



GOOD MEDICAL PRACTICE

Medical Council of New Zealand, December 2016



TE KAUNIHERA RATA O AOTEAROA
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 ethically.



The principal purpose of the Medical Council of New Zealand is to protect the health and safety of the public by providing mechanisms to ensure doctors are competent and fit to practise.



The Council has the following key functions:

- registering doctors
- determining qualifications
- prescribing scopes of practice
- setting standards and supporting doctors to uphold these standards
- recertifying and promoting lifelong learning for doctors
- reviewing the practice of doctors if there is a concern about performance, professional conduct or health
- accrediting training institutions – including medical schools, colleges of medicine and hospitals.

About *Good Medical Practice*

Under section 118(i) of the Health Practitioners Competence Assurance Act 2003, a function of the Medical Council is to set standards of clinical competence, cultural competence and ethical conduct for doctors. Under Right 4 of the *Code of Health and Disability Service Consumers' Rights* patients also have “the right to have services provided that comply with legal, professional, ethical and other relevant standards.” The Council has developed *Good Medical Practice* to be the foundation document for these standards.

The standards detailed in *Good Medical Practice*, and in other Council statements, are those which the public and the profession expect a competent doctor to meet and have been developed through discussion with the public and the profession. Where relevant, *Good Medical Practice* also provides guidance to assist doctors understand, and comply with, the requirements of legislation.

Good Medical Practice is not intended to be exhaustive. There may be obligations or situations that are not expressly provided for. In such circumstances, a doctor's first priority should always be the care of his or her patient.

Good Medical Practice is not a Code of Ethics – it does not seek to describe all the ethical values of the profession or to provide specific advice on ethical issues, ethical frameworks and ethical decision-making. This type of advice is provided by the New Zealand Medical Association.

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

- For medical students, *Good Medical Practice* identifies the basic duties of a good doctor and serves as a source of education and reflection.
- For doctors, *Good Medical Practice* serves as a basis for you to monitor, and reflect on, your own conduct and that of your colleagues. 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.
- For patients, *Good Medical Practice* provides guidance for assessing the minimum ethical and clinical conduct expected of doctors.

The directives outlined in *Good Medical Practice* are usually duties and must be followed. However, we recognise that not all duties will apply in all situations. Sometimes there are factors outside a doctor's control that affect whether or not, or how, he or she can comply with some standards. Throughout this resource we have used the term "you should" (rather than a more directive term such as "you must") to indicate where this is the case.

If you believe that a doctor is not meeting standards outlined in *Good Medical Practice*, you should raise your concerns with the doctor, draw that matter to the attention of the doctor's employer, or report your concerns to the Registrar of the Medical Council¹ or the Office of the Health and Disability Commissioner², or in the event of matters related to health information privacy and security - the Office of the Privacy Commissioner³.



¹ Telephone 0800 286 801 or email complaints@mcnz.org.nz. For more information, refer to the "Fitness to Practice" page of the Council's website, www.mcnz.org.nz

² Telephone 0800 11 22 33 or email hdc@hdc.org.nz. For more information, refer to www.hdc.org.nz

³ Telephone 0800 80 39 09, or email enquiries@privacy.org.nz. For more information, refer to www.privacy.org.nz

Professionalism

Patients trust their doctors with their health and wellbeing, and sometimes their lives. To justify your patients' trust, follow the principles outlined below and the duties outlined 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.

Respecting patients

Aim to establish a relationship of trust with each of your patients.

Be aware of cultural diversity, and function effectively and respectfully when working with and treating people of different cultural backgrounds.

Treat patients as individuals and respect their dignity by:

- treating them with respect
- respecting their right to confidentiality and privacy.

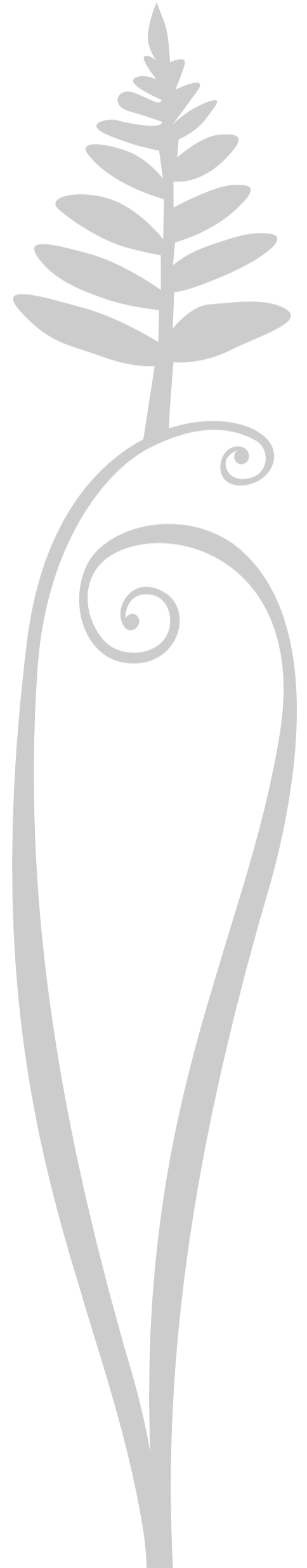
Working in partnership with patients and colleagues

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 and ensuring they understand it
- 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.

Maintain the trust of colleagues, and treat them respectfully.

Work with colleagues in ways that best serve patients' interests



Acting honestly and ethically

Be honest and open when working with patients; act ethically and 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.

Work cooperatively with, and be honest, open and constructive in your dealings with managers, employers, the Medical Council, and other authorities.

Accepting the obligation to maintain and improve standards

Act in accordance with relevant standards.

Keep your professional knowledge and skills up to date

Recognise, and work within, the limits of your competence.

Be committed to autonomous maintenance and improvement in your clinical standards in line with best evidence-based practice.

Demonstrate reflectiveness, personal awareness, the ability to seek and respond constructively to feedback and the willingness to share your knowledge and to learn from others.

Accept a responsibility for maintaining the standards of the profession.

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



Areas of professionalism

1. The Council expects doctors to be competent in:

- caring for patients
- respecting patients
- working in partnership with patients and colleagues
- acting honestly and ethically
- accepting the obligation to maintain and improve standards

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



Caring for patients

Principles

Make the care of patients your first concern.

Protect and promote the health of patients and the public.

Providing good clinical care

2. When you assess, diagnose or treat patients you must provide a good standard of clinical care. This includes:
 - adequately assessing the patient's condition, taking account of the patient's history and his or her views, reading the patient's notes and examining the patient as appropriate⁴
 - providing or arranging investigations or treatment when needed
 - taking suitable and prompt action when needed, and referring the patient to another practitioner or service when this is in the patient's best interests.
3. In providing care you are expected to⁵:
 - provide effective treatments based on the best available evidence
 - consult and take advice from colleagues when appropriate
 - take steps to alleviate pain and distress whether or not a cure is possible.

Safe practice in an environment of resource limitation

4. Strive to use resources efficiently, consistent with good evidence based patient care, and balance your duty of care to each patient with your duty of care to the community and wider population⁶.



⁴ See the Council's statement on *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.

⁵ See the Council's statement on *Telehealth* for information about providing services electronically or from a distance.

