

**Medical Council of New Zealand and District Health Boards
HPCAA and the Employment of Doctors
Memorandum of Understanding**



Section 1 – Introduction

The Parties

This memorandum of understanding (MoU) is between the Medical Council of New Zealand (the Council) and the District Health Boards (DHBs) of New Zealand (the parties).

Introduction

This section of the MoU is intended to assist with the interpretation and implementation of other parts of the MoU by:

- providing the context for the operation of the MoU
- clarifying the objectives and intentions of the parties and
- describing how the DHBs and the Council intend to interact with each other.

Purpose

The objective of the MoU is to enable DHBs and the Council, working in a collaborative and equal relationship, to clarify our respective roles and responsibilities related to the regulation of doctors in New Zealand, including the registration of doctors and the management of any competence, performance, conduct and health issues.

The MoU contains information relevant to the Council and DHBs in the employment of doctors within the service of the DHB. This includes Chief Medical Officers (CMO's), doctors, Council's supervisors, DHB management, medical administration units and HR departments.

The MoU does not provide a definitive legal interpretation of the Health Practitioners Competence Assurance Act 2003 (HPCAA).

The parties will use all reasonable endeavours to meet the obligations under this memorandum. The parties will hold each other accountable for their performance under the memorandum.

Values and principles

We recognise that DHBs and employers have responsibility to provide health and disability services within their contractual obligations and the Council has a responsibility to ensure the competence and fitness to practise of doctors. Failure to provide services, and the registration of doctors who are not competent to practise, are both specific risks to the health and safety of the public.

We agree to foster a long term collaborative relationship to enable us both to achieve our respective organisational objectives efficiently and effectively. The following relationship principles will guide each of us in our mutual dealings:

- a) We will communicate with each other in an open and timely manner (including in relation to any request to review any aspect of this MoU).
- b) We will work in a collaborative and constructive manner and where agreed, undertake joint work initiatives.
- c) We will comply with the provisions of legislation relevant to respective roles and responsibilities.
- d) The Council will make decisions within its decision-making principles (refer to Appendix 2 of this MoU).

- e) We acknowledge that the Council and each DHB have their own respective strategic and policy directions.
- f) We will work in good faith to resolve any disagreements in a timely fashion.
- g) We will support the need for clinical governance and leadership in the planning and delivery of health services in New Zealand.
- h) We will recognise and value each other's skills, expertise and commitment to high quality performance.
- i) We will encourage continuing quality improvement and business development to achieve our respective organisational objectives.

Meetings

The Council and DHBs will form a joint oversight group to monitor, evaluate, and report on the performance of the MoU. The Council will be represented on the oversight group by the Chief Executive and relevant senior staff members. DHBs will be represented by a nominated Chief Operating Officer (COO) or General Manager (GM), Chief Medical Officer (CMO), General Manager – Human Resources (GM – HR), Resident Medical Officer (RMO) Manager, and a primary care advisor.

We agree that holding regular meetings is important for developing an effective working relationship. Accordingly we agree to meet three times each year to discuss matters of mutual interest, including:

- a) how the MoU relationship is working and how our mutual roles and responsibilities are being delivered
- b) opportunities for improvement
- c) how such improvement might be implemented and
- d) wider medical regulation issues.

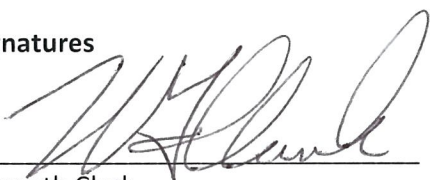
After each oversight group meeting each member will report on the meeting and the above items to their respective national groups:

- a) National COO group
- b) National CMO group
- c) National GM HR group
- d) National RMO Manager group
- e) Relevant primary care stakeholders.

