



8 August 2018

Submission to the Medical Council of New Zealand

Safe practice in an environment of resource limitation

The New Zealand College of Public Health Medicine would like to thank the Medical Council of New Zealand (the Council) for the opportunity to make a submission on the proposed revisions to its policy statement on ***Safe Practice in an environment of resource limitation***.

The New Zealand College of Public Health Medicine (the College) is the professional body representing the medical specialty of public health medicine in New Zealand. We have 218 members, all of whom are medical doctors, including 185 fully qualified Public Health Medicine Specialists with the majority of the remainder being registrars training in the specialty of public health medicine.

Public Health Medicine is the branch of medicine concerned with the assessment of population health and health care needs, the development of policy and strategy, health promotion, the control and prevention of disease, and the organisation of services. The NZCPHM strives to achieve health gain and equity for our population, reducing inequalities across socioeconomic and cultural groups, and promoting environments in which everyone can be healthy. Cultural competence is a key element in our specialist training and continuing professional development programmes. The NZCPHM aims to have Māori health focus in all its work, recognising Te Tiriti o Waitangi (The Treaty of Waitangi) as the basis for partnership with Māori for health and the development of health services in Aotearoa New Zealand.

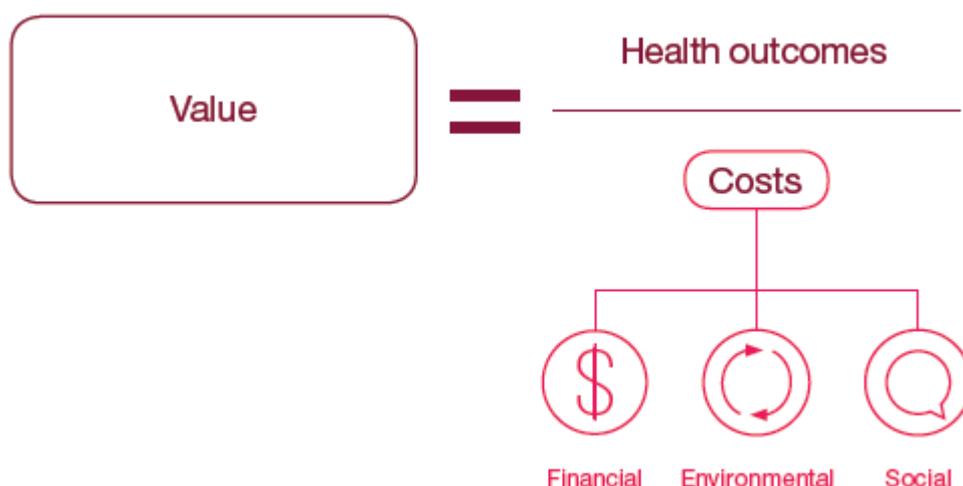
General response:

The College agrees with the Council that the existing statement on ***Safe practice in an environment of resource limitation*** requires updating to reflect the current context of increased resource constraints, and current thinking on appropriate use of resources, evident, for example, through the Choosing Wisely initiative.

The College generally agrees with the changes that the Council has proposed. We agree that the principle that doctors must not allow their commercial interests or that of their employer or funding agency to override the doctor's ethical responsibility to their patients should be stressed at the beginning of the document. We support the inclusion of a principle relating to the equitable allocation of resources.

We note however that the proposed revisions do not currently address the issue of sustainable use of resources, and strongly suggest that sustainability (financial, environmental and social) should be included.

The central idea of sustainability – doing more with less, and not doing or using too much – not only helps to protect the environment, but also aligns with health sector goals to improve cost-effectiveness and efficiency, and to reduce health care costs.¹ Sustainable health improvement meets the essential health needs of the present (especially the world’s poor) without compromising generations’ abilities to meet their own needs.² This approach accepts limits, protects the environmental determinants of health and can reduce healthcare spending, so freeing opportunities elsewhere in the future.³



adapted from Academy of Royal Medical Colleges, 2014⁴

Responses to the consultation questions:

1. Are there any other key points that should be included or omitted from the summary box?

The College agrees with the points made in the summary box in the proposal.