⁶ For more information, see the Council's statement on *Safe practice in an environment of resource limitation*.

Keeping records⁷

5. You must keep clear and accurate patient records that report:
 - relevant clinical information
 - options discussed
 - decisions made and the reasons for them
 - information given to patients
 - the proposed management plan
 - any medication or other treatment prescribed.
6. Make these records at the same time as the events you are recording or as soon as possible afterwards.
7. Take all reasonable steps to ensure that records containing personal data about patients, colleagues or others are kept securely.

Administrative systems

8. Your administrative systems must support the principles and standards contained within *Good Medical Practice*.

Prescribing medication or treatment⁸

9. You may prescribe medication or treatment, including repeat prescriptions, only when you:
 - have adequate knowledge of the patient's health
 - are satisfied that the medication or treatment are in the patient's best interests.
10. Before prescribing any medicine for the first time to a patient, Council expects you to have an in-person consultation with the patient. If that is not possible because of exceptional circumstances,⁹ consider a video consultation¹⁰ with the patient¹¹ or discuss the patient's treatment with another New Zealand registered health practitioner who can verify the patient's physical data and identity. When these options are not possible or practical, it

⁷ See the Council's statement on *The maintenance and retention of patient records*

⁸ See the Council's statement on *Good prescribing practice*.

⁹ Examples of exceptional circumstances include the urgency of the clinical situation or the unavailability of a doctor. It is good practice to document in the patient's clinical notes, the mode of the consultation and the reasons for not conducting an in-person consultation before prescribing any medication for the first time to a patient.

¹⁰ Video consultation refers to situations where the doctor and patient use information and video conferencing technologies to communicate with each other and visual and audio information are exchanged in real time but the doctor and patient are not physically present in the same consultation room. Video consultations can be conducted between a doctor and patient in the presence of their general practitioner or other health practitioner or it can be conducted with no medical support at the patient's end.

¹¹ If you conduct a video consultation, you must take extra care to ensure that a physical examination of the patient is not necessary. If in the course of a video consultation it becomes clear that a physical examination is required, you must inform the patient and arrange for a physical examination. In instances where the physical examination is to be conducted by another health practitioner, you must ensure that you outline clearly what follow-up is required.

may be reasonable practice to:

- Complete a prescription for a patient if you are providing cover for an absent colleague or are discharging a patient from hospital and have reviewed the patient's notes.
- Renew a prescription of a patient you, or a colleague in the same practice, have seen previously, following a review of its appropriateness for the patient. When the prescription has potentially serious adverse effects, you should regularly assess the patient.
- Complete a prescription when you have a relevant history and there is an urgent clinical need to prescribe, provided that you inform the patient's regular doctor as soon as possible¹².

Providing care to yourself or those close to you¹³

11. Other than in exceptional circumstances you should not provide medical care to yourself or anyone with whom you have a close personal relationship.

Treating people in emergencies¹⁴

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

Treating patients who present a risk of harm

13. If a patient poses a risk to your own health and safety or that of other patients or staff, you should take all reasonable steps to minimise the risk before providing treatment or making suitable arrangements for treatment.



¹² For example, when a public health physician prescribes prophylactic medicines for family members of a patient, after that patient has been diagnosed with a serious communicable disease.

¹³ See the Council's statement on *Providing care to yourself and those close to you*.

¹⁴ See the Council's statement on *The doctor's duties in an emergency*.

Respecting patients

Principles

Aim to establish a relationship of trust with each of your patients.

Be aware of cultural diversity, and function effectively and respectfully when working with and treating people of different cultural backgrounds.

Treat patients as individuals and respect their dignity by:

- **treating them respectfully**
- **respecting their right to confidentiality and privacy.**

Establishing and maintaining trust

14. You should aim to establish and maintain trust with your patients. Relationships based on openness, trust and good communication will enable you to work in partnership with them to address their individual needs.
15. Make sure you treat patients as individuals and respect their dignity and privacy.
16. Be courteous, respectful and reasonable.

Cultural competence¹⁵

17. New Zealand has as its founding document the Treaty of Waitangi. You should acknowledge the place of the Treaty, and apply the principles of partnership, participation and protection in the delivery of medical care. You must also be aware of cultural diversity and function effectively and respectfully when working with and treating people of all cultural backgrounds. You should acknowledge:



¹⁵ 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 advice on providing care to Pacific patients, see *Best health outcomes for Pacific peoples: Practice implications*. See also *Cole's Medical practice in New Zealand* for advice on providing care to Asian people in New Zealand.

- that New Zealand has a culturally diverse population
- that each patient has cultural needs specific to him/her
- that a doctor's culture and belief systems influence his or her interactions with patients
- that one's culture may impact on the doctor-patient relationship
- that a positive outcome for patient and doctor is achieved when they have mutual respect and understanding

18. You must consider and respond to the needs of all patients. You should make reasonable adjustments to your practice to enable them to receive care that meets their needs¹⁶.

Personal beliefs and the patient

19. 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 affect your relationship with them.
20. Your personal beliefs, including political, religious and moral 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.
21. Do not express your personal beliefs to your patients in ways that exploit their vulnerability or that are likely to cause them distress.

Treating information as confidential¹⁷

22. Treat all information about patients as confidential and sensitive¹⁸.



¹⁶ New Zealand is a signatory to the United Nations Convention on Persons with Disabilities. This convention is intended to protect the rights and dignity of persons with disabilities. The convention includes provisions to ensure that persons with disabilities receive care appropriate to their needs, and at the same standard as others.

¹⁷ See the Health Information Privacy Code.

¹⁸ Rule 10 (1)(d) of the Health Information Privacy Code, allows you to disclose information about a patient in a limited range of circumstances, including when "disclosure [is] necessary to prevent or lessen a serious and imminent threat to public health or public safety or the life and health of an individual."

Sharing information in public

When sharing information in any public forum (including, for example, chatting in a hospital cafeteria or posting to a social networking site), do not disclose information about yourself that might undermine your relationship with patients. Similarly, do not disclose information that might identify and cause distress to colleagues, patients or their families.

Supplementary guidance – Sharing information with parents, caregivers or next of kin

When working with patients under 16 years, you should determine their competence to understand their condition and make decisions about their treatment. If they are competent, they are entitled to confidentiality. In the absence of a concern that the young person is at risk of harm, you should only share information with parents and caregivers with the patient's consent.

When working with adult patients who have an intellectual disability or communication difficulties you should make a judgement as to whether you are acting in the patient's best interests by sharing information with family or caregivers. Whenever possible you should seek the permission of the vulnerable adult to share information about their condition and treatment with others.

When an adult patient has died, advise the patient's partner or next of kin, unless you know that the patient would have objected. 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.

Involving relatives, carers and partners

23. Actively involving relatives, carers and partners in a patient's care is inherent to cultural competence and a positive doctor-patient relationship, and is often part of good clinical care. When appropriate you should seek the patient's permission to involve relatives, carers and / or partners in



their care. You must always be courteous, respectful and reasonable 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.