Review

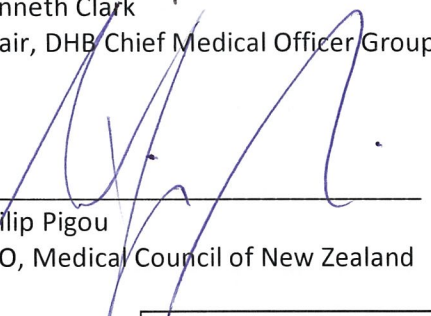
A two yearly review will take place, or earlier, as and when models of care and service change.

Signatures



 Kenneth Clark
 Chair, DHB Chief Medical Officer Group

2 June 2015
 Date signed



 Philip Pigou
 CEO, Medical Council of New Zealand

28/05/2015
 Date signed

For further information about this statement, please contact:

Chair, DHB Chief Medical Officer Group
 And
 CEO, Medical Council of New Zealand

Section 2 - Roles and Responsibilities

The respective roles and responsibilities of the Council and DHBs are outlined under key headings below. The left hand column outlines the Council's role. The DHB role is shown in the matching column on the right.

Medical Council of New Zealand (the Council)

District Health Boards (DHBs)

1 Registration

The Council:

1.1 Experience and qualifications

Checks CVs to identify gaps or concerns, and to assess fitness to practise and fitness for registration and that the IMGs qualifications, skills and experience meet the criteria for the pathway being registered under.

Verifies identity via a check of passport, sighting original certificates and qualifications at registration interview.

Obtains certificate of good standings (where possible direct from source) for last 5 years from all jurisdictions in which the applicant has worked, to check for any concerns about health, competence, and conduct.

Seeks advice from the relevant vocational education and advisory body (VEAB) or medical college on applications for a provisional vocational scope on the training, qualifications and experience of the applicant, assessment requirements and proposed position and supervision plan.

Requires a declaration from the applicant in relation to conduct, competence, mental and physical health in the Council's application form.

1.2 References

Reviews references and referee reports to ensure there are no competence, conduct or health issues for those applying for registration within a provisional general or special purpose scope of practice. The clinical leader from the immediate past employer is a critical referee.

Obtains and ensures satisfactory referee reports direct from source for those applying for a provisional vocational scope of practice.

DHBs:

1.1 Experience and qualifications

Provides a complete application that includes all the relevant documentation listed in the checklist for registration in New Zealand.

Confirm the applicant is fit for the position via CV review and interview process.

Ensure the applicant has appropriate training, qualifications and experience for proposed position and final signoff is made by Clinical Director or Head of Department (HoD) and finally CMO (two signatories).

Credential employee on appointment and then at specified intervals thereafter in keeping with national guidelines.

1.2 References

Check confidential references to ensure experience validated and fitness for employment assessed, verifying references direct at source and checking verbal referee reports. The clinical leader from the immediate past employer is a critical referee.

Full employment checks will be undertaken for each applicant.

1.3 Information exchange

Shares with the DHB any relevant information identified during the assessment of an applicant.

Conducts registration workshops to inform employers and recruiters on registration processes.

Ensures that consent is received from the applicant so that information from other persons and organisations can be considered (subject to notifying the applicant). Non-consent to contact, may affect the application.

1.4 Timelines

Acknowledges receipt of applications within 5 working days.

Processes complete applications within 20 working days and issue a letter of eligibility (for special purpose and provisional general scope). Applicant disclosures about fitness to practise (FTP) issues will require a longer timeframe.

Completes the registration process and issues a practising certificate within 3 working days of attendance at registration interview, if all required documents are provided.

International Medical Graduates (IMG) vocational scope applications should be processed within 6 months upon receipt of a complete application.

Applicants that hold a recognised Australasian post graduate qualification should be processed within 4 months.

The Council will seek advice from medical colleges and VEABs when assessing vocational applications. Medical colleges and VEABs are expected to provide an initial paper assessment within 1 month of receipt of each application, or final advice following interview, within three months of receipt of each application (if doctor is in New Zealand and available for interview).

Note:

The Council is currently exploring ways to reduce these timeframes for registration applications.

