



Ko Mākeo rāua ko Mārotini ngā maunga. Ko Whakatōhea rāua ko Ngāti Porou ngā iwi. Tēnā koutou e ngā rata, e ngā tāngata ō te motu.

As the new Council Chair, it is an honour to write to the profession and the public we serve to introduce myself and share my vision on how Council will work in partnership with doctors, our health organisations and the public to further improve public health and safety through the Council's role as a medical regulator.



In changing from my first career as a veterinarian to becoming medical practitioner for humans, and going on to become an elected member of the Council, I am grateful to my whānau, the hospitals where I have worked, the many colleagues who have supported me.

This edition of Medical Council News comes in the aftermath of the tragic events and unprecedented terrorist act in Christchurch. I firstly wish to reiterate Council's absolute solidarity with our Christchurch and Muslim communities. We have been in close contact with Canterbury District Health Board (DHB) to offer our support in any way we are able, including facilitating the registration of doctors who have come from overseas to assist. Looking ahead, Council will consider how the health system can better support international medical graduates starting work in Aotearoa New Zealand. Doctors we welcome to our country are an indispensable and significant proportion of our medical workforce. Nau mai, haere mai ki a tātou.

In following on from Andrew Connolly who led Council with mana for the past 5 years, I am committed to continuing the work programme established in Council's 5-year strategic plan Towards 2022 (www.mcnz.org.nz/assets/News-and-Publications/Five-year-strategic-plan-draft-web-version.pdf).

This work programme:

- supports and reinforces our accountability to the public and profession
- discusses our work on cultural competence, partnership and equity
- envisages a strengthened recertification model
- outlines our work to continually improving medical education
- supports evidence-based regulation.

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As a doctor of Whakatōhea and Ngāti Porou whakapapa, I have a specific interest in Council's partnership with Te Ohu Rata o Aotearoa (Te ORA) on delivering cultural competence and health equity. By ensuring our health organisations are competent to deliver culturally safe training and our practitioners are competent to deliver culturally safe healthcare, we are in a position to achieve health equity for Māori and all of Aotearoa's wonderful and diverse communities.

We have recently released our strengthened recertification model (read more: <https://www.mcnz.org.nz/news-and-publications/consultations/strengthening-recertification-for-vocationally-registered-doctors-in-new-zealand>), which will give the public continued confidence that doctors are keeping up to date, continuing to develop their skills and are evaluating their real-world outcomes. To do this, we are placing greater emphasis on reflective and peer review activities and evaluation of treatment outcomes. Continuing medical education (conferences, grand rounds, journal reading) will continue to be part of what we do, and the new approach will not be significant or onerous or costly. Indeed, my own college, the Royal Australasian College of Physicians, has already implemented the new approach on its MyCPD online portal.

I am also keen to continue our work in supporting prevocational education for interns and the long years doctors spend in specialist training. Working with colleges, DHBs and our associations to support resident doctors and supervisors to deliver state-of-the-art training is an ongoing priority for Council.

In the coming months, I look forward to meeting kānohi ki te kānohi with individual doctors, medical organisations, the public and our politicians – working together to achieve our common goal of constantly improving our healthcare system. For me and my fellow Council members, it is a privilege to be part of this journey.

In the meantime, feel free to contact me at chair@mcnz.org.nz to discuss these or any other matters.

Ngā manaakitanga



Dr Curtis Walker, FRACP

Chair, Medical Council of New Zealand



Haere rā Andrew Connolly

In February, Council acknowledged Mr Andrew Connolly's rangatiratanga during his 9 years on Council. Dr Curtis Walker, the Council's new Chair and Joan Simeon, the Council's Chief Executive spoke of Mr Connolly's strong leadership.

[Read more.](#)

From the Chief Executive

Kia ora

Council got off to a terrific start this year with former Chair Mr Andrew Connolly being awarded the New Zealand Order of Merit in the New Year Honours List. This is a fantastic achievement and well deserved recognition of Andrew's outstanding leadership in the health sector.

In February, we farewelled Andrew from his role as Chair, following an outstanding contribution.



Recertification

It was my pleasure to welcome our new Chair, Dr Curtis Walker, following his election at Council's first meeting of the year in February 2019. Curtis brings a tremendous depth of knowledge and experience to the role and strong relationships within the health sector, particularly Māori communities. This will stand us in good stead in our role of protecting the public.

