.
15. The ability to choose, from the repertoire of clinical skills, those that are appropriate and practical to apply in a given situation.
16. The ability to interpret and integrate the history and physical examination findings to arrive at an appropriate diagnosis or differential diagnosis.
17. The ability to select the most appropriate and cost effective diagnostic procedures.
18. The ability to interpret common diagnostic procedures.
19. The ability to formulate a management plan, and to plan management in concert with the patient.
20. Communication skills, including being able to listen and respond, as well as being able to convey information clearly, considerately and sensitively to patients and their families, doctors, nurses, other health professionals and the general public.

21. The skills needed to work safely as an intern, as outlined in the National Patient Safety Education Framework developed by the Australian Council for Quality and Safety in Health Care.
22. The ability to counsel patients sensitively and effectively, and to provide information in a manner that ensures patients and families can be fully informed when consenting to any procedure.
23. The ability to recognise serious illness and to perform common emergency and life-saving procedures, including caring for the unconscious patient and cardiopulmonary resuscitation.
24. The ability to interpret medical evidence in a critical and scientific manner and an understanding of the epidemiology of disease in differing populations and geographic locations.
25. The ability to use information technology appropriately as an essential resource for modern medical practice.

Attitudes as they Affect Professional Behaviour

At the end of basic medical education, students should demonstrate the following professional attitudes that are fundamental to medical practice:

26. Recognition that the doctor's primary professional responsibilities are the health interests of the patient and the community.
27. Recognition that the doctor should have the necessary professional support, including a primary care physician, to ensure his or her own well-being.
28. Respect for every human being, including respect of sexual boundaries.
29. Respect for community values, including an appreciation of the diversity of human background and cultural values.
30. A commitment to ease pain and suffering.
31. A realisation that it is not always in the interests of patients or their families to do everything that is technically possible to make a precise diagnosis or to attempt to modify the course of an illness.
32. An appreciation of the complexity of ethical issues related to human life and death, including the allocation of scarce resources.
33. A realisation that doctors encounter clinical problems that exceed their knowledge and skills, and that, in these situations, they need to consult and/or refer the patient for help, in clinical, cultural, social and language related matters as appropriate.
34. An appreciation of the responsibility to maintain standards of medical practice at the highest possible level throughout a professional career.
35. An appreciation of the responsibility to contribute towards the generation of knowledge and the professional education of junior colleagues.
36. An appreciation of the systems approach to health care safety, and the need to adopt and practise health care that maximises patient safety including cultural safety.
37. A commitment to communicating with patients and their families, and to involving them fully in planning management.
38. A desire to achieve the optimal patient care for the least cost, with an awareness of the need for cost-effectiveness to allow maximum benefit from the available resources.
39. A preparedness to work effectively in a team with other health care professionals.
40. A realisation that one's personal, spiritual, cultural or religious beliefs should not prevent the provision of adequate and appropriate information to the patient and/or the patient's family, or the provision of appropriate management including referral to another practitioner.



GOOD MEDICAL PRACTICE

A guide for doctors

Medical Council of New Zealand

Protecting the public, promoting good medical practice

Te tiaki i te iwi whānui me te whakatairanga pai i te mahi e pā ana ki te taha rongoā

Patients are entitled to good doctors. Good doctors make the care of patients their first concern; they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy and act with integrity.

The primary purpose of the Medical Council of New Zealand is to promote and protect public health and safety.

The Council has the following key functions:

- registering doctors
- setting standards and guidelines
- recertifying and promoting lifelong learning for doctors
- reviewing practising doctors if there is a concern about performance, professional conduct or health.

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About *Good medical practice*

Under section 118 of the Health Practitioners Competence Assurance Act 2003 (HPCAA), the Council is responsible for setting standards of clinical competence, cultural competence and ethical conduct for doctors. The Council has developed *Good medical practice* to be the foundation document for those standards.

The Council sets standards through discussion with the profession and the public. The standards detailed in *Good medical practice* are those which the public and the profession expect a competent doctor to meet.

Good medical practice is addressed to doctors, but is also intended to let the public know what they can expect from doctors.

How *Good medical practice* applies to you

The Council expects all doctors registered with the Council to be competent. It is the responsibility of competent doctors to be familiar with *Good medical practice* and to follow the guidance it contains.

The Health Practitioners' Disciplinary Tribunal, the Council's Professional Conduct Committees and the Health and Disability Commissioner may use *Good medical practice* as a standard by which to measure your professional conduct.

Foreword: Establishing a relationship of trust with your patients

Doctors must establish a relationship of trust with each of their patients.

Patients trust their doctors with their health and well-being, and sometimes their lives. To justify your patients' trust, follow the principles outlined below and in the rest of this document.

Caring for patients

Make the care of patients your first concern.

Protect and promote the health of patients and the public.

