

# 1 Good medical practice: a guide for doctors

*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.*

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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.

## 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***<sup>1</sup>

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.

### ***Providing good clinical care***<sup>2</sup>

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***<sup>3</sup>

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.

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<sup>1</sup> 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.

<sup>2</sup> See the Council's statement *Use of the internet and electronic communication* for information about providing services electronically or from a distance. See the Council's statement on *Safe practice in an environment of resource limitation*.

<sup>3</sup> See the Council's statement on *Maintenance and retention of patient records*.

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

### ***Prescribing drugs or treatment***<sup>4</sup>

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 wellbeing
- the outcome of treatments.

### ***Providing care to those close to you***<sup>5</sup>

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***<sup>6</sup>

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

### ***Cultural competence***<sup>7</sup>

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

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<sup>4</sup> See the Council's statements on *Improper prescribing practice with respect to addictive drugs* and *The use of drugs and doping in sport*.

<sup>5</sup> See the Council's statement on *Providing care to yourself and those close to you*.

<sup>6</sup> See the Council's statement on *A doctor's duty to help in a medical emergency*.

<sup>7</sup> 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*.

- 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***<sup>8</sup>

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.

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***<sup>9</sup>

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 patient understands 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.

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<sup>8</sup> For a copy of the Code of Health and Disability Services Consumers' Rights go to: [www.hdc.org.nz/theact/theactthecodedetail](http://www.hdc.org.nz/theact/theactthecodedetail). For a copy of the Health Information Privacy Code go to: [www.privacy.org.nz/privacy-act/health-information-privacy-code](http://www.privacy.org.nz/privacy-act/health-information-privacy-code).

<sup>9</sup> See the Council's *Statement on Confidentiality and public safety* for information about the requirements of the Health Information Privacy Code.

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
- 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***<sup>10</sup>

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.

### ***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

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<sup>10</sup> See the *Health Information Privacy Code* and the Council's statement on *Confidentiality and public safety*. See the Council's statement on *Cultural competence*.

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***<sup>11</sup>

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.

### ***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.

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<sup>11</sup> See the Council's statement on *Ending a doctor-patient relationship*

### ***Dealing with adverse outcomes***<sup>12</sup>

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.

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***<sup>13</sup>

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.

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

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<sup>12</sup> Refer to the Council's statement on *Disclosure of harm*.

<sup>13</sup> If you are responsible for leading a team, see the Council's statement on *Responsibilities of doctors in management and governance*.

- 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<sup>14</sup>
- share information necessary for the continuing care of the patient.

### ***Overseeing prescribing by other health professionals***

40. You may also 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.

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.

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<sup>14</sup> See the Council's online advice *Deciding whether to make a competence referral* at [www.mcnz.org.nz](http://www.mcnz.org.nz) under the heading Publications >>Guidance.

### *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***<sup>15</sup>

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.<sup>16</sup>

### ***Sharing information with the patient's general practitioner***<sup>17</sup>

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

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:

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<sup>15</sup> See the Council's booklet *Induction and supervision for newly registered doctors*.

<sup>16</sup> See the Council's statement on *The maintenance and retention of patient records*.

<sup>17</sup> See the Council's statement on *Confidentiality and the public safety*

- 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***

55. 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**<sup>18</sup>

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.

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.

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<sup>18</sup> Colleagues are those you work with, including doctors and other health professionals.

## Management <sup>19</sup>

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

### **Making decisions about access to medical care** <sup>20</sup>

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** <sup>21</sup>

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*** <sup>22</sup>

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.

### ***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.

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<sup>19</sup> 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*.

<sup>20</sup> See the Council's statement on *Safe practice in an environment of resource limitation*.

<sup>21</sup> See the Council's publication *Education and supervision for interns*.

<sup>22</sup> See the Council's booklet *Induction and supervision for newly registered doctors*.

## **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 <sup>23</sup>
- do not make unjustified claims for authorship when publishing results
- report any concerns to an appropriate person or authority.

## **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 <sup>24</sup>
- 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. <sup>25</sup>

## ***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.

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<sup>23</sup> See the Council's statement on *Responsibilities in any relationships between doctors and health related commercial organisations*.

<sup>24</sup> See the Council's guidelines on *What you can expect – the performance assessment and Continuing professional development and recertification*.

<sup>25</sup> 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*<sup>26</sup>

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.

#### *Concerns about premises, equipment, resources, policies and systems*<sup>27</sup>

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<sup>28</sup>

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

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<sup>26</sup> 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](http://www.mcnz.org.nz) under the heading Competence >>Concerns about competence.

<sup>27</sup> See the Council's statement on *Safe practice in an environment of resource limitation*.

<sup>28</sup> See the Council's statement on *Medical certification*.

### ***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*** <sup>29</sup>

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** <sup>30</sup>

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

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. <sup>31</sup>

### **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

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<sup>29</sup> See the Council's statement on *The responsibilities of doctors in management and governance*.

<sup>30</sup> Refer to the Council's statement on *Providing care to yourself and those close to you*.

<sup>31</sup> 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).

- you have resigned for reasons relating to competence
- another professional body has found against your registration as a result of ‘fitness to practise’ procedures.

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.<sup>32</sup>

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.<sup>33</sup> 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
- 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.

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<sup>32</sup> See the Council’s resource *Sexual boundaries in the doctor-patient relationship*.

<sup>33</sup> See the Council’s statement *Responsibilities in any relationships between doctors and health related commercial organisations*.

### **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.

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 (see appendix A).<sup>34</sup> 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 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 (see chapter 23).

Traditionally the code of ethics for the medical profession in New Zealand is that of the New Zealand Medical Association (see chapter 19).

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

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<sup>34</sup> For a free copy of the folder and statements, email [folder@mcnz.org.nz](mailto: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](http://www.mcnz.org.nz) under the heading Publications. New and updated statements are sent to all doctors with the Council's newsletter.