1.3 Information exchange

Shares with the Council any relevant information identified during the assessment of an applicant. This includes applicants that have not been accepted by the DHB.

Appropriate staff from the DHBs will be supported and encouraged to attend the registration workshops.

1.4 Timelines

Ensures the applicant or recruitment agency submits a complete application for registration at least 6 weeks prior to appointment date (to allow for processing time, travel to NZ, immigration processes, registration interview, and issuing of practising certificate) and longer if the application is outside the Council's policy.

Ensure the applicant has all required documentation to complete their registration at the time of their registration interview.

1.5 Assessment posts

Requests assistance from individual DHBs and senior clinical staff with assessment for registration within a vocational scope of practice, under the auspices of the relevant VEAB.

Clearly defined objectives and outcomes must be established where a doctor is required to go offsite for assessment.

1.5 Assessment posts

Help provide assessment posts - if possible in conjunction with other DHBs for smaller hospitals.

Clearly defined objectives and outcomes must be established where a doctor is required to go offsite for assessment.

2 Practising certificates

The Council:

Will send out applications to the doctor at their postal address six to eight weeks prior to the practising certificate expiry date. Completes processing of applications and issues practising certificates within 20 working days of receipt of the application if no issues are highlighted.

The Council will send lists of all doctors within the DHB whose practising certificate is to expire two weeks before expiry and immediately after expiry.

Note:

When a doctor has

- provided a completed application form (including any additional information specified by the Council), and
- has paid the fee set by Council

before the expiry of the previously-held practising certificate, the doctor is *deemed by law to hold* a valid practising certificate until the practising certificate is issued or the Registrar notifies the doctor that the practising certificate will not be issued.

In any other circumstance, the doctor will not hold a practising certificate until Council formally issues it.

The Council will review processes for updating the register to show both current and future-dated practising certificates.

DHBs:

Ensure all IMGs employed in the DHB have a current practising certificate before commencing work in New Zealand.

Ensure that a system is in place for reviewing practising certificates annually to ensure that all doctors employed in the DHB are:

- practising with a current certificate, practising within the documented scope of practice and
- meeting any conditions placed on their practising certificate or scope of practice.

3 Orientation, induction and supervision of IMGs

The Council:

3.1 Orientation and induction

Will publish best practice guidelines on orientation and induction.

Will develop an online portal and make resources available to assist with the orientation and induction of doctors into the NZ health system.

3.2 Supervision

Will assess a service for accreditation as an approved practice setting (APS) or require an individual supervision plan for each doctor registered in a provisional or special purpose scope of practice.

3.2.1 Approved practice setting

Provide clear criteria and standards for accreditation as an APS.

Assess applications for an APS and accredit DHB services against the APS criteria. Where the standards outlined in the criteria are not met, provide feedback and advice about the areas of deficiency.

3.2.2 Individual supervision plans

Provide clear guidance on the requirements for individual supervision plans.

Provide training and support for supervisors.

Will work collaboratively with DHBs to find solutions in situations where supervision arrangements have broken down.

Will work towards providing quarterly lists of doctors working in the DHB requiring supervision reports.

DHBs:

3.1 Orientation and induction

Ensure all doctors entering the DHB are orientated to New Zealand medical practice and inducted to the organisation and individual service.

Will resource and provide programmes for the orientation and induction of doctors that satisfy the requirements of the Council. DHBs may choose to collectively develop aspects of these programmes.

3.2 Supervision

Note: The DHBs have responsibility to ensure supervision takes place. Individual doctors also have a professional responsibility to ensure they are actively taking part in supervision.

Will either meet the standards for accreditation as an approved practice setting (APS), or submit an individual supervision plan for each doctor registered in a provisional scope or special purpose scope of practice.

3.2.1 Approved practice setting

Where a service has been accredited as an APS, the DHB will be responsible for maintaining the standards the service has been accredited for and advising the Council if these standards change.