We recently sought feedback on our discussion document *Towards strengthening recertification for vocationally registered doctors in New Zealand*. This document proposes a way forward that aligns with the vision and principles established after consultation with the profession about recertification in 2016.

Council received a huge response to the discussion document. This indicates the high level of engagement and interest in this work from across the sector. To all those who gave their time and effort to provide thoughtful and valuable feedback, thank you.

Cultural competence, partnership and health equity

You will soon be hearing more about the work we are doing in partnership with Te Ohu Rata o Aotearoa (Te ORA). We are focusing on a range of initiatives to further develop the cultural competence of doctors and the cultural safety of patients. We are also focused on increasing Māori participation and leadership at all levels of the health sector. The ultimate aim of this work is to improve health outcomes and health equity for Māori and all our population groups.

I look forward to updating you on the progress of these two major projects this year.

Ngā mihi nui

A handwritten signature in black ink, appearing to read 'Joan Simeon'. The signature is fluid and cursive.

Joan Simeon
Chief Executive

Mr Andrew Connolly awarded the New Zealand Order of Merit: Member (MNZM)

Mr Andrew Connolly, former Chair of Council, was awarded the New Zealand Order of Merit: Member (MNZM) in the 2019 New Year Honours list for services to health.



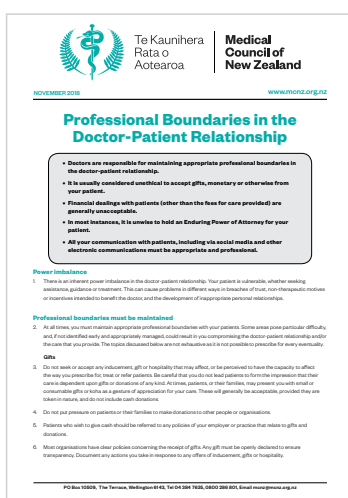
The citation accompanying the award notes:

- Associate Professor Andrew Connolly was appointed as Middlemore Hospital's first specialist colorectal surgeon in 1997 and was sole colorectal surgeon there until 2002.
- Associate Professor Connolly became Head of Department of General and Vascular Surgery in 2003 and remains in this position. Under his leadership the Department has been regarded as one of the best in New Zealand and has consistently met or exceeded Ministry of Health targets for productivity. He has grown the Department from eight surgeons to 19 and has mentored many of the surgeons into national and international leadership positions.
- He was appointed to the Medical Council of New Zealand in 2009 and was elected Chairman consecutively from 2014 to 2018. He has led major changes and improvements in Resident doctor education, recertification for doctors, and has been a member of the Ministerial Task Group on Clinical Leadership.
- He has served on various national committees, including chairing the Ministerial Review of the Impact of The Elective Waiting Times Policy. He is an Honorary Associate Professor at the University of Auckland and has published more than 35 scientific papers.
- Outside of medicine, he is a New Zealand military historian focusing on First World War medical history. Associate Professor Connolly has delivered ANZAC Day talks at Middlemore Hospital and further afield.

Council would like to congratulate Mr Connolly for this award, which is a recognition of his leadership, service and commitment within the health sector.

New statements – professional boundaries and sexual boundaries

In November 2018, Council signed off on two statements relating to doctors and professional boundaries. They aim to give doctors guidance on acceptable boundaries in their interactions with patients. They may be used by the Health Practitioners Disciplinary Tribunal, Council and the Health and Disability Commissioner as a standard by which your conduct as a doctor is measured. The following is a summary of both statements:

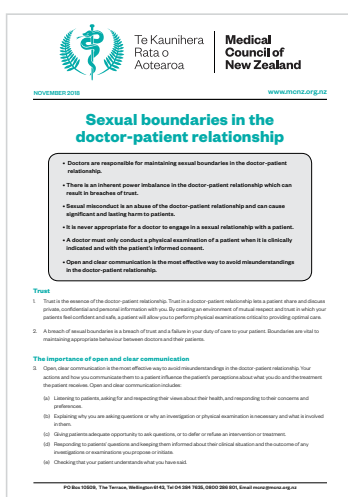


The image shows a document titled "Professional Boundaries in the Doctor-Patient Relationship" from the Medical Council of New Zealand, dated November 2018. It includes a logo with a caduceus and the text "Te Kaunihira Rāta o Aotearoa" and "Medical Council of New Zealand". The document lists key points: doctors are responsible for maintaining appropriate professional boundaries; it is unethical to accept gifts, monetary or otherwise from patients; financial dealings with patients (other than fees) are generally unacceptable; it is unwise to hold an Enduring Power of Attorney for a patient; and all communications with patients, including social media and electronic communications, must be appropriate and professional. It also defines "Power imbalance" and lists 5 points under "Professional boundaries must be maintained".