Provide a good standard of care and practice by:

- keeping your professional knowledge and skills up to date
- recognising, and working within, the limits of your competence
- working with colleagues in ways that best serve patients' interests.

Respecting patients

Treat patients as individuals and respect their dignity by:

- treating them politely and considerately
- respecting their right to confidentiality and privacy.

Working in partnership with patients

Work in partnership with patients by:

- listening to them and responding to their concerns and preferences
- giving them the information they want or need in a way they can understand
- respecting their right to reach decisions with you about their treatment and care
- supporting them in caring for themselves to improve and maintain their health.

Acting with integrity

Be honest and open when working with patients; act with integrity by:

- acting without delay to prevent risk to patients
- acting without delay if you have good reason to believe that a colleague may be putting patients at risk
- never discriminating unfairly against patients or colleagues
- never abusing your patients' trust in you or the public's trust of the profession.

Remember that you are personally accountable for your professional practice – you must always be prepared to justify your decisions and actions.

Domains of competence

1. The public and the profession expect doctors to be competent in the following areas:
 - medical care
 - communication
 - collaboration
 - scholarship
 - professionalism.

In the sections that follow, we outline the requirements of each of these competence areas.

Medical care

Good clinical care – a definition

2. Good clinical care includes:
 - adequately assessing the patient's condition, taking account of the patient's history and his or her views and examining the patient as appropriate
 - providing or arranging investigations or treatment when needed
 - taking suitable and prompt action when needed
 - referring the patient to another practitioner when this is in the patient's best interests.

See the Council's statement ***Non-treating doctors performing medical assessments of patients for third parties***, which outlines the specific requirements for non-treating doctors performing medical assessments for other parties.

Providing good clinical care

3. In providing care you are expected to:
 - recognise and work within the limits of your competence
 - consult and take advice from colleagues when appropriate
 - keep colleagues well informed when sharing the care of patients
 - be readily accessible when you are on duty. Depending on the situation, this may mean you are accessible to patients, or it may mean that you are accessible to colleagues or a triage service
 - provide effective treatments based on the best available evidence
 - make good use of the resources available to you
 - take steps to alleviate pain and distress whether or not a cure is possible
 - respect the patient's right to seek a second opinion.

Keeping records

4. You must keep clear and accurate patient records that report:
 - relevant clinical findings
 - decisions made
 - information given to patients
 - any drugs or other treatment prescribed.

Make these records at the same time as the events you are recording or as soon as possible afterwards.

See the Council's statement **Use of the internet and electronic communication** for information about providing services electronically or from a distance.

For more information, see the Council's statement on **Safe practice in an environment of resource limitation**.

For more information, see the Council's statement on **Maintenance and retention of patient records**.

Prescribing drugs or treatment

5. You may prescribe drugs or treatment, including repeat prescriptions, only when you:
 - have adequate knowledge of the patient's health
 - are satisfied that the drugs or treatment are in the patient's best interests.

Usually this will require that you have a face-to-face consultation with the patient or discuss the patient's treatment with another registered health practitioner who can verify the patient's physical data and identity. You may not need a face-to-face consultation if you are prescribing on behalf of a colleague in the same team who usually practises at the same physical location.

Supporting self-care

6. Encourage your patients and the public to take an interest in their health and to take action to improve and maintain their health. For example, this may include advising patients on the effects their life choices may have on:
 - their health and well being
 - the outcome of treatments.

Providing care to those close to you

7. Wherever possible, avoid providing medical care to anyone with whom you have a close personal relationship. The Council recognises that in some cases providing care to those close to you is unavoidable. However, in most cases, providing care to friends, those you work with and family members is inappropriate because of the lack of objectivity and possible discontinuity of care.

Treating people in emergencies

8. In an emergency, offer to help, taking account of your own safety, your competence, and the availability of other options for care.

See the Council's statements on ***Improper prescribing practice with respect to addictive drugs*** and ***The use of drugs and doping in sport***.

See the Council's statement on ***Providing care to yourself and those close to you***.

See the Council's statement on ***A doctor's duty to help in a medical emergency***.

Cultural competence

9. You must be aware of cultural diversity and function effectively and respectfully when working with and treating people of all cultural backgrounds. You should acknowledge:
- that New Zealand has a culturally diverse population
 - that a doctor's culture and belief systems influence his or her interactions with patients and accept this may impact on the doctor-patient relationship
 - that a positive patient outcome is achieved when a doctor and patient have mutual respect and understanding.

Communication

The doctor–patient relationship

10. Relationships based on openness, trust and good communication will enable you to work in partnership with your patients to address their individual needs.

You must familiarise yourself with the:

- Code of Health and Disability Services Consumers' Rights
- Health Information Privacy Code.

In certain circumstances you may also need to tell your patients about their rights.

Establishing and maintaining trust

11. To establish and maintain trust you should:
- listen to patients, ask for and respect their views about their health, and respond to their concerns and preferences
 - be readily accessible to patients when you are on duty.