Supplementary guidance – End of life care

As a doctor you play an important role in assisting patients, families/whānau and the community in dealing with the reality of dying and death. In caring for patients at the end of life, you share with others the responsibility to take care that the patient dies with dignity, in comfort and with as little suffering as possible. You should take care to communicate effectively and sensitively with patients, their families and support people so that they have a clear understanding of what can and cannot be achieved. You should offer advice on other treatment or palliative care options that may be available. You should ensure that support is provided to patients and their families, particularly when the outcome is likely to be distressing to them.

Supplementary guidance – Euthanasia

You must not participate in the deliberate killing of a patient by active means. Euthanasia is an offence under the Crimes Act 1961 and illegal in New Zealand.

Dealing with adverse outcomes¹⁹

24. If a patient under your care has suffered serious harm or distress you should act immediately to put matters right. 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
 - what you and your health service can do to alleviate the problem
 - what steps have been or will be taken to investigate

¹⁹ Refer to the Council's statement on *Disclosure of harm*.



what happened and (if possible) prevent it from happening again.

- how to make a complaint.

25. 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.
26. Do not allow a patient's complaint to prejudice the care or treatment you provide or arrange for that patient.

Reporting of alleged abuse

27. If you have any concerns about alleged or suspected sexual, physical or emotional abuse or neglect of vulnerable patients, you should report this to the appropriate authorities without delay. You should inform the patient, and if the patient is under the care of another person, his or her caregivers of your intention to report your concerns, taking into account that such action might endanger you or the patient. Giving information to others for the protection of a patient may be a justifiable breach of confidentiality²⁰ and, where a vulnerable adult is at risk of injury, is a legal duty²¹.

Ending a professional relationship²²

28. In some rare cases, because of a lack of trust and confidence, you may need to end a professional relationship with a patient. If you do so, you must be prepared to justify your decision. You should tell the patient – in writing if possible – why you have made this decision. You should also arrange for the patient's continuing care and forward the patient's records without delay.

²⁰ As outlined in the Privacy Act and the Health Information Privacy Code.

²¹ As outlined in s.151 of the Crimes Act 1961.

²² See the Council's statement on *Ending a doctor-patient relationship*.



Working in partnership with patients and colleagues

Principles

Work in partnership with patients by:

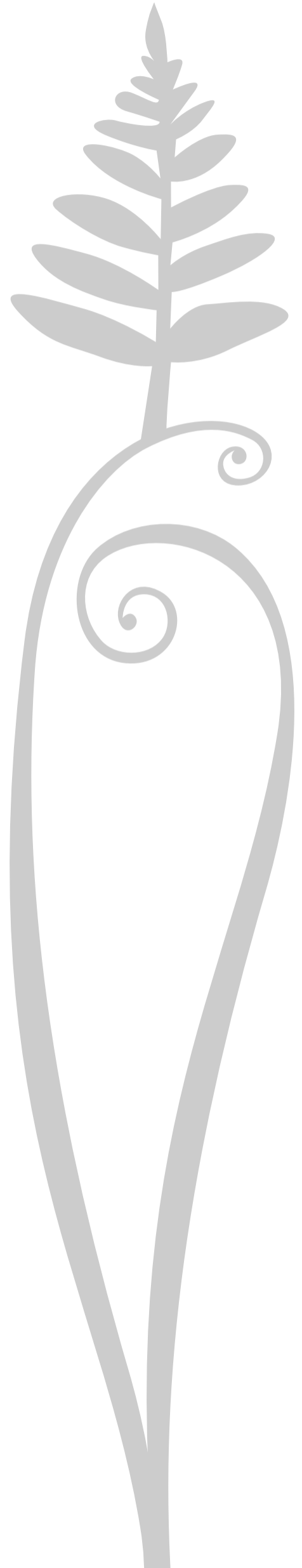
- **listening to them and responding to their concerns and preferences**
- **giving them the information they want or need in a way they can understand and ensuring they understand it**
- **respecting their right to reach decisions with you about their treatment and care**
- **supporting them in caring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

Maintain the trust of colleagues, and treat them politely and considerately.

Work with colleagues in ways that best serve patients' interests.

Assessing patients' needs and priorities

29. The care or treatment you provide or arrange must 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.



Supporting self care

30. Encourage your patients and the public to take an interest in their health and to take action to improve and maintain their health. Depending on the circumstances, this may include:
- advising patients on the effects their life choices may have on their health and wellbeing and the outcome of treatments
 - offering patients appropriate preventative measures, such as screening tests and immunisations, that are appropriate to their particular health status and consistent with guidelines and best practice
 - encouraging patients to stay in, or return to, work or engage in other purposeful activities²³

Information, choice of treatment and informed consent²⁴

31. You must familiarise yourself with the:
- Code of Health and Disability Services Consumers' Rights²⁵
 - Health Information Privacy Code²⁶.
32. With rare and specific exceptions you should not provide treatment unless:
- the patient has received all the information that a reasonable patient, in that patient's circumstances, would expect to receive about their condition and treatment options, including the expected risks, side effects, costs and benefits of each option; and
 - you have determined that he or she has an adequate understanding of that information; and
 - you have provided the patient with an opportunity to consider and discuss the information with you; and
 - the patient has made an informed choice; and
 - the patient consents to treatment.



²³ The Royal Australasian College of Physicians' *Consensus Statement on the Health Benefits of Work* outlines the evidence that work is generally good for health and wellbeing, and that long-term work absence and unemployment generally have a negative impact on health and wellbeing. A copy of this paper can be downloaded from <http://www.racp.edu.au/page/policy-and-advocacy/occupational-and-environmental-medicine>.

²⁴ See the Council's statement on *Information, choice of treatment and informed consent*.

²⁵ For a copy of the *Code of Health and Disability Services Consumers' Rights* go to <http://www.hdc.org.nz/the-act--code/the-code-of-rights>

²⁶ For a copy of the Health Information Privacy Code go to <http://privacy.org.nz/health-information-privacy-code/>

33. In order that you can appropriately advise patients on their treatment options, you should have a reasonable knowledge of the range of evidence based treatments that are available to treat their condition, and of how patients can access those that you yourself do not provide.
34. You must respect and support the patient's right to seek a second opinion or to decline treatment, or to decline involvement in education or research.