3.2.2 Individual supervision plans

Are responsible for ensuring appropriate supervision is in place for all doctors employed in the DHB registered within a provisional or special purpose scope of practice.

Ensure the supervisor is able and has adequate non-clinical time allocated to:

- review practice adequately
- monitor the doctor's performance
- report on progress (or lack of) to the Council.

Will encourage and support supervisors to attend the Council's training and pass knowledge on to colleagues that have not attended training.

Ensures 3 monthly reports are completed, signed by both the supervisor and doctor being supervised and are sent to the Council.

Ensure systems are in place for managing situations where supervision arrangements have broken down. Appropriate steps will be taken including submitting a new proposed supervision plan to the Council.

Assist smaller hospitals to meet supervision needs.

4 Recertification

The Council:

Sets requirements for recertification for doctors registered within a vocational scope of practice via accreditation of the VEAB and medical college continuing professional development programmes (CPD).

Audits a 10 percent sample each quarter to ensure compliance.

Has set a recertification programme for doctors registered in a general scope of practice. This recertification programme is provided by bpac^{nz}.

Is continuing to develop policies around regular practice reviews (RPR) with the expectation that this will be an important mechanism for improving the overall standard of medical practice.

Will continue to review and clarify standards and expectations for recertification and CPD.

DHBs:

Provide an environment which supports learning and development and which allows the doctors employed in the DHB to fulfil their recertification and accreditation requirements.

Contribute to the implementation and development of regular practice review (RPR).

Ensure doctors registered in a general scope of practice and employed in the DHB have joined the recertification programme provided by bpac^{nz} and have access to continuing professional development resource.

Check that doctors employed in the DHB are participating in continuing professional development (CPD) at annual appraisals and/or credentialling.

Clinical leaders engage with colleagues about the most appropriate and effective use of continuing medical education (CME) monies.

Encourage progress through vocational training programmes.

5 Environment for intern learning

The Council:

Accredits the training provider (DHB) as a suitable place for intern learning.

Contracts and pays an honorarium to prevocational educational supervisors for the Council's work.

DHBs:

Have a responsibility to ensure quality training is provided to interns (PGY1 and PGY2, including doctors who have sat and passed NZREX).

Support clinical supervisors in the supervision and training of interns.

Will consult with CMOs in the selection of prevocational educational supervisors.

Will provide training and support for prevocational educational supervisors.

Ensure that each prevocational educational supervisor is allocated 0.1 FTE protected time for up to 10 interns to carry out the functions of the role.

Ensure that CMOs contribute to the selection and ongoing oversight and support of prevocational educational supervisors.

Work within the Council's requirements for interns in regards to:

- maintain an accurate list of who the clinical supervisors are for each clinical attachment
- accreditation of clinical attachments
- orientation to the training provider and individual clinical attachments
- ensuring clinical supervisors are meeting the requirements set out in the *Accreditation standards for training providers* and the *Accreditation standards for clinical attachments*.
- ensuring beginning, mid and end of clinical attachment meetings are undertaken and comments recorded in the intern's ePort in a timely manner
- night cover arrangements
- emergency department arrangements
- informed consent
- protected formal teaching time and informal teaching and education for interns.

Ensure that the CEO and the CMO are available to meet with the Council's accreditation team, on the day of the accreditation visit by the Council.

6 Competence and conduct

The Council:

Will notify the relevant persons (as specified in Appendix 3 to this MoU).¹

Will, upon receipt of formal notification of competence/conduct issues, act promptly to inquire into the matter and consider competence review or referral to a professional conduct committee.

DHBs:

Note: Under section 34(3) of the HPCAA, whenever a doctor resigns or is dismissed from his or her employment for reasons relating to competence, the employer of that doctor must notify the Council's Registrar.

Must also promptly notify the Council of:

- changes or restrictions placed on a doctor's

¹ Appendix 3 'Communication framework - conduct and performance complaints' is a new protocol that is currently a work in progress and subject to minor changes. It will be made available in this document on Council's website in the near future.