See the Council's **Statement on cultural competence**.

For specific guidance on providing care to Māori patients, see the Council's **Statement on best practices when providing care to Māori patients and their whānau** and **Best health outcomes for Māori: Practice implications**.

For a copy of the Code of Health and Disability Services Consumers' Rights go to: www.hdc.org.nz/theact/theact-thecodedetail

For a copy of the Health Information Privacy Code go to: www.privacy.org.nz/privacy-act/health-information-privacy-code

Make sure you respect:

- patients' privacy and dignity
- the right of patients to be fully involved in decisions about their care
- the right of patients to seek a second opinion.

Treating information as confidential

12. Treat all information about patients as confidential.

Be prepared to justify your decision if, in exceptional circumstances, you feel you should pass on information without a patient's consent, or against a patient's wishes.

Giving information to patients about their condition

13. Give patients all information they want or need to know about:

- their condition and its likely progression
- treatment options, including expected risks, side effects, costs and benefits.

14. Do your best to ensure the patients understand the information you give them about their condition and its treatment. Give information to patients in a form they can understand and, if necessary, make arrangements to meet any language or special communication needs that patients may have.

15. Make sure the patient agrees before you provide treatment or investigate a patient's condition. Respect the patient's right to decline treatment.

Giving information to parents or caregivers

16. When working with patients under 16 years, you should give information about the patient's condition and treatment to parents or caregivers only if the following apply:

- the patient lacks the maturity to understand their condition or what its treatment may involve

See the Council's statement on **Confidentiality and public safety** for information about the requirements of the Health Information Privacy Code.

- you judge that you are acting in the young patient's best interests by informing a parent or caregiver.

Involving relatives, carers and partners

17. You must be considerate to relatives, carers, partners and others close to the patient. Make sure you are sensitive and responsive in providing information and support, for example, after a patient has died.
18. Patients have the right to have one or more support persons of their choice present, except where safety may be compromised or another patient's rights unreasonably infringed.

Follow the guidance outlined in the Health Information Privacy Code.

Giving information to patients about education and research activities

19. Explain the benefits to patients and others of participating in education or research. However, you must also explain the risks. Respect the right of patients to decline to take part in education or research activities.

Advising patients about your personal beliefs

20. Your personal beliefs should not affect your advice or treatment. If you feel your beliefs might affect the advice or treatment you provide, you must explain this to patients and tell them about their right to see another doctor. You must be satisfied that the patient has sufficient information to enable them to exercise that right.

Assessing patients' needs and priorities

21. It will be expected that investigations or treatment you provide or arrange will be made on the assessment you and the patient make of his or her needs and priorities, and on your clinical judgement about the likely effectiveness of the treatment options.

See the **Health Information Privacy Code** and the Council's statement on **Confidentiality and public safety**.

See the Council's **Statement on cultural competence**.

Avoiding discrimination

22. You must not refuse or delay treatment because you believe that a patient's actions have contributed to their condition. Nor should you unfairly discriminate against patients by allowing your personal views to negatively affect your relationship with them or the treatment you arrange or provide. Challenge colleagues if their behaviour does not comply with this guidance.
23. All patients are entitled to care and treatment that meets their clinical needs. If a patient poses a risk to your own health and safety, you should take all possible steps to minimise the risk before providing treatment or making suitable arrangements for treatment.
24. You must always respect a patient's wishes expressed in an advance directive, unless the patient is being treated under specific legislation such as the Mental Health (Compulsory Assessment and Treatment) Amendment Act 1992. Advance directives have legal standing in the Code of Health and Disability Services Consumers' Rights. If you hold a moral objection, you should transfer responsibility for the patient to another doctor.
25. Euthanasia is illegal in New Zealand.

Ending a professional relationship

26. In some rare cases, you may need to end a professional relationship with a patient.
- You must be prepared to justify your decision. You should usually tell the patient – in writing if possible – why you have made this decision. You must also make sure you arrange for the patient's continuing care and pass on the patient's records without delay.

See the Council's statement on **Ending a doctor-patient relationship**.

Advertising

27. Make sure any information you publish or broadcast about your medical services is factual and verifiable. The information must conform to the requirements of the Fair Trading Act 1986 and Advertising Standards Authority guidelines.
28. Claims you make about the quality or outcomes of your services should be evidence based. You should not compare your services with those your colleagues provide.
29. Advertising and promotional material should not foster unrealistic expectations.
30. You must not falsely claim a high success rate or overstate your qualifications.
31. Patients can find medical titles confusing. To reduce confusion, avoid using titles such as “specialist” that refer to an area of expertise (unless you are registered with the Council in an appropriate vocational scope).
32. You must not put pressure on people to use a service, for example, by arousing ill-founded fear for their future health. Similarly, you must not advertise your services by visiting or telephoning prospective patients, either in person or through an agent.