Supplementary guidance – Informed consent in specific situations²⁷

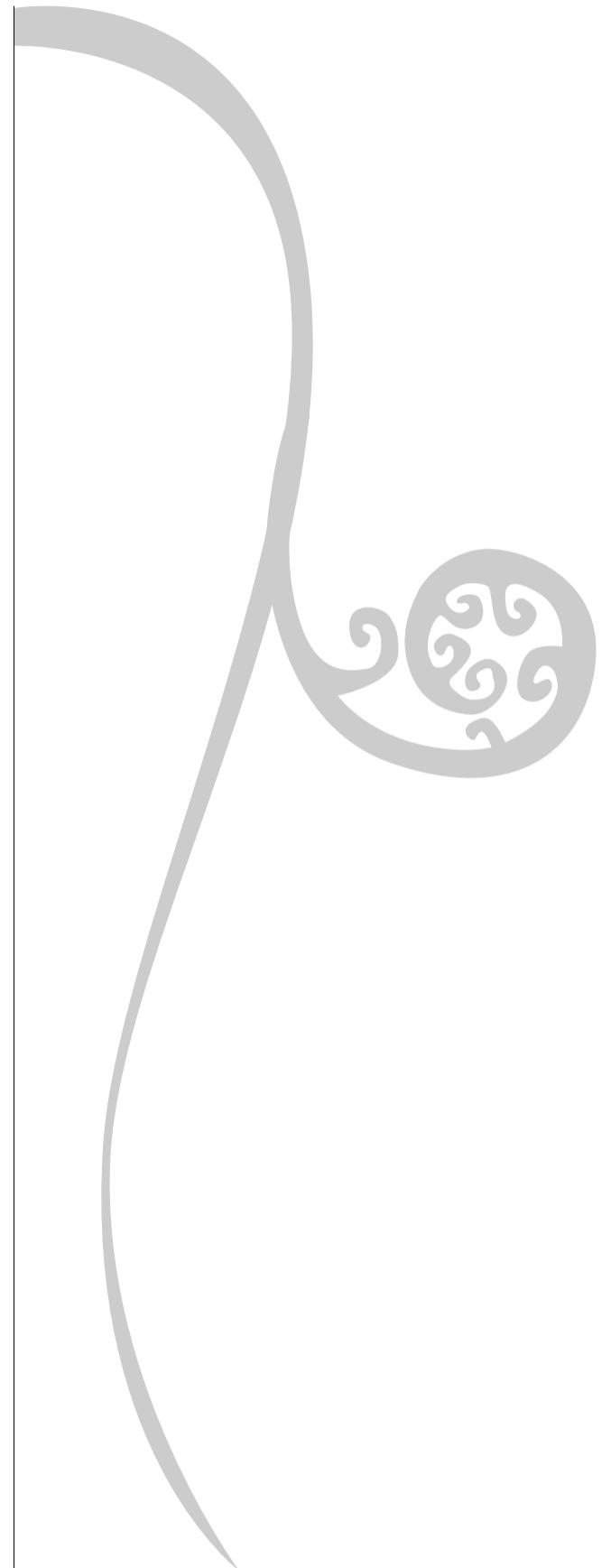
You should obtain separate written consent for research, experimental procedures, general or regional anaesthesia, blood transfusion or any procedure with a significant risk of adverse effects.

You should pay careful attention to the process of informed choice and consent when a proposed treatment is expensive or in any way innovative. If a patient is choosing between evidence based medicine and innovative treatments for which there is no scientific evidence, you should attempt to present to the patient a clear and balanced summary of the scientific information available.

Before providing treatment you should seek the advice of a senior colleague, or obtain legal advice, if you are unsure whether the patient is competent to make a particular decision, and:

- the patient's wishes, or the wishes of a parent, guardian or caregiver, conflict with your assessment of the patient's best interests; or
- the treatment is risky or controversial.

²⁷ Additional requirements apply in certain circumstances, such as where the patient is a minor or not competent to make an informed decision. In addition, there are several pieces of law that can override the requirements of the Code of Rights. The Council's statement on *Information, choice of treatment and informed consent* outlines these requirements.



Supplementary guidance – Use of interpreters

When treating patients whose English language ability is limited, you should arrange to use a competent interpreter. When an interpreter has been used to assist in obtaining the patient's informed consent you should note this in the records, along with the interpreter's name and status (professional interpreter, family member etc) and, if possible, a note signed by the interpreter to certify that they believe the patient understands the information provided.

Advance directives

35. An advance directive is a formal document that clearly and specifically outlines or describes the patient's wishes. Advance directives have legal standing in the *Code of Health and Disability Services Consumers' Rights*. There may be exceptional circumstances in which it may not be appropriate to comply with the wishes outlined in an advance directive²⁸, however you must always respect and consider those wishes. If a patient has an advance directive that is relevant to their care you should, where possible, confirm that it is consistent with their current views before providing treatment.

Support persons

36. Patients have the right to have one or more support persons of their choice present²⁹, except where safety may be compromised or another patient's rights unreasonably infringed.

Advertising³⁰

37. Make sure that any information you publish or broadcast about your medical services is factual and verifiable. It must not put undue pressure on people to use a service, for example by arousing ill-founded fear for their future health or by fostering unrealistic expectations. The information must conform to the requirements of the Council's *Statement on advertising*, the Fair Trading Act 1986 and the Advertising Standards Authority guidelines.



²⁸ For example, where the patient is being treated under specific legislation such as the Mental Health (Compulsory Assessment and Treatment) Amendment Act 1992 or when significant changes in the patient's circumstances or condition or available treatments arising since the advance directive was made appear to counteract its validity or relevance.

²⁹ This right is outlined in Right 8 of the Health and Disability Services Consumers' Rights.

³⁰ See the Council's *Statement on advertising*.

Use of titles

38. Patients can find medical titles confusing. To reduce confusion, you should not use a title such as “specialist” or “consultant” that refers to an area of expertise unless you are registered with the Council in an appropriate vocational scope.

Working with colleagues³¹

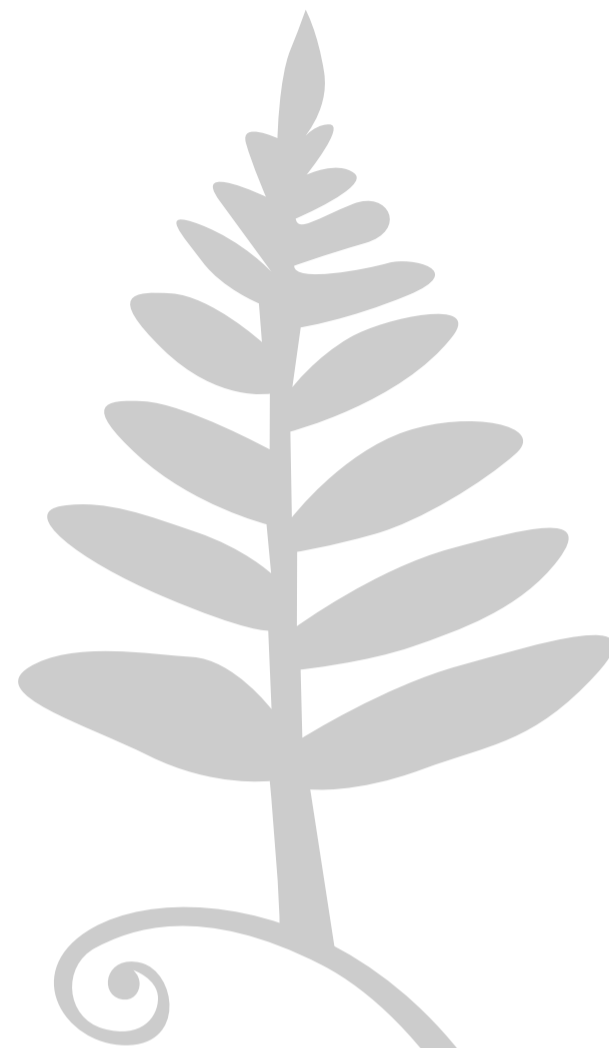
39. You must be aware of the impact of your conduct on members of your practice team and colleagues, and how that may affect quality care and treatment for patients³².
40. You should respect the skills and contributions of your colleagues.
41. Treat your colleagues courteously, respectfully and reasonably . Do not bully or harass them. You must not discriminate against colleagues.
42. Do 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.