Will use reasonable endeavours to undertake a performance assessment within six months of referral.

Where there is a serious risk of harm, Council will consider conditions and possible interim suspension and whenever possible liaise with the DHB to manage possible risk in the meantime.

Provide competence and conduct workshops for appropriate staff at DHBs.

practice because of competence/conduct issues that do not reach the threshold for referral to the Council

- concerns about competence/conduct not able to be dealt with within the DHB system
- concerns if a doctor has left a DHB because of competence/conduct concerns.

Take responsibility to ensure patients are not at risk while competence/conduct concerns are being reviewed.

Have a system to exchange information on doctors' competence concerns with other hospitals that may employ a doctor.

Have an effective system to respond to concerns about practice.

DHBs will ensure notification is sent to the Council when there is a suspension of a doctor or termination of employment.

6.1 Upskilling

Develops objectives for competence and educative programmes required after a competence review shows that a doctor fails to meet required standards of competence.

Develops individual recertification programmes to address areas where upskilling may be required.

Liaises with the employer to ensure that any proposed programme is achievable in a practical sense.

6.1 Upskilling

Assist the Council with supervision and time related to competence programmes and individual recertification programmes. Facilitate other steps (ie, leave to allow further retraining) to remedy the skill deficiencies.

7 Management and sharing of information regarding doctors who are not employees of a DHB

The Council:

The Council must comply with the HPCAA, particularly sections 35 and 157.

Where an order or direction is made by the Council, or when the Council orders a PCC or PAC likely to impact on a DHB, publication of the order or direction will be made to the CMO.

Where a notice is issued under section 35 of the HPCAA, the Council will request that the Ministry

DHBs:

The CMO of a DHB, on receipt of any order or notice, will confirm receipt to the Council.

Following receipt of information from Council the CMO will ensure relevant people within the DHB are notified as appropriate. This includes the CMO liaising with the relevant HoD, Clinical Director or supervisor.

The DHB will liaise with the Council on a plan to monitor the order or notice and to determine if

of Health advise any effected DHBs of the notice.

specific action is required to ensure public health and safety.

The Minister's office will be advised of any actions taken by the Council under this part of the MoU.

The DHB will advise the Council of all information it has or receives in relation to the doctor.

Should the Council decide to publish an order in any public media, it will first consult with the relevant DHB(s).

Will advise the CMO when representatives of the Council are visiting a DHB for any reason.

8 Health

The Council:

If there is a reason to believe a doctors is not fit to practise because of a mental or physical condition, the Council will notify the DHB where there is:

- a risk of harm or serious risk of harm arising from a doctor's practise
- a suspension
- conditions or other limitations placed on the doctor's practice
- a review if agreed by the Council.

Ensures assessments are completed to ascertain if a doctor is fit to practise.

Agrees on voluntary agreements with doctor to maintain the doctor in safe practice and to ensure the DHB is aware of any relevant health issues requiring management.

The CMO will be the key workplace contact for sharing information relating to health concerns.

DHBs:

Note: Doctors and those that employ doctors have a duty to report to the Council under section 45 of the HPCAA if there is reason to believe the doctor is not fit to practise if, because of a mental or physical condition, he or she is not able to perform the functions required for the practice of medicine.

Those functions would include:

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

Each DHB will ensure concerns are identified and notified through their clinical governance process.

Develop "back to work" programme and notify the Council's Health Manager if required.

Assist with monitoring in workplace.

Ensure appropriate processes are in place to implement any changes in the scope of practice (including changes to practising certificate).

9 Statements and guidelines

A list of all the Council's statements and guidelines

are attached as Appendix 4 to this MoU.

Each statement or guideline can be accessed online
at www.mcnz.org.nz

Approved practice setting (APS):

A service that is accredited as an APS is recognised by the Council as having appropriate support and supervision available and provided to IMGs to ensure their safe integration into medical practice in New Zealand.