Dealing with adverse outcomes

33. If a patient under your care has suffered serious harm or distress act immediately to put matters right, if possible. You should express regret at the outcome, apologise if appropriate, and explain fully and without delay to the patient:
 - what has happened
 - the likely short-term and long-term effects.

Refer to the Council's statement on **Disclosure of harm**.

34. Patients who have a complaint about the care or treatment they have received have a right to a prompt, constructive and honest response, including an explanation and, if appropriate, an apology. You must cooperate with any complaints procedure that applies to your work. Do not allow a patient's complaint to prejudice the care or treatment you provide or arrange for that patient.
35. When a patient under 16 has died, explain to the parents or caregivers to the best of your knowledge why and how the patient died. When an adult patient has died, give this information to the patient's partner or next of kin, unless you know that the patient would have objected.
36. You must cooperate fully with any formal inquiry into the treatment of a patient (although you have the right not to give evidence that may lead to criminal proceedings being taken against you). You must not withhold relevant information. You must also help the coroner when an inquest or inquiry is held into a patient's death.
37. You must tell your employer or colleagues if the Council places restrictions or conditions on your practice because of concerns about your clinical performance. This procedure helps to ensure that others take over the work you are restricted from doing and that the conditions on your practice are met.

Working in teams

38. Most doctors work in teams with a wide variety of health professionals and non-medical health and disability workers. Working in teams is likely to become even more common in the future. Working in teams does not change your personal accountability for your professional conduct and the care you provide. In all dealings with team members, doctors must act in, and advocate for, the best interests of the patient.

If you are responsible for leading a team, see the Council's statement on ***Responsibilities of doctors in management and governance.***

39. When working in a team:

- respect the skills and contributions of your colleagues
- communicate effectively with colleagues both within and outside the team
- make sure that your patients and colleagues understand your responsibilities in the team and who is responsible for each aspect of patient care
- participate in regular reviews and audit of the standards and performance of the team, taking steps to remedy any deficiencies
- support colleagues who have problems with performance, conduct or health
- share information necessary for the continuing care of the patient.

Overseeing prescribing by other health professionals

40. You may need to oversee prescribing by other health professionals in one of the situations described below.

When other health professionals have prescribing rights

41. Some other health professionals have legal and independent prescribing rights. If you are working in a team with other health professionals, offer appropriate advice when needed to help ensure patient safety.

Standing orders

42. More and more, other health professionals work in teams with doctors. Some teams delegate to non-doctors the responsibility for initiating and/or changing drug therapy. If the non-doctor prescriber is working from standing orders, then the responsibility for the effects of the prescription rests with the doctor who signed the standing order.

See the Council's online advice ***Deciding whether to make a competence referral*** at www.mcnz.org.nz under the heading Publications >>Guidance.

43. Support your non-doctor colleagues in these situations by:

- regularly auditing the non-doctor prescriber
- making yourself available by phone for advice.

Arranging cover

Transferring a patient

44. When a patient is being transferred between a doctor and another health-care practitioner, he or she must remain under the care of one of the two at all times. Formal handover is essential. The higher the degree of activity, the more important it is to ensure appropriate communication at the point of transfer. The chain of responsibility must be clear throughout the transfer.

Going off duty

45. When you are going off duty, make suitable arrangements for your patients' medical care. Use effective handover procedures and communicate clearly with colleagues.

In an environment where doctors work in rotating shifts, you should insist that time is set aside for the sole purpose of organising appropriate handover.

Arranging a locum

46. General practitioners must take particular care when arranging locum cover. You must be sure that the locum has the qualifications, experience, knowledge and skills to perform the duties he or she will be responsible for.

The central role of the general practitioner

47. It is in patients' best interests for one doctor, usually their general practitioner, to be:

- fully informed about patients' medical care
- responsible for maintaining continuity of medical care.

48. If you are a general practitioner and refer patients to specialists, you need to know the range of specialist services available.

Delegating patient care to colleagues

49. Delegating involves asking a colleague to provide treatment or care on your behalf. Although you are not responsible for the decisions and actions of those to whom you delegate, you remain responsible for your decision to delegate and for the overall management of the patient.
50. Always pass on complete, relevant information about patients and the treatment they need.

Referring patients

51. Referring involves transferring some or all of the responsibility for the patient's care. Referring the patient is usually temporary and for a particular purpose, such as additional investigation, or treatment that is outside your competence.
52. When you refer a patient, provide all relevant information about the patient's history and present condition. Where the transfer is for acute care, this information should be provided in a face-to-face or telephone discussion with the admitting doctor.
53. Make sure you appropriately document all referrals.

Sharing information with the patient's general practitioner

54. Many types of care arrangements are possible and patients need to know how information is shared among those who provide their care. For example, you may have seen and treated the patient but not be the patient's general practitioner. The patient may have self-referred or you may have seen the patient on referral from his or her general practitioner or another health professional.