Management

43. You must always strive to work with managers and administrators in a constructive manner to create and sustain an environment that upholds good medical practice. If you are working in a managerial or leadership role you should adhere to the guidance contained in the Council’s statement on Responsibilities of doctors in management and governance.

Being accessible

44. 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.



³¹ Colleagues are those you work with, including doctors and other health professionals.

³² For more information, refer to the Council’s statement on *Unprofessional behavior in the healthcare team*.

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.

Supplementary guidance – Shift handover

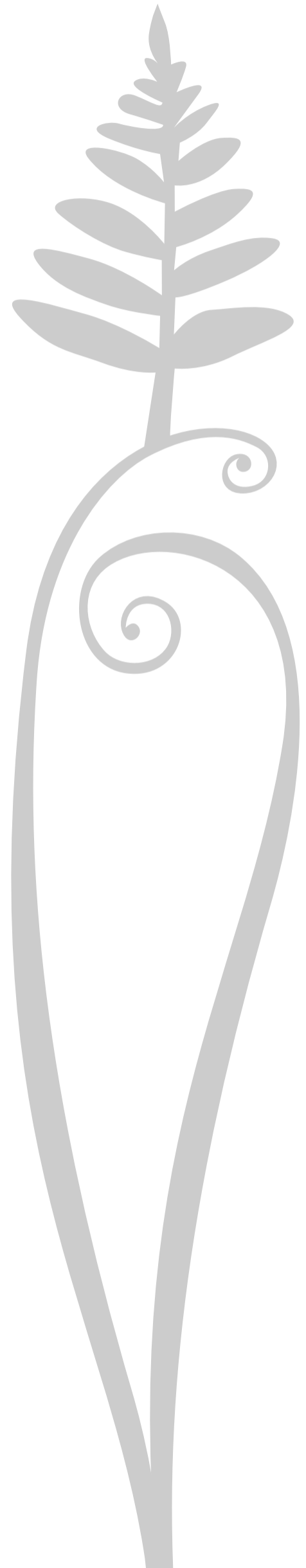
In an environment where doctors work in rotating shifts, you should insist that time is set aside for the sole purpose of organising appropriate handover.

Supplementary guidance - Arranging a locum

Whether in private or public practice, you 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.

Sharing information with colleagues

46. You should ensure that patients know how information is shared among those who provide their care.
47. You should seek the patient's permission to, and explain the benefits of, sharing relevant information with other health practitioners and agencies involved in their care, including their principal health provider (who will usually be their general practitioner).
48. Once you have the patient's permission to share information, you must provide your colleagues with the information they need to ensure that the patient receives appropriate care without delay.
49. In most situations you should not pass on information if the patient does not agree. Some situations exist in which colleagues 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 a colleague is providing ongoing care and has asked for the information.



Continuity of care

50. Work collaboratively with colleagues to improve care, or maintain good care for patients, and to ensure continuity of care wherever possible.
51. Make sure that your patients and colleagues understand your responsibilities in the team and who is responsible for each aspect of patient care.
52. If you are the patient's principal health provider, you are responsible for maintaining continuity of care.

Supplementary guidance – Transferring patients

Transfer of care involves transferring some or all of the responsibility for the patient's ongoing care. When you transfer care of a patient to another practitioner, you must ensure that the patient remains under the care of one of you at all times. You should also provide your colleague with appropriate information about the patient and his or her care, and must ensure that the chain of responsibility is clear throughout the transfer. Where the transfer is for acute care, you should provide this information in person or in a telephone discussion with the admitting doctor.

You must appropriately document all transfers.

You should ensure that the patient is aware of who is responsible for their care throughout the transfer, and how information about them is being shared.

Supplementary guidance – Referring patients³³

Referring involves transferring some or all of the responsibility for some aspects of 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 scope of practice. When you refer a patient, you should provide all relevant information about the patient's history and present condition.



³³ *Cole's Medical practice in New Zealand* contains some useful advice in the chapter on *The management of clinical investigations*.

You must appropriately document all referrals.

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 another health practitioner who will be providing after-hours cover in your absence.

You must also have a process for identifying and following up on overdue results.

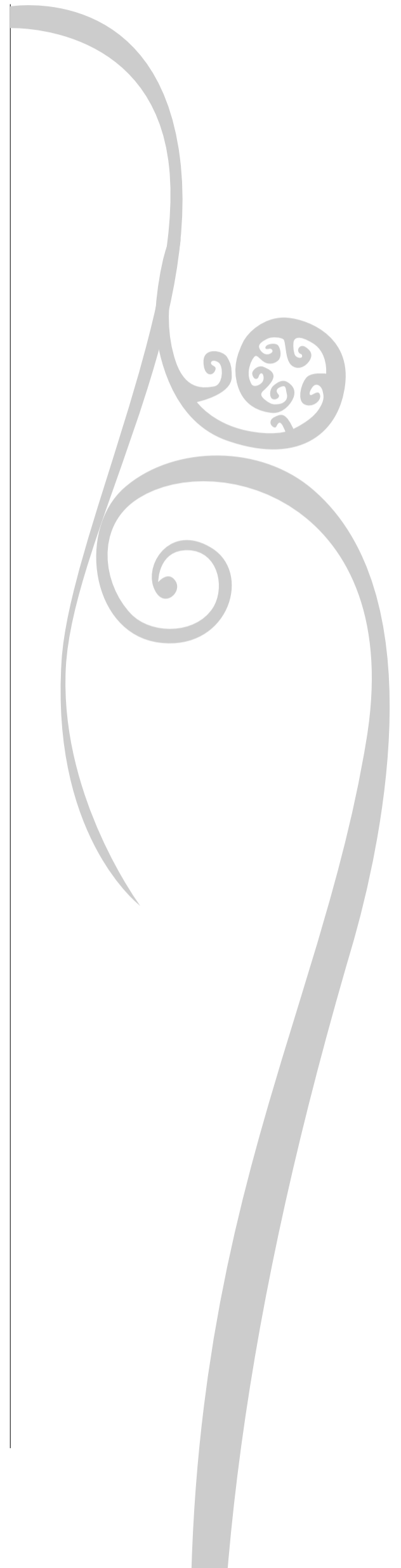
You should ensure that the patient is aware of how information about them is being shared and who is responsible for providing treatment, undertaking an investigation and reporting results.

Supplementary guidance – Delegating patient care to colleagues

Delegating involves asking a colleague to provide treatment or care on your behalf. When you delegate care to a colleague, you must make sure that they have the appropriate qualifications, skill and experience to provide care for the patient. 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.

You should pass on complete, relevant information about patients and the treatment they need.

You should ensure that the patient is aware of who is responsible for all aspects of their care, and how information about them is being shared.



Supplementary guidance –Prescribing and administering of medicines by other health practitioners

You should support any non-doctor colleagues who are involved in prescribing or administering medicines as outlined below.