Vocational education and advisory body (VEAB):

A VEAB is a specialist College, society or association that may be accredited by the Council to carry out one or more of the following functions

- deliver a postgraduate training programme
- deliver a recertification programme
- provide advice to the Council about the qualifications, training and experience of individual IMGs applying for registration within a vocational scope of practice.

Credentialling:

Credentialling is a process used by Health and Disability Service providers to assign specific clinical responsibilities to doctors on the basis of their training, qualifications, experience and fitness to practice within a defined context. This context includes the facilities and support available and the service the organisation they work in provides.

Fitness to Practise (FTP): A doctor is not fit to practise if, because of a mental or physical condition, he or she is not able to perform the functions required for the practice of medicine. Those functions would include:

- the ability to make safe judgements
- the ability to demonstrate the level of skill and knowledge required for safe practice
- behaving appropriately
- not risking infecting patients with whom the doctor comes in contact
- not acting or omitting to act in ways that impact adversely on patient safety.

Orientation and Induction:

Orientation is viewed as a doctor's broad introduction to the New Zealand health system. Induction is viewed as the introduction to the specific DHB and individual service a doctor is employed in.

Recertification:

Recertification is the term given to the process by which all doctors demonstrate their competence to practise within the scope of practice in which they are registered, as a condition of holding an annual practising certificate.

Individual recertification:

Individual recertification programme means a one-off recertification programme under section 41 of the HPCAA for a specific doctor, or group of doctors, designed to address an identified weakness or deficiency in one or more specific competencies (or to develop additional competencies within their scopes of practice).

Performance assessment committee (PAC):

A performance assessment is a practice visit by two peers and a lay member. This group is called the Performance Assessment Committee (PAC). The PAC assesses the doctor's performance and provides a written report to Council on its findings. A performance assessment aims to ensure that a doctor is practising at the required standard.

Professional Conduct Committee (PCC):

A PCC is made up of three members appointed by Council, two doctors and one lay member. A PCC deal with complaints referred from the Health and Disability Commission and with referrals after convictions in a court of law. In addition, if the Council considers information in its possession raises questions about the conduct or safety of a doctor's practice, then it may refer those questions to a PCC. The PCC's role is to determine

whether an issue is related to competence or discipline and then to recommend and/or determine an appropriate course of action.

Regular practice review (RPR):

RPR is a formative and supportive collegial review of a doctor's practice by peers, using a range of tools, in a doctor's usual practice setting. RPR is informed by a portfolio of information provided by the doctor, and includes 360 feedback and may also include audit outcomes and logbooks. RPR must include a component of external review that is by peers external to a doctor's usual practice setting.

Risk of harm may be indicated:

- a pattern of practice over a period of time that suggests the doctor's practice of medicine may not meet the required standard of competence; or
- a single incident that demonstrates a significant departure from accepted standards of medical practice; or
- recognised poor performance where local interventions have failed – this does not exclude notification of serious concerns where internal review or audit is inaccessible or unavailable to the person with the concern; or criminal offending; or
- professional isolation with declining standards that become apparent.

Serious risk of harm:

- an individual patient may be seriously harmed by the doctor; or
- the doctor may pose a continued threat to more than one patient and as such the harm is collectively considered 'serious'; or
- there is sufficient evidence to suggest that the alleged criminal offending is of such a nature that the doctor poses a risk of harm to one or more members of the public.



Protocol for decision-making principles

Background

- 1 The Council's governance role is to establish the strategic direction of the Council consistent with its purpose of protecting the health and safety of the public by ensuring doctors are competent and fit to practise.
- 2 The Council has a quasi-judicial function that is distinct from its strategic governance role. This function must be exercised within the Council's powers and responsibilities under the Health Practitioners Competence Assurance Act 2003 (HPCAA). These functions relate mainly to the exercise of the Council's powers of registration, competence, conduct and health in relation to a specifically identified doctor.
- 3 The Council's decision-making principles will need to reflect these differences in Council's roles. Although there are likely to be common principles for both roles, it is also likely that each role will have distinctly separate principles. The remainder of this protocol identifies common and separate principles, relevant to Council's roles.