Professional boundaries in the doctor-patient relationship

- Doctors are responsible for maintaining appropriate professional boundaries in the doctor-patient relationship.
- It is usually considered unethical to accept gifts, monetary or otherwise, from your patient.
- Financial dealings with patients (other than the fees for care provided) are generally unacceptable.
- In most instances, it is unwise to hold an enduring power of attorney for your patient.
- All your communication with patients, including via social media and other electronic communications, must be appropriate and professional.

[Read the full statement here.](#)



The image shows a document titled "Sexual boundaries in the doctor-patient relationship" from the Medical Council of New Zealand, dated November 2018. It includes the same logo and text as the first document. The document lists key points: doctors are responsible for maintaining sexual boundaries; there is an inherent power imbalance in the doctor-patient relationship which can result in breaches of trust; sexual misconduct is an abuse of the doctor-patient relationship and can cause significant and lasting harm to patients; it is never appropriate for a doctor to engage in a sexual relationship with a patient; a doctor must only conduct a physical examination of a patient when it is clinically indicated and with the patient's informed consent; and open and clear communication is the most effective way to avoid misunderstandings. It also defines "Trust" and lists 3 points under "The importance of open and clear communication".

Sexual boundaries in the doctor-patient relationship

- Doctors are responsible for maintaining sexual boundaries in the doctor-patient relationship.
- There is an inherent power imbalance in the doctor-patient relationship, which can result in breaches of trust.
- Sexual misconduct is an abuse of the doctor-patient relationship and can cause significant and lasting harm to patients.
- It is never appropriate for a doctor to engage in a sexual relationship with a patient.
- A doctor must only conduct a physical examination of a patient when it is clinically indicated and with the patient's informed consent.
- Open and clear communication is the most effective way to avoid misunderstandings in the doctor-patient relationship.

[Read the full statement here.](#)

Work-related medical certificates

by Dr Kevin Morris, Medical Adviser, Medical Council of New Zealand

Patients often ask doctors for a medical certificate for time off work. This often seems a simple enough request and something that is easy to do. However, Council receives regular complaints, usually from employers, about these certificates. The complaints most often focus on the perception that the certificate is misrepresenting a situation and is inappropriately advocating for a patient, with facts being incorrect.

The saying that there are always two sides to every story holds true, and it is important that doctors remember that they only have one side of the story – the patient's.

Council provides guidance for doctors in its statement on medical certification.¹ When Council receives complaints, employers will often reference this statement to support their concerns about a certificate provided. There are a few key messages that need to be remembered.

Firstly, a certificate is a legal document and the certificate may be used in legal proceedings, and therefore you may be asked to attest to and provide the basis of what you have written.

Secondly, you should clearly distinguish patient comment from your own clinical observations. The phrase 'the patient tells me that ...' is a useful one to ensure that this distinction is made.

Thirdly, in making decisions on what a certificate states, you are usually balancing risks – the risk that undertaking a work task may have on a patient's health or the health and safety of other workers against the well documented benefits of undertaking meaningful work. Work can be a part of the treatment/rehabilitation as opposed to being part of the problem.²

1 www.mcnz.org.nz/assets/News-and-Publications/Statements/Medical-certification.pdf

2 www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine/health-benefits-of-good-work

A must read ...

If you've got a spare 10 minutes, it's worth taking the time to have a quick look through Council's statements on our website.

Our statements outline the standards expected of doctors and offer guidance on a wide range of issues ranging from complementary and alternative medicine to good prescribing practice to medical certification.

Council would encourage you to become familiar with our statements, which have the objective of helping doctors provide good medical practice. Our statements may also be used by the Health Practitioners Disciplinary Tribunal Council and the Health and Disability Commissioner as they provide the standard by which doctors are measured.