When other health professionals have prescribing rights

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

When non-doctor colleagues are supplying or administering medicines

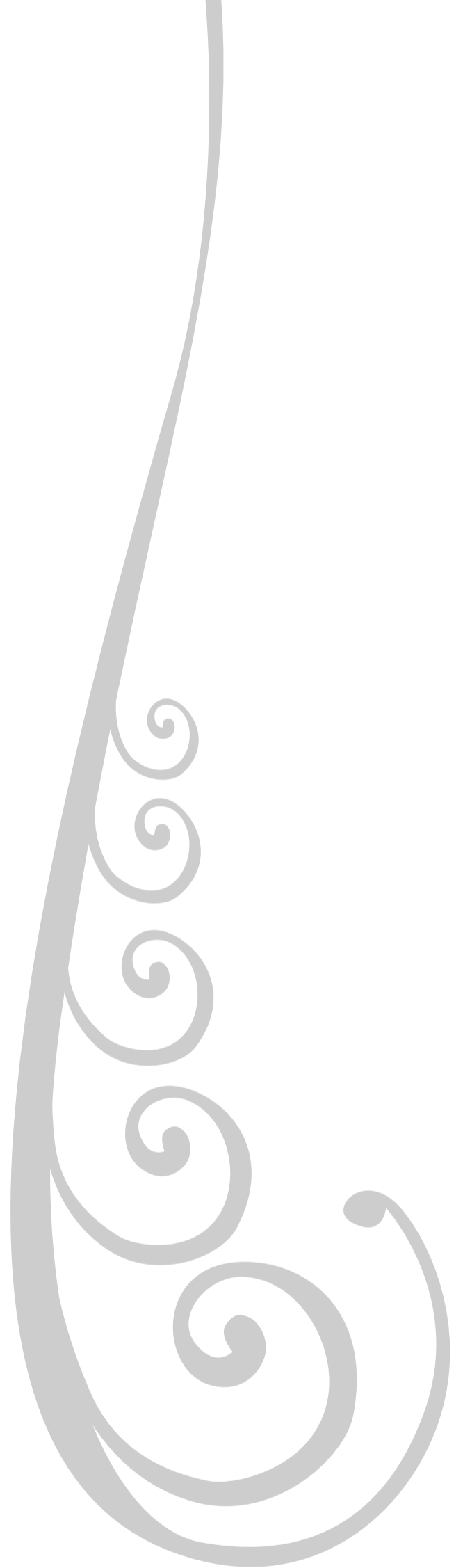
Some teams delegate to non-doctors the responsibility for initiating and/or changing medication therapy. If a colleague is working from standing orders³⁴ that have been issued under your authority, then you are responsible for the effects of the medicine being supplied or administered. You should be available to give them advice, and should regularly review how the standing order arrangement is working.

Supplementary guidance – Planning for transfer of care

You should have a plan in place to ensure continuity of care if you become unexpectedly ill.

If you are thinking of retiring or reducing your patient list, you should put transfer arrangements in place and let your patients know before these arrangements take effect. With the patient's consent, all relevant medical records should be sent to the health practitioner taking over the care of the patient.

³⁴ Refer to the Ministry of Health's *Standing Order Guidelines*. You can view or download a copy of these guidelines at <http://www.health.govt.nz/publication/standing-order-guidelines>



Acting honestly and ethically

Principles

Be honest and open when working with patients; act ethically and 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.

Work cooperatively with, and be honest, open and constructive in your dealings with managers, employers, the Medical Council, and other authorities.

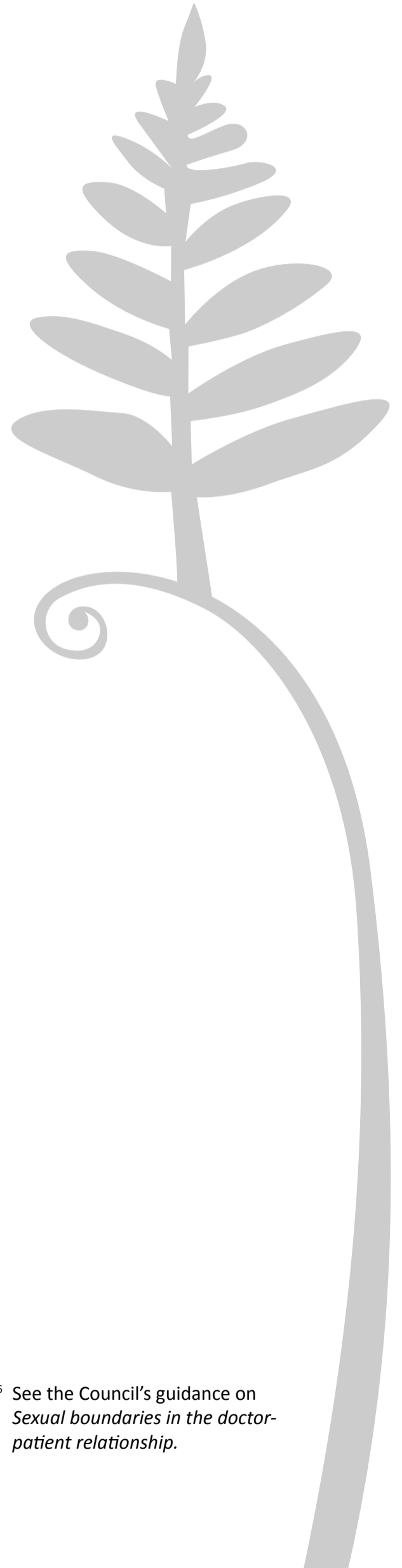
Integrity in professional practice

53. You must be honest and trustworthy in your professional practice and in all communications with patients.

Sexual and emotional boundaries³⁶

54. Do not become involved in any sexual or inappropriate emotional relationship with a patient. In most circumstances you should also avoid becoming sexually or inappropriately emotionally involved with someone close to a patient, or a former patient.

³⁶ See the Council's guidance on *Sexual boundaries in the doctor-patient relationship*.



Writing reports, giving evidence and signing documents³⁶

55. If you have agreed or are required to write reports, complete or sign documents or give evidence, you should do so promptly, honestly, accurately, objectively and based on clear and relevant evidence.

Supplementary guidance – Providing objective assessments of performance

Be honest and objective when appraising or assessing the performance of colleagues, including those whom 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.

Supplementary guidance – Writing references and reports

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.

Financial and commercial dealings³⁷

56. Be honest and open in any financial or commercial dealings with patients, employers, insurers or other organisations or individuals.
57. Act in your patients' best interests when making referrals and providing or arranging treatment or care. You must not allow any financial or commercial interests to affect the way you prescribe for, treat or refer patients. In particular:
- do not ask for or accept any inducement, gift, or hospitality that may affect, or be perceived to have the capacity to affect, the way you prescribe for, treat or refer patients. The same applies to offering such inducements.

³⁶ See the Council's statement on *Medical certification*.

³⁷ See also the Council's statement on *Doctors and health related commercial organisations*.



- 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.

Conflicts of interest³⁸

58. If you have a conflict of interest, you must be open about the conflict, declaring your interest. You should also be prepared to exclude yourself from related decision making.

Openness and investigatory or legal processes

59. You must cooperate fully with any formal inquiry or inquest (although you have the right not to give evidence that may lead to criminal proceedings being taken against you). When you provide information you must be honest, accurate, objective and the information provided must be based on clear and relevant clinical evidence.
60. You must not withhold relevant information from any formal inquiry or inquest, or attempt to contact or influence complainants or witnesses except where directed by the relevant authority.

Supplementary guidance – Giving evidence

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.