Common principles – governance and quasi-judicial roles

- **Accountability:**
The Council is accountable for its decisions to the public, the Minister of Health and Parliament and, in relation to the efficient use of funds to achieve its purpose under the HPCAA, to the profession. This means that the Council will consider:
 - Whether the decision is consistent with its principal purpose – to protect the health and safety of the public.
 - Whether the decision is consistent with its functions under the HPCAA ie, setting standards, ensuring competence, promoting education and training, promoting public awareness, etc.
 - Whether the decision is consistent with its values and principles as expressed in the Business Plan.
 - Whether the decision is the most efficient means of meeting Council's obligations under the HPCAA.
- **Trust:**
The Council will consider trust in key relationships when deciding governance and quasi-judicial matters. The key relationships are:
 - Between the profession and the public.
 - Between the public and the Council.
 - Between the profession and the Council.
 The Council will consider:
 - would the decision improve the trust in one or more of these relationships?
 - What would be the impact on the other relationship(s)?
- **Independence:**
 - The independence of Council members is important to ensure the integrity of Council's decisions. The Council does not represent the profession and must be free from influence from external bodies. Council members will decide governance and quasi-judicial matters independently of any stakeholder interest, personal interest or relationship and

professional interest or relationship. (Please also refer to the Council's *Policy on conflict of interest*).

- Inquiry:
 - Council will inquire into and assess all relevant and available information in deciding governance and quasi-judicial matters. This would include examining critically all assumptions to determine opinion and fact.
- Consistency:
 - Council aims to ensure good decisions over time by giving consideration to earlier decisions when deciding governance and quasi-judicial matters. Council acknowledges that regulatory standards change over time and decisions will always be based on the standards existing at that time.
- Cultural competence:
 - Council recognises that doctors in New Zealand work with a population that is culturally diverse and therefore cross-cultural doctor-patient and doctor-clinical team interactions are common. Council will itself demonstrate and continue to promote awareness amongst all doctors of cultural diversity and the ability to function effectively, and respectfully, when working with people of different cultural backgrounds.

Specific principles – governance roles

- Responsibility:
 - Council, in relation to any regulatory intervention of a strategic or policy nature, has a responsibility to the profession to engage, consider comment and feedback fairly, and to make decisions that can be effectively implemented.

Specific principles – quasi-judicial roles

- HPCAA:
 - The Council will always act consistent with the purpose, principles and specific enabling provisions of the HPCAA.
- Principles of natural justice:
 - The Council will apply the specific provisions of the HPCAA regarding providing relevant information and giving reasonable opportunity to make written submissions and be heard.
 - Proceedings of Council will be conducted so that they are fair to all parties.
 - The Council will only take into account relevant considerations and extenuating circumstances and ignore irrelevant considerations.
 - All members of Council should act without bias (refer to Council's *Policy on conflict of interest*) and act in good faith.
- Risk of harm and risk of serious harm
 - The Council, in considering individual cases, will expressly apply its definitions of risk of harm and risk of serious harm. The relevant definitions are:

Risk of harm may be indicated by:

- A pattern of practice over a period of time that suggests the doctor's practice of medicine may not meet the required standard of competence; or
- A single incident that demonstrates a significant departure from accepted standards of medical practice; or
- Recognised poor performance where local interventions have failed – this does not exclude notification of serious concerns where internal review or audit is inaccessible or unavailable to the person with the concern; or criminal offending.
- Professional isolation with declining standards that becomes apparent.

Risk of serious harm may be indicated when:

- An individual patient may be seriously harmed by the doctor; or
- The doctor may pose a continued threat to more than one patient and as such, the harm is collectively considered 'serious'; or

- There is sufficient evidence to suggest that alleged criminal offending is of such a nature that the doctor poses a risk of serious harm to one or more members of the public.