Quick link

Statements – standards for doctors



Guidance on implementing The Misuse of Drugs (Medicinal Cannabis) Amendment Act 2017; exemption and statutory defence for patients requiring palliation

The following article has been written by the Ministry of Health and is published at their request.

What you need to know about the Act

The Misuse of Drugs (Medicinal Cannabis) Amendment Bill [came] into effect on 18 December 2018.

The Act provides an exemption and a statutory defence for people who require palliation to possess and use illicit cannabis, or a cannabis utensil. In the Act:

... "a person requires palliation if, in the opinion of a medical practitioner or a nurse practitioner, the person has an advanced progressive life-limiting condition and is nearing the end of their life."

What does the exemption and statutory defence mean? A person with evidence from a medical practitioner or nurse practitioner that they require palliation would not be committing an offence if they possess or use illicit cannabis or a cannabis utensil.

People who do not have evidence at the time of questioning about possession and use of illicit cannabis, but can produce evidence from a medical practitioner or nurse practitioner that they require palliation in Court, will have a defence against conviction.

How to certify a person requires palliation

A medical practitioner or nurse practitioner can certify that a person requires palliation (as defined in the Act). The certification is a written statement that in the medical or nurse practitioners' clinical opinion, the patient meets the definition of palliation in the Act. The certification is not an endorsement of the use of illicit cannabis.

There is no prescribed template for certification in the Act. The documentation could be in the form of a letter and needs to contain:

- the patient's name and address
- the practitioner's name, address and Medical Council/Nursing Council number
- the date that the patient was seen, and
- a statement that s/he requires palliation as defined by the Act.

While the Act does not specify a requirement to renew certification, the Ministry recommends patients' certification are renewed after 12 months.

Relevant links and resources

Ministry of Health Website and example certification letter

<https://health.govt.nz/our-work/regulation-health-and-disability-system/medicines-control/medicinal-cannabis/guidance-medicinal-practitioners-statutory-defence-and-exemption-provisions>

The Misuse of Drugs Act 1975

<http://www.legislation.govt.nz/act/public/1975/0116/latest/whole.html#DLM436242>

Guidance on products containing cannabidiol (CBD) are now prescription medicines only

CBD products

The passing of the Misuse of Drugs (Medicinal Cannabis) Amendment Bill means some products containing cannabidiol (CBD) are now prescription medicines only.

Key points

- Products that meet the definition of a CBD product (see below) are prescription medicines
- Ministry of Health approval is not required to prescribe, supply or administer products for medical purposes if they meet the definition of a CBD product
- Medical practitioners and pharmacies are allowed to import CBD products, as are persons or companies holding a licence to sell medicines by wholesale
- Individual patients may import CBD products provided they meet the requirements for importing prescription medicines (see below) but not any other cannabis based products
- A maximum of three months' supply is allowed on a prescription for CBD products.

Cannabidiol (CBD)

CBD is a substance found in cannabis that has potential therapeutic value, with little or no psychoactive properties. Cannabidiol (CBD) is no longer a class B1 controlled drug under the Misuse of Drugs Act 1975. It is a prescription medicine under the Medicines Act 1981.

As with all prescription medicines, patients must have a prescription from an authorised prescriber to import or use CBD products.

CBD products

CBD is no longer a controlled drug. In addition, to increase access to CBD products, while minimising risks, a small amount of tetrahydrocannabinols and other psychoactive related substances is permitted as contaminants in CBD products. In CBD products, the amount of tetrahydrocannabinols and psychoactive related substances must not exceed 2 percent of the total CBD tetrahydrocannabinol and psychoactive related substances content in the product. This change to the control of CBD products is in response to advice the Government received from the Expert Advisory Committee on Drugs. It is important to note that medicinal cannabis products such as Sativex are not CBD products (refer Prescribing cannabis-based products).

For further information on bringing CBD products into New Zealand or the range of CBD products available, please refer to our website.

<https://health.govt.nz/our-work/regulation-health-and-disability-system/medicines-control/medicinal-cannabis/cbd-products>



Health Practitioners Disciplinary Tribunal decisions

The Health Practitioners Disciplinary Tribunal (The Tribunal) has asked Council to publish either a summary of, or a reference to, the Tribunal's decisions in its next available publication.

We were also asked to include a reference to the Tribunal's website so as to enable interested parties to access the decisions.

[Read more.](#)