See the Council's booklet ***Induction and supervision for newly registered doctors.***

See the Council's statement on ***The maintenance and retention of patient records.***

See the Council's statement on ***Confidentiality and public safety.***

55. In all these situations you should seek the patient's permission to, and explain the benefits of, sharing information with the general practitioner such as:

- test results
- details of your opinion
- any treatment you have started or changed
- any other information necessary for the patient's continuing care.

56. Once you have the patient's permission to share information, provide the general practitioner with this information without delay.

57. In most situations you should not pass on information if the patient does not agree. Some situations exist in which the general practitioner should be informed even if the patient does not agree (for example where disclosure is necessary to ensure appropriate ongoing care). Under the Health Act 1956 you may share information in these situations when the general practitioner is providing ongoing care and has asked for the information.

Providing your contact details

58. When you order a test and expect that the result may mean urgent care is needed, your referral must include one of the following:

- your out-of-hours contact details
- the contact details of the health practitioner providing after-hours cover.

Collaboration

Working with colleagues

59. Treat your colleagues fairly and with respect. Do not bully or harass them. By law, you must not discriminate against colleagues, including doctors applying for other jobs.

Colleagues are those you work with, including doctors and other health professionals.

60. You must not allow your professional relationship with colleagues to be affected by their:

- age
- colour, race, or ethnic or national origin
- culture or lifestyle
- disability
- gender or sexual orientation
- marital or parental status
- religion or beliefs
- social or economic status.

61. You must not make malicious or unfounded criticisms of colleagues that may undermine patients' trust in the care or treatment they receive, or in the judgement of those treating them.

62. You must be readily accessible to colleagues when on duty.

63. Challenge colleagues if their own behaviour does not comply with the guidance in this section.

Management

64. Doctors and managers need to work together in a constructive manner to create an environment that encourages good medical practice.

Managers and employers of doctors should also see the statement on **Responsibilities in management and governance** and the **Statement on employment of doctors and the Health Practitioners Competence Assurance Act 2003**.

Making decisions about access to medical care

65. Doctors have a responsibility to the community to foster the proper use of resources – in particular by making efforts to use resources efficiently, consistent with good patient care.

Scholarship

Teaching, training, appraising and assessing doctors and students

66. An integral part of professional practice is teaching, training, appraising and assessing doctors and students, which is important for the care of patients now and in the future. If you are involved in teaching you need to develop the attitudes, awareness, knowledge, skills and practices of a competent teacher.

Supervision for newly registered doctors

67. Make sure that all staff for whom you are responsible and who require supervision, including locums, junior colleagues and international medical graduates who are new to practice in New Zealand, are properly supervised. If you are responsible for supervising staff, make sure you supervise at an appropriate level taking into account the work situation and the level of competence of those being supervised.

Providing objective assessments of performance

68. Be honest and objective when appraising or assessing the performance of colleagues, including those you have supervised or trained. Patients may be put at risk if you describe as competent someone who has not reached or maintained a satisfactory standard of practice.

See the Council's *Statement on safe practice in an environment of resource limitation*.

See the Council's publication *Education and supervision for interns*.

See the Council's booklet *Induction and supervision for newly registered doctors*.

Writing references and reports

69. Provide only honest, justifiable and accurate comments when giving references for, or writing reports about, colleagues. When providing references do so promptly and include all relevant information about your colleagues' competence, performance and conduct.

Research

70. Research is vital for improving care and reducing uncertainty for patients now and in the future, and for improving the health of the population as a whole.

71. Use the following guidelines if you are involved in designing, organising or carrying out research:

- put the protection of the participants' interests first
- act with honesty and integrity
- make sure that a properly accredited research ethics committee has approved the research protocol, and that the research meets all regulatory and ethical requirements
- accept only payments that a research ethics committee has approved
- do not allow payments or gifts to influence your conduct
- do not make unjustified claims for authorship when publishing results
- report any concerns to an appropriate person or authority.

See the Council's statement on ***Responsibilities in any relationships between doctors and health related commercial organisations.***

Maintaining and improving your performance

72. Work with colleagues and patients to maintain and improve the quality of your work and promote patient safety.

In particular:

- take part in clinical audit, peer review and continuing medical education
- respond constructively to the outcome of audit, appraisals and performance reviews, undertaking further training where necessary
- assess treatments to improve future services
- contribute to inquiries and sentinel event recognition and reporting, to help reduce risks to patients
- report suspected drug reactions using the relevant reporting scheme
- cooperate with legitimate requests for information from organisations monitoring public health.

Keeping up to date

73. Keep your knowledge and skills up to date throughout your working life:

- familiarise yourself with relevant guidelines and developments that affect your work
- take part regularly in educational activities that maintain and further develop your competence and performance
- observe and keep up to date with all laws and codes of practice relevant to your work.