61. You have additional responsibilities if you are involved in management or governance³⁹. In particular, you must ensure that procedures are in place for raising and responding to concerns.

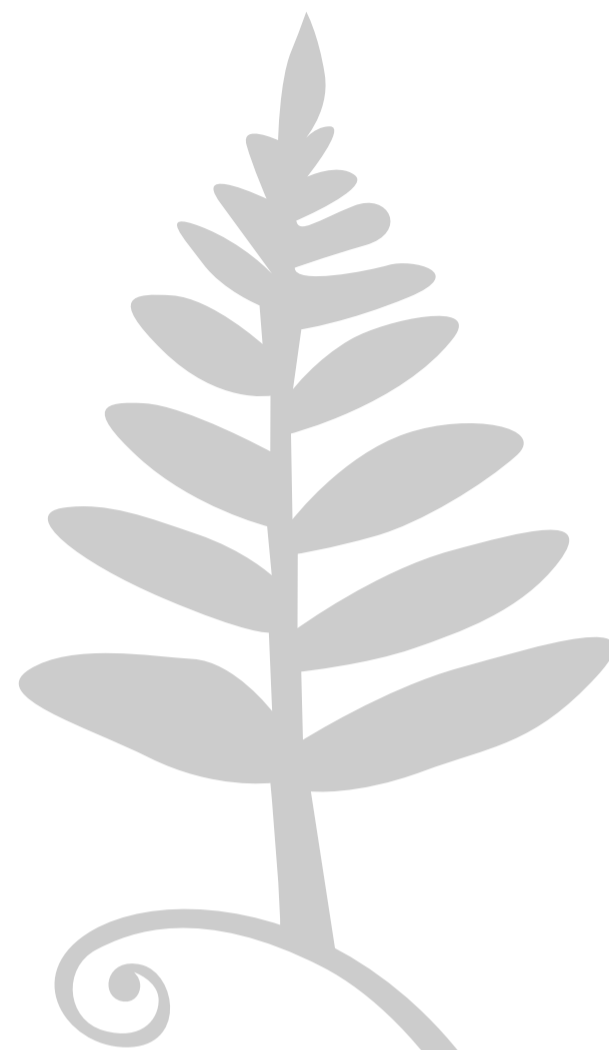


³⁸ See also the Council's statement on *Doctors and health related commercial organisations*.

³⁹ See the Council's statement on *Responsibilities of doctors in management and governance*.

Raising concerns about patient safety⁴⁰

62. Protect patients from risk of harm posed by a colleague's conduct, performance or health.
63. If a colleague behaves in a manner which is inappropriate or unprofessional you should speak to them and raise your concerns in a constructive manner.
64. If your colleague does not respond to your concerns and continues to act inappropriately or unprofessionally, raise your concerns with a manager, appropriate senior colleague or the relevant external authority. Your comments about colleagues must be made honestly and in good faith. If you are not sure how to raise your concerns, ask an experienced colleague for advice.
65. If a colleague is concerned about the conduct, competence or health of another practitioner, or about a problem in the workplace, you should treat their concerns with respect and support them in taking action to address the concerns and in notifying the relevant authorities. You may need to provide less experienced colleagues with additional support to ensure that they have the confidence to raise concerns.
66. If you have reasonable grounds to believe that patients are, or may be, at risk of harm for any reason, do your best to find out the facts. Then you should follow your employer's procedures or policies, or tell an appropriate person or organisation straight away. Do not delay taking action because you yourself are not in a position to put the matter right.
67. Under the Health Practitioners Competence Assurance Act 2003 you must tell the Council if you have reason to believe that a doctor's ill-health is adversely affecting patient care.
68. You should also tell the Council about:
 - concerns you have that another doctor is not fit to practise or is not providing an appropriate standard of care
 - behaviour by another doctor that risks causing harm to patients.
69. If a colleague raises concerns about your practice, you should respond constructively.



⁴⁰ See the Council's statement on *Raising concerns about a colleague*.

Concerns about premises, equipment, resources, policies and systems

70. 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.

Your health

71. You should register with an independent general practitioner so that you have access to objective medical care. You should not treat yourself⁴¹.

72. 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.

73. 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. You should not rely on your own assessment of the risk you may pose to patients⁴².

74. 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.

Disclosing concerns to the Council

75. 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

⁴¹ Refer to the Council's statement on *Providing care to yourself and those close to you*.

⁴² See *The HRANZ joint guidelines for registered healthcare workers on transmissible major viral infections* (a statement developed by the Council with other regulatory bodies).



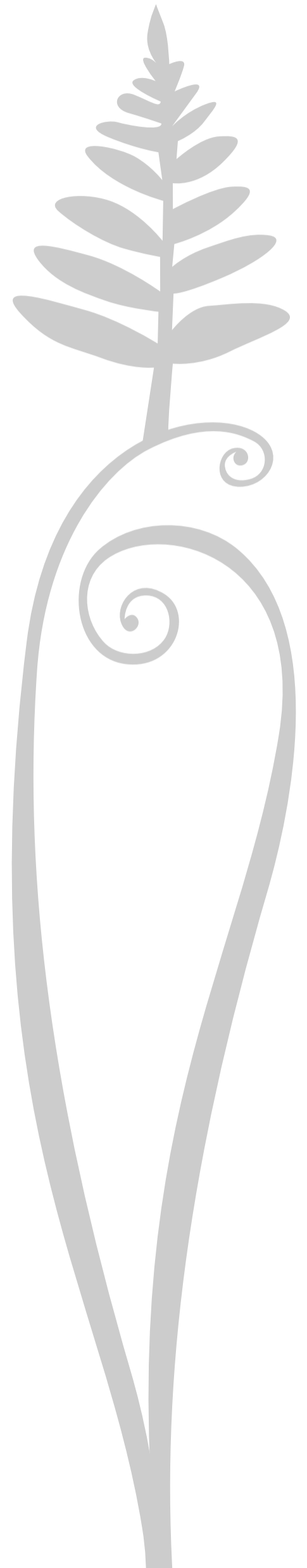
- you have resigned for reasons relating to competence
- another professional body has made a finding against you as a result of 'fitness to practise' procedures.

Being open about concerns and restrictions on your practice

76. If you are suspended from working, or have restrictions or conditions placed on your practice because of a concern about your competence, conduct or health, you must inform without delay:
- any other persons, or organisations, in which you are in partnership or association, or for whom you undertake medical work
 - any patients who would have a reasonable expectation to receive that information.
77. You must also give patients honest and accurate answers to any questions they have about restrictions or conditions on your practice.

Supporting colleagues

78. You should support colleagues who have problems with performance, conduct or health.



Accepting the obligation to maintain and improve standards

Principles

Act in accordance with relevant standards.

Keep your professional knowledge and skills up to date

Recognise, and work within, the limits of your competence.

Be committed to autonomous maintenance and improvement in your clinical standards.

Demonstrate reflectiveness, personal awareness, the ability to seek and respond constructively to feedback and the willingness to share your knowledge and to learn from others.

Accept a responsibility for maintaining the standards of the profession.

Applying your knowledge and experience to practice

79. You must be competent in each professional role you hold. You must follow relevant guidance, including the guidance published by the Council, and continue to develop your knowledge and skills. This applies to all doctors, and to all aspects of your medical practice including management, research and teaching.

