



Doctors' Health

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



Are you a doctor with a health problem or a health problem? An illness may affect

The Medical Council of New Zealand (the Council) is responsible for protecting the health and safety of the public under the Health Practitioners Competence Assurance Act 2003 (HPCAA). Under the HPCAA, doctors must tell the Council if there is any concern about their own or a colleague's ability to perform the functions required to practise medicine.

A doctor is not fit to practise if, because of a physical or mental condition, he or she is not able to perform the functions required for the practice of medicine.

Those functions include:

- making safe judgements
- demonstrating the level of skill and knowledge required for safe practice
- not risking infecting patients with whom the doctor comes in contact
- behaving appropriately
- not acting in ways that impact adversely on patient safety.



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a doctor's ability to care for patients.

This pamphlet explains the Council's approach to this area of its work. It is for doctors and their employers, medical officers of health, patients and anyone else who may be concerned about a doctor's health.

What causes doctors' health problems?

Doctors, like everyone else, are constantly exposed to stresses and hazards that can impair relationships and performance. Stresses include working long hours, fatigue, sleep deprivation, patient demands, consequences of wrong decisions/mistakes, debt, demands of external bodies (including the Council and Colleges) and fear of litigation/complaints. Hazards include infectious diseases, radiation and noxious chemicals. In addition, doctors are vulnerable to the same physical and psychological disorders as the rest of the community. These disorders occur in doctors just as often as in the general population and some, such as suicide, liver cirrhosis and accidents, occur more frequently.

It is generally accepted that one to two percent of doctors in actual practice will be working under some degree of impairment, secondary to physical or psychiatric disorder.

If professional help is not sought, it is often just a matter of time before serious problems occur.

The Council's experience is that early intervention usually enables doctors with a treatable illness to keep practising while receiving treatment.

On the other hand, for an irreversible illness it is vital for public safety that the doctor's practice is closely monitored or, if necessary, that the doctor stops work.

Who must refer a doctor to the Council Registrar?

Any health practitioner, anyone in charge of an organisation that provides health services, and any doctor's employer must refer to the Council Registrar a doctor who is unfit to practise. This requirement also applies to a person in charge of an educational programme in New Zealand who believes a student completing a course in medicine would not be able to practise because of a mental or physical condition.

No one likes to initiate a review of a colleague and it is natural to be cautious. The HPCAA provides for someone who is contemplating referral to ask for other professional opinions.

However, covering up for an unfit colleague is wrong. Without the help and support of the profession, a doctor who is unwell risks putting the community, the profession and his or her reputation in jeopardy.

Who may report a doctor?

Any member of the public can tell the Council Registrar about an unfit doctor.

What happens when the Council receives information that a doctor may be unfit?

The HPCAA sets out the steps that must be taken when the Council's Registrar receives a report about an unfit doctor. The Council's Health Committee (the committee) uses an established assessment and rehabilitation process. At any one time the committee is helping and monitoring doctors of all ages and disciplines of medicine.

The first step – communicating with the doctor

The health manager will contact the doctor and the committee will then evaluate the concern.

If necessary, and pending a full review, there is provision to protect the public immediately by:

- asking the doctor to agree to limit his or her practice in certain ways
- temporarily suspending the doctor's practising certificate or imposing conditions on the doctor's scope of practice for up to 20 days. In practice this step is rarely used as most doctors willingly withdraw or stop practising while the issues are being explored.

The next steps are:

- an expert assessment relevant to the alleged impairment is arranged and paid for by the committee
- the chair of the committee considers the assessor's report and the doctor also receives a copy
- any initial limitations are reviewed in light of the report
- the committee considers the doctor's ability to perform the functions required to practise medicine at its next meeting.

The committee may invite the doctor to its meeting.

In any case, the doctor is entitled to attend to be heard with a support person if desired or to make a written submission.

The committee generally decides on one or more of the following:

- to ask the doctor to accept limitation(s) on practice relevant to his or her condition
- to recommend or order treatment or counselling
- to recommend to the Council conditions on the doctor's scope of practice, or a period of suspension during his or her treatment to take no further action.

The usual outcome is a negotiated agreement with the doctor, underpinned by acknowledgement that a breach may result in conditions on the doctor's scope of practice. This is the best outcome for everyone because it allows flexibility in how and when conditions can be reviewed and because it avoids coercion.

The process is designed to separate health issues from those of conduct and discipline. The committee's approach is non-judgemental, with the focus on rehabilitation. Every effort is made to ensure the process is not punitive. The assumption is that with treatment the doctor should be able to remain in work safely or return to work as quickly as possible.

What do agreements consist of?

These vary depending on the nature of the doctor's health problem and the doctor's practice. However a typical agreement might include:

- limiting the doctor's scope of practice
- supervision of the doctor's practice
- requiring the doctor to see his or her own general practitioner regularly
- requiring the doctor to have treatment
- requiring the doctor to go to support groups such as Alcoholics Anonymous or Narcotics Anonymous
- appointing a senior practitioner as a mentor
- the doctor nominating a work colleague who can be told about the relevant health issues
- carrying out random urine or random blood tests to check for the presence of drugs or alcohol
- prescribing restrictions.

How do I notify the Council?

If you are worried about a doctor, you should write to the Council's Registrar, including details of any other professional medical advice or opinions you have asked for or obtained. The Registrar will pass the information on promptly to the committee.

The committee usually prefers to identify the person who has made the referral but may use its discretion. In the committee's experience, when the process is explained most doctors agree to refer openly in their colleague's interest.

Other help available

The Doctors' Health Advisory Service (DHAS) helps doctors and their families with personal and health problems. It can be contacted on 0800 471-2654. DHAS is partly funded by the Council.

An experienced DHAS member can help make the decision to refer a doctor. However, telling the DHAS does not remove the legal obligation to tell the Council formally about a doctor whose practice is affected by illness.

The Health Committee

The committee is a standing committee of the Council and currently consists of three medical members and one public member. The committee can be contacted through the Council's health manager, ph: 0800 286-801 extn 774.



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