See the Council's guidelines on ***What you can expect – the performance assessment and Continuing professional development and recertification.***

You must comply with the requirements of the **Health Information Privacy Code.** Some of these requirements are outlined in the Council's statement on ***Confidentiality and public safety.***

Professionalism

Raising concerns about patient safety

Concerns about colleagues

74. Protect patients from risk of harm posed by a colleague's conduct, performance or health. Patient safety comes first at all times.
75. Before taking action, do your best to find out the facts. Then, if action is necessary, you should follow your employer's procedures or tell an appropriate person. Your comments about colleagues must be honest. If you are not sure what to do, ask an experienced colleague for advice. If a colleague raises concerns about your practice, respond constructively.
76. Under the HPCAA you must tell the Council if a doctor's ill-health is adversely affecting patient care.
77. You should also tell the Council about:
- incompetence
 - disruptive behaviour by another doctor that risks causing harm to patients.
78. In less serious circumstances, or in situations involving other health professionals, you may prefer to tell the:
- medical officer of health
 - chief medical officer
 - chief nursing officer
 - chief executive
 - appropriate registration authority
 - Health and Disability Commissioner's office.

See the Council's ***Statement on employment of doctors and the Health Practitioners Competence Assurance Act 2003 (HPCAA)***.

See also ***Deciding whether to make a competence referral*** on our website at www.mcnz.org.nz under the heading **Competence >>Concerns about competence**.

Concerns about premises, equipment, resources, policies and systems

79. If you are concerned that patient safety may be at risk from inadequate premises, equipment or other resources, policies or systems, put the matter right if possible. In all other cases you should record your concerns and tell the appropriate body.

Writing reports, giving evidence and signing documents

80. If you have agreed or are required to write reports, complete or sign documents or give evidence, do so without delay.

Cooperating in formal proceedings

81. You must cooperate fully with any formal inquiry into the treatment of a patient and with any complaints procedure that applies to your work. Disclose to the appropriate authority any information relevant to an investigation into your own or a colleague's conduct, performance or health.

82. If you are asked to give evidence or act as a witness in litigation or formal proceedings, be honest in all your spoken and written statements. Make clear the limits of your knowledge or competence.

Additional responsibilities for managers

83. You have additional responsibilities if you are involved in management or governance. For example, you must ensure that procedures are in place for raising and responding to concerns.

Your health

84. Make sure you register with an independent general practitioner so that you have access to objective medical care. Do not treat yourself.

See the Council's **Statement on safe practice in an environment of resource limitation.**

See the Council's statement on **Medical certification.**

See the Council's statement on **The responsibilities of doctors in management and governance.**

Refer to the Council's statement on **Providing care to yourself and those close to you.**

85. Protect your patients, your colleagues and yourself by:

- following standard precautions and infection control practices
- undergoing appropriate screening
- being immunised against common serious communicable diseases where vaccines are available.

86. You must tell the Council's health committee if you have a condition that may affect your practice, judgement or performance. The committee will help you decide how to change your practice if needed. Do not rely on your own assessment of the risk you may pose to patients.

87. If you think you have a condition that you could pass on to patients, you must consult a suitably qualified colleague. Ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary.

Integrity in professional practice

88. Integrity – being honest and trustworthy – is at the heart of medical professionalism. Make sure that at all times your conduct justifies your patients' trust in you and the public's trust in the profession.

89. You must inform the Council without delay if, anywhere in the world:

- you have been charged with or found guilty of a criminal offence
- you have been suspended or dismissed from duties by your employer
- you have resigned for reasons relating to competence
- another professional body has found against your registration as a result of 'fitness to practise' procedures.

See ***The HRANZ joint guidelines for registered health care workers on transmissible major viral infections*** (a statement developed by the Council with other regulatory bodies).

90. If you are suspended from working, or have restrictions placed on your practice, you must inform without delay:

- any other organisations for which you undertake medical work
- any patients you see independently.

91. Do not become involved in any sexual or improper emotional relationship with a patient or someone close to them.

92. Do not express to your patients your personal beliefs, including political, religious or moral beliefs, in ways that exploit their vulnerability or that are likely to cause them distress.

Financial and commercial dealings

93. Be honest and open in any financial dealings with patients. In particular, note the following:

- inform patients about your fees and charges before asking for their consent to treatment
- do not exploit patients' vulnerability or lack of medical knowledge when making charges for treatment or services
- do not encourage patients to give, lend or bequeath money or gifts that will benefit you
- do not put pressure on patients or their families to make donations to other people or organisations
- do not put inappropriate pressure on patients to accept private treatment.