80. Recognise and work within the limits of your competence.



Research

81. When designing, organising or carrying out research:

- make sure that a properly accredited research ethics committee has approved the research protocol, and that the research meets all regulatory and ethical requirements
- 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
- be honest and accurate in reporting the results of your research.

Maintaining and improving your professional performance⁴³

82. Work with patients and colleagues to maintain and improve the quality of your work and promote patient safety. In particular:

- take part in audit, peer review and continuing medical education
- respond constructively to the outcome of audit, appraisals and performance reviews, undertaking further training where necessary
- contribute to inquiries and sentinel event recognition, analysis and reporting
- report suspected drug reactions using the relevant reporting scheme
- cooperate with legitimate requests for information from organisations monitoring public health
- participate in regular reviews and audit of the standards and performance of any teams of group in which you are a member, taking steps to remedy any deficiencies identified.



⁴³ See the Council's guidelines on *Continuing professional development and recertification*

Keeping up to date

83. 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 professional development activities that maintain and further develop your competence and performance
- adhere to and keep up to date with all laws and codes of practice relevant to your work.

Mentoring, teaching, training, appraising and assessing doctors and students⁴⁴

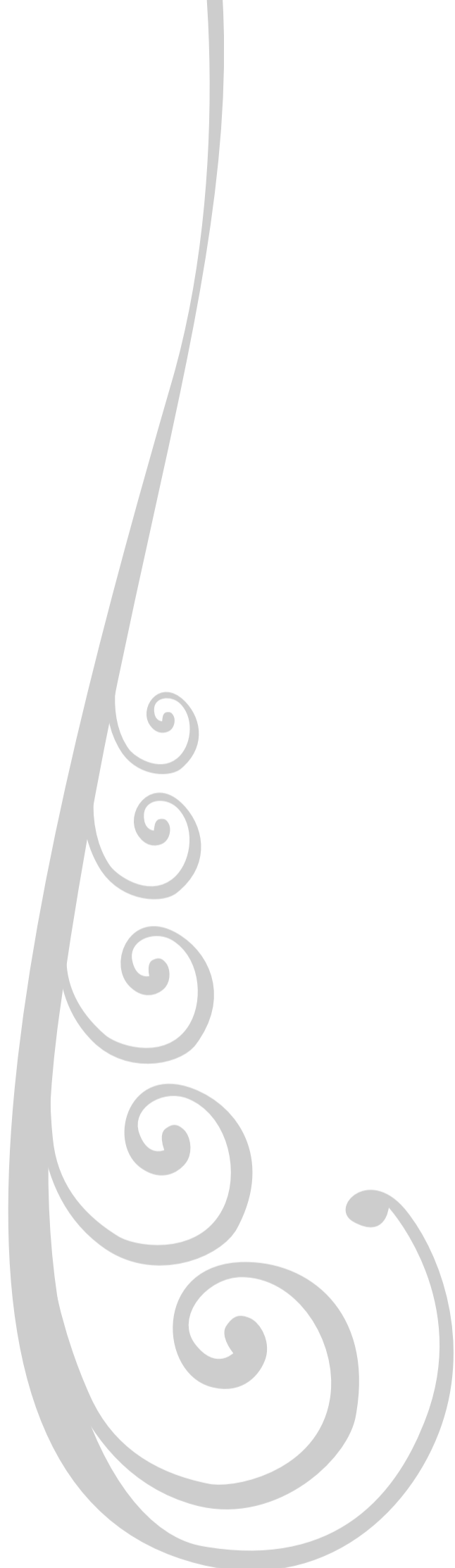
84. Teaching and the passing on of knowledge is a professional responsibility. When you are involved in teaching you should demonstrate the attitudes, awareness, knowledge, skills and practices of a competent teacher.

Supplementary guidance – Providing supervision⁴⁵

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

⁴⁴ See the Council's publication *Education and supervision for interns*.

⁴⁵ See the Council's booklet on *Induction and supervision for newly registered doctors*.



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 Council⁴⁶

Below we list relevant Council statements and other publications.

Definitions

Clinical practice and non-clinical practice

Fitness to practise

Practice of medicine

Administrative practice

Non-treating doctors performing medical assessments of patients for third parties

Raising concerns about a colleague

Responsibilities of doctors in management and governance

Safe practice in an environment of resource limitation

General subjects

Advertising

Complementary and alternative medicine

Cosmetic procedures

Disclosure of harm following an adverse event

A doctor's duty to help in a medical emergency

Ending a doctor-patient relationship

Good prescribing practice

Information, choice of treatment and informed consent

The maintenance and retention of patient records

Medical certification

Doctors and health related commercial organisations

Use of the internet and electronic communication

⁴⁶ For the most recent versions of the statements, go to www.mcnz.org.nz under the heading News and Publications. New and updated statements are sent to all doctors with the Council's newsletter.

Telehealth

When another person is present during a consultation

Sexual boundaries in the doctor-patient relationship, a resource for doctors

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

Best health outcomes for Pacific peoples: Practice implications

Cole's Medical practice in New Zealand

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

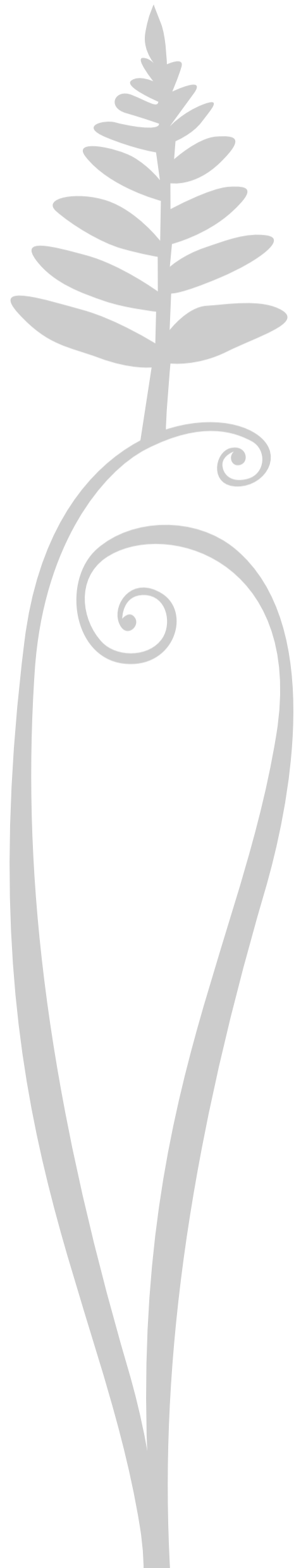
Induction and supervision for newly registered doctors

The importance of clear sexual boundaries in the patient-doctor relationship, a guide for patients

Medical registration in New Zealand

What you can expect. The performance assessment

You and your doctor, guidance and advice for patients



Legislation and 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.

The Health Information Privacy Code 1994 governs the collection and use of health information. A plain English edition has been published by the Office of the Privacy Commissioner and is available from www.privacy.org.nz

New Zealand is a signatory to the United Nations Convention on Persons with Disabilities. This convention is intended to protect the rights and dignity of persons with disabilities. The convention includes provisions to ensure that persons with disabilities enjoy full equality under the law, and have their rights and dignities protected.

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