Approved by Council: 13 May 2009
Amended by Council: 16 May 2012

The Council's statements and guidelines

Definitions for doctors

- Definition of clinical practice and non-clinical practice (Aug 2006)
- Definition of fitness to practise (Nov 2012)
- Definition of the 'practice of medicine' (Aug 2004)
- Definitions of risk of harm and risk of serious harm (Aug 2004)

Standards for doctors

Good Medical Practice

- Good medical practice (Apr 2013)

Medical care

- Complementary and alternative medicine (Mar 2011)
- A doctor's duty to help in a medical emergency (Aug 2006)
- HRANZ Joint Guidelines for registered health care workers on transmissible major viral infections (Nov 2005)
- Cosmetic procedures (Oct 2011)
- Safe practice in an environment of resource limitation (Aug 2008)

Good prescribing practice

- Good prescribing practice (Apr 2010)
- Prescribing drugs of abuse (Apr 2010)
- Prescribing performance enhancing medicines in sport (Apr 2010)

Communication and informed consent

- Information, choice of treatment and informed consent (Mar 2011)
- Ending a doctor-patient relationship (Mar 2011)
- Use of the internet and electronic communication (Jul 2013)
- Maintenance and retention of patient records (Aug 2008)
- Disclosure of harm following an adverse event (Dec 2010)
- When another person is present during the consultation (Mar 2004)
- Statement on advertising (Aug 2015)

Cultural competence

- Cultural competence (Aug 2006)
- Best practices when providing care to Māori patients and their whānau (Aug 2006)
- Best health outcomes for Maori: Practice implications (Oct 2006)
- Best health outcomes for Pacific Peoples: Practice implications (May 2010)

Management

- Responsibilities of doctors management and governance (Mar 2011)
- Employment of doctors in the Health Practitioners Competence Assurance Act 2003 (Dec 2005)

Professionalism

- What to do when you have concerns about a colleague (Dec 2010)
- Unprofessional behaviour and the health care team. Protecting patient safety (Aug 2009)
- Medical certification (Dec 2013)
- Sexual Boundaries in the Doctor-Patient Relationship - A resource for doctors (Oct 2009)
- Providing care to yourself and those close to you (Jun 2013)
- Non-treating doctors performing medical assessments of patients for third parties (Dec 2010)
- Doctors and health related commercial organisations (Jul 2012)

Patients

- What to expect from your doctor when you have a cosmetic procedure (Jun 2008)
- You and your doctor (Mar 2008)
- The importance of clear sexual boundaries in the patient-doctor relationship. A guide for patients (Oct 2006)
- Council's principles for assessment and management of complaints and notifications (Jul 2014)

Guides & Booklets

- Cole's Medical Practice in New Zealand (2013)

Get Registered

Registration

- Medical Registration in New Zealand (Jul 2013)
- Medical Registration Handbook 2014 (May 2014)
- Orientation Induction and Supervision for International Medical Graduates (Jan 2011)

Maintain Registration

Practising Certificate

- Guide to completing a Practising Certificate application (Jul 2009)

CPD

- Continuing Professional Development and Recertification (Apr 2015)
- Education and Supervision for interns (Oct 2006)

Supervision

- Orientation Induction and Supervision for International Medical Graduates (Jan 2011)

Fitness to Practise

Conduct

- Sexual boundaries a guide for patients (Oct 2006)
- What to expect if your complaint is referred to a professional conduct committee (Apr 2011)
- What to expect if you are referred to a professional conduct committee (Apr 2011)
- You and your doctor (Mar 2008)

Competence

- Assessing Doctors' Performance (May 2005)
- Performance Assessment what you can expect (Apr 2010)

Health

- Doctors' health (Dec 2004)

Standards for assessment and accreditation

- Additional criteria for assessment of specialist medical training programmes of Australasian vocational colleges

This should be used in conjunction with the joint Australian Medical Council and Medical Council of New Zealand standards for assessment and accreditation

For the most recent versions of these documents please visit www.mcnz.org.nz.