94. Be honest in financial and commercial dealings with employers, insurers and other organisations or individuals. In particular, note the following:

- before taking part in discussions about buying goods or services, declare any relevant financial or commercial interest you or your family might have in the purchase

See the Council's resource ***Sexual boundaries in the doctor-patient relationship.***

See the Council's statement on ***Responsibilities in any relationships between doctors and health related commercial organisations.***

- make sure funds you manage are used for the purpose for which they were intended and are kept in a separate account from your personal finances
- declare any relevant financial or commercial interest in goods or services provided by you or another person or entity.

Hospitality, gifts and inducements

95. Act in your patients' best interests when making referrals and providing or arranging treatment or care. Do not ask for or accept any inducement, gift, or hospitality that may affect, or be thought to affect, the way you prescribe for, treat or refer patients. The same applies to offering such inducements to colleagues.

Conflicts of interest

96. When making recommendations or referrals, you must declare any relevant financial or commercial interest.

Related documents

The guidelines contained in *Good medical practice* do not cover all forms of professional practice or discuss all types of misconduct that may bring your registration into question.

You should familiarise yourself with the series of statements and other publications produced by the Council. The Council's statements expand on points raised in this document. Some statements also cover issues not addressed in this document, such as internet medicine and alternative medicine.

Standards set by the Council

Below we list relevant Council statements and other publications.

Definitions

- *Clinical practice and non-clinical practice*
- *Fitness to practise*
- *Practice of medicine*

Administrative practice

- *Employment of doctors and the Health Practitioners Competence Assurance Act 2003*
- *Non-treating doctors performing medical assessments of patients for third parties*
- *Responsibilities of doctors in management and governance*
- *Safe practice in an environment of resource limitation*

General subjects

- *Complementary and alternative medicine*
- *Confidentiality and the public safety*
- *Cosmetic procedures*

For a free copy of the folder and statements, email folder@mcnz.org.nz or telephone 0800 286 801 extension 793.

For the most recent versions of the statements, go to www.mcnz.org.nz under the heading Publications.

New and updated statements are sent to all doctors with the Council's newsletter.

- *Disclosure of harm*
- *The doctor's duty to help in a medical emergency*
- *Ending a doctor-patient relationship*
- *Fitness for registration – statement for medical students*
- *Improper prescribing practice with respect to addictive drugs*
- *Information and consent*
- *Legislative requirements about patient rights and consent*
- *The maintenance and retention of patient records*
- *Medical certification*
- *Responsibilities in any relationships between doctors and health related commercial organisations*
- *The use of drugs and doping in sport*
- *Use of the internet and electronic communication*
- *When another person is present during a consultation*

Health

- *HRANZ Joint guidelines for registered health care workers on transmissible major viral infections*
- *Providing care to yourself and those close to you*

Cultural competence

- *Best practices when providing care to Māori patients and their whānau*
- *Cultural competence*

Other Council publications

- *Best health outcomes for Māori: Practice implications*
- *Cole's Medical practice in New Zealand (2008 ed)*
- *Continuing professional development and recertification*

- *Deciding whether to make a competence referral*
- *Doctors' health, a guide to how the Council manages doctors with health conditions*
- *Education and supervision for interns, a resource for new registrants and their supervisors*
- *Induction and supervision for newly registered doctors*
- *The importance of clear sexual boundaries in the patient-doctor relationship, a guide for patients*
- *Medical registration in New Zealand*
- *Sexual boundaries in the doctor-patient relationship, a guide for doctors*
- *What you can expect. The performance assessment*
- *You and your doctor, guidance and advice for patients*

Standards set by other agencies

The Code of Health and Disability Services Consumers' Rights gives rights to consumers, and places obligations on all people and organisations providing health and disability services, including doctors.

Traditionally the code of ethics for the medical profession in New Zealand is that of the New Zealand Medical Association.

Legislation places further legal obligations on doctors – consult your lawyer if you need advice about your legal obligations.

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Memorandum of Understanding between the Medical Council of New Zealand (the Council) and the University of Otago Faculty of Medicine (the Medical School)

APPENDIX 4
return

Purpose

1. The purpose of this Memorandum of Understanding is to formalise a framework that will facilitate evaluating and reporting of fitness to practise issues that may affect a medical student's fitness for registration or ability to perform the functions required for the practice of medicine.

Background

2. The Council's purpose is to take all reasonable steps to ensure that medical practitioners are competent to practise medicine, in order to protect and promote public health and safety as required by the Health Practitioners Competence Assurance Act 2003 (HPCAA). Although medical students are not registered health practitioners, the Medical School and the Council recognise that health and/or conduct issues prior to graduation may have an impact on the medical students' fitness for registration or their ability to perform the functions required for the practice of medicine.
3. The Medical School has developed a formal *Code of Practice for Fitness to Practise* ("Code"). The Code provides policy and processes that are to be followed when concerns are raised about a medical student's fitness to practise medicine. The Code also covers concerns about health or personal issues and conduct.
4. The Code further outlines remedial and supportive mechanisms that enable medical students to remain in the undergraduate programme wherever possible, providing the proposed remedial action does not place the public, the medical student or the University at risk before or after graduation.
5. In most cases the concerns that are raised can be resolved at an early stage, with the medical student's cooperation.
6. At a minimum, the Code will outline three areas of concern which may affect fitness to practise:
 - 6.1 **Area 1: Health or personal Issues**

