



Responsibilities of doctors in management and governance

Introduction

1. This guidance has been prepared in the light of recent cases in New Zealand and overseas. The intention is to clarify the standards that doctors are expected to meet when they undertake tasks in management.
2. The guidance starts from the premise that the principal concern of everyone involved in the delivery of health services is the health and safety of patients at both the individual and population level.
3. The Medical Council of New Zealand supports the involvement of medical practitioners in the management of health services, in all forms of clinical leadership, and in the professional bodies that set standards of practice.
4. This statement may be used by the Health Practitioner's Disciplinary Tribunal, the Council and the Health and Disability Commissioner as a standard by which a doctor's conduct is measured.

Responsibilities of medical managers and board members

5. Doctors can have many roles and responsibilities. When you act as a manager or board member, you have a duty to the wider community, the organisation in which you work, and your colleagues. However, your first consideration must always be the interests and safety of patients¹.
6. As resources are limited you should participate in discussions and decisions about the allocation of these resources.
7. Evidence from research and audit should be used to make the optimum use of the resources available.

8. Recognise the limits of your expertise. When making decisions about resource allocation or services in an area which is outside of your clinical experience you should seek the advice of colleagues who have relevant training and knowledge
9. Conflicts may arise when you are called upon to make decisions, and the needs of an individual patient and the needs of a population of patients vary.

Protecting patients' safety

10. Make yourself aware of your organisation's appeal mechanisms. If you have concerns that a decision puts patient safety at risk you should make an appeal.
11. If, while serving as a board member, you believe that a decision made by the Board will put patients at risk of serious harm, you must make your objections known. You must adhere to internal procedures for reporting information about serious wrongdoing. If this does not result in a satisfactory outcome within reasonable time you have the option of raising the matter with the Director General of Health, the Health and Disability Commissioner, or the Council. You may also consider resigning from the position or making your objections known in accordance with the Protected Disclosures Act 2000.
12. As a board member you have the right to make your concerns public if the above options are unsuccessful. However, the Council recommends that you consult a defence body or professional association before taking this step.

¹ Refer to the 24 March 1999 Privy Council decision regarding Dr Roylance.

Accountability for management decisions

13. If you are appointed to serve as a medical representative on a District Health Board (DHB), advisory committee, or a board of a primary care group then you remain accountable to the Council for your professional conduct in that role.

Managing and employing colleagues

14. If you are responsible for managing colleagues you must be prepared to discuss constructively and sympathetically any problems they face in their professional practice and development. The Council can help when issues involve competence or health. There is a mandatory requirement to report to the Registrar if a doctor is not able to perform the functions required to practise medicine because of a mental or physical condition².

15. You should ensure that mechanisms for raising and dealing with concerns about the organisation and about individuals are in place, publicised to all staff and that appropriate action is taken when a concern is raised.

16. If a concern has been raised by a doctor about the competence of a colleague, you should protect the reporting doctor from harmful criticisms or actions while ensuring that there is no vexatious motivation.

17. If there are grounds for concern and patient care is being compromised action you must take prompt action to protect patients³.

Standards of practice

18. Work with colleagues and patients to maintain and improve the quality of your work and promote patient safety.⁴

You must always be prepared to explain and justify your decisions

Other relevant resources

- *Good medical practice*
- *What to do when you have concerns about a colleague*

- *Statement on safe practice in an environment of resource limitation*
- *Disclosure of harm following an adverse event*
- *Statement on employment of doctors and the Health Practitioners Competence Assurance Act 2003*
- *Unprofessional behaviour in the health care team. Protecting patient safety*
- *Responsibilities in any relationships between doctors and health related commercial organisations.*

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This statement is scheduled for review by March 2016. Legislative changes may make this statement obsolete before this review date.

Appendix 1 – Definition of the ‘practice of medicine’

The Council definition of the practice of medicine is:

- Advertising, holding out to the public, or representing in any manner that one is authorized to practise medicine in New Zealand,
- Signing any medical certificate required for statutory purposes such as death and cremation certificates,
- Prescribing medicines, the sale or supply of which is restricted by law to prescription by medical practitioners,
- Assessing, diagnosing, treating, reporting or giving advice in a medical capacity, using the knowledge, skills, attitudes and competence initially attained for the MBChB degree (or equivalent) and built upon in postgraduate and continuing medical education, wherever there could be an issue of public safety.

Appendix 2 – Case law

Two cases in New Zealand that provide examples are:

- MCNZ vs Faris, 1994.
- MCNZ vs Cullen, 1992.

² Section 45, Health Practitioners Competence Assurance Act 2003

³ Doctors should follow the guidance of the Council and Health Practitioners Competence Assurance Act 2003 if they have good reason to believe a colleague's conduct, performance or health may be putting patients at risk.

⁴ Paragraph 72, *Good medical practice*.