Issues that may affect the medical student's future ability to practise medicine, including:

 - psychiatric illnesses
 - physical impairment
 - transmissible blood-borne viral infections
 - drug and alcohol issues.
 - 6.1.1 These are likely to:
 - affect a medical student's studies, progression or career pathways
 - expose the medical student, patients or staff members to potential risk
 - expose the Faculty or partner organisation to potential risk.

6.2 **Area 2: Professional attitudes**

Issues of concern regarding professional attitudes during the programme including:

- plagiarism
- poor attendance
- inappropriate behaviour
- contravention of significant aspects of ethical codes or policy, eg. sensitive examinations.

6.3 **Area 3: Issues external to the programme**

Issues regarding the actions of medical students occurring outside the programme, such as:

- any offence which is potentially punishable by three or more months in jail (eg alcohol or drug related convictions, pornography offences).

7. The concerns raised are classified as follows:

7.1 **Non-critical**

An issue that raises concerns about future fitness to practise, that would best be dealt with through support and counselling.

- Examples would include poor attendance, or relatively minor inappropriate behaviour.

7.2 **Critical**

Issues that raise much more significant concerns in regards to future fitness to practice issues or career options.

- Examples would include dishonesty, serious health issues, significant contravention of a policy, drug and alcohol abuse.
- Two or more repeated non-critical concerns escalate to this category.

7.3 **Extraordinarily critical**

An unprecedented event giving rise to the need for immediate action because of the likelihood of significant harm, either involving a medical student, or resulting from the action of a medical student.

Responsibilities of the University of Otago Faculty of Medicine

8. The Medical School will maintain a Code that, in its opinion, is appropriate to managing fitness to practise concerns and will discuss with and notify the Medical Council if changes are planned and/or implemented to the Code and associated processes.¹
9. Section 45²(5) of the HPCAA requires education providers to notify the regulatory authority if "a student who is completing a course would be unable to perform the functions required for the practice of the relevant profession because of some mental or physical condition." In compliance with the HPCAA, the Medical School will, upon graduation, advise Council if it has reason to believe that students have mental or physical conditions that may impact on their ability to practice safely.
10. Should the Medical School have serious concerns relating to competence or conduct of a graduating medical student, which it has reason to believe may impact on the student's ability to practice safely, the Medical School, to the extent permitted by law and in accordance with the conditions of the Privacy Act, and with the informed

¹ The Code of Practice for Fitness to Practice is located at the end of this document as Appendix 1

² Section 45 is located at the end of this document as Appendix 2

consent of the student, may disclose the details to the Medical Council at the Medical School's discretion.

Responsibilities of the Council

11. Under Section 16 of the HPCAA, the Council must ensure that no person is registered as a doctor in New Zealand whose previous or current competence, health or conduct may pose a risk to public health and safety. The Council's registration application form will require all applicants to declare any disciplinary activity related to fitness to practise or conduct issues noted while they were a medical student at any university attended or prior. Applicants are also asked to declare health issues and convictions.

Shared responsibilities

12. The memorandum of understanding will be reviewed as soon as is practical 2 years after the signing of it.

The Medical Council of New Zealand

.....
Chief Executive Officer

.....
Date

University of Otago Faculty of Medicine

.....
Dean

Robertson

.....
Date

5 Sept 2008

45 Notification of inability to perform required functions due to mental or physical condition

(1) Subsection (2) applies to a person who—

(a) is in charge of an organisation that provides health services; or

(b) is a health practitioner; or

(c) is an employer of health practitioners; or

(d) is a medical officer of health.

(2) If a person to whom this subsection applies has reason to believe that a health practitioner is unable to perform the functions required for the practice of his or her profession because of some mental or physical condition, the person must promptly give the Registrar of the responsible authority written notice of all the circumstances.

(3) If any person has reason to believe that a health practitioner is unable to perform the functions required for the practice of his or her profession because of some mental or physical condition, the person may give the Registrar written notice of the matter.

(4) Subsection (5) applies to a person in charge of an educational programme in New Zealand that includes or consists of a course of study or training (a course) that is a prescribed qualification for a scope of practice of a health profession.

(5) If a person to whom this subsection applies has reason to believe that a student who is completing a course would be unable to perform the functions required for the practice of the relevant profession because of some mental or physical condition, the person must promptly give the Registrar of the responsible authority written notice of all the circumstances.

(6) No civil or disciplinary proceedings lie against any person in respect of a notice given under this section by that person, unless the person has acted in bad faith.