However, the College’s view is that the principle of sustainability in resource use (see above) is crucial and should be included not only in the text of the policy but also in the summary box.

2. In your view, are there any other points that should be covered in ‘Background’?

We suggest that the concept and definition of sustainability, as described above, be included in the Background section of the document.

3. Do you agree with the proposed changes to the section on “Ethical principles’ as outlined above and set out in the draft? And 4. What other changes, if any, should the Council include in the section on “Ethical principles’?

We understand that paragraph 1 is directly from the MCNZ’s [‘Good Medical Practice’](#) (“Make the care of patients your first concern”). However, we believe that all doctors must consider the implications

of their practice decisions on the wider community and on others who are not yet their patients. We suggest that paragraph 1 should be cross-referenced to paragraphs 5 and 6.

We suggest that the words ‘and the need to use resources sustainably and equitably’ should be added to paragraph 4:

4. Resource limitation, **and the need to use resources sustainably and equitably**, should be recognised as an important part of the environment of medical professional practice.

We note that paragraph 5 contains three main ideas: a point about equity, a point about balancing individual patient and broader population needs, and a point about acting in accordance with established pathways. Equity considerations are a part of the consideration that needs to be given to population needs.⁵ However, we suggest that the need to consider equitable resource allocation should be given more prominence in the document as a stand-alone point, in the same way as has been done in the summary at the beginning of the document. In addition, we suggest that this section should specifically mention our obligations under Te Tiriti o Waitangi and the ethical imperative to improve Māori health outcomes for individuals and whānau.

We suggest that the word ‘sustainably’ also be added to paragraph 5 in the phrase “Efforts to use resources efficiently, equitably **and sustainably**”.

We note that the phrase ‘work in partnership with patients’ has been added to the text of paragraph 6. Whilst we agree that engagement with stakeholders is crucial in decisions about resource prioritisation, we suggest that the phrase that has been added is too restrictive. We suggest that this point be reworded as follows:

6. Doctors working as managers, medical administrators or public health physicians must **engage with stakeholders, community groups and / or patients** and their caregivers/families/whānau and endeavour to allocate resources in a way that best serves the interests of a community or populations of patients.

We note that the text “and in a culturally competent manner” has been added to the text of paragraph 7 (In all roles, doctors should use evidence from research and audit to endeavour to make the best use of the resources available, **and in a culturally competent manner**). We note that it is not clear how cultural competence relates to a point about research and audit, and that the addition may be seen as tokenistic. We suggest that either the phrase is reworded to make the meaning clearer, or cultural competence be given its own point in the document.

We wonder whether point 8 would not be better placed in the Background section of the document, rather than as an ethical principle. We suggest that the last sentence of this point could also be better phrased as “Doctors might also be involved as managers and policy-makers whose decisions determine **overall funding allocations and levels of resourcing**”.

We suggest the addition of an ethical principle regarding the responsibility for doctors to provide necessary information to decision makers in an honest, open and transparent manner. Full and accurate information will ensure better decision-taking regarding the use of limited resources.

5. Do you agree with the proposed changes to the section 'Medical practice where available services are restricted' as outlines above and set out in the draft? And 6. What other changes, if any, should Council include in the section on 'Medical practice where available services are restricted'?

The College agrees with the inclusion of the word 'equitably' to point 9.

We agree with the inclusion of a section regarding appropriateness to the patient's needs in point 11.

We note that the introduction of the phrase "to ensure that health funds are used wisely" to point 12 introduces a tension between the need to ensure adequate resourcing and the need to consider wise use of resources. This could be avoided through alternate phrasing:

12. Doctors who are in leadership roles have a responsibility to both management and staff to **use health funds wisely to ensure** that sufficient appropriately trained staff, suitable equipment and other resources are available to provide adequate care.

7. Do you agree with the proposed changes to the section on 'Care of acute patients' as outlined above and set out in the draft? And 8. What other changes, if any, should Council include in the section on 'Care of acute patients'?

We note that there is a grammatical error in paragraph 13.

We note there is a typographical error ('of' instead of 'on') in paragraph 14.

We suggest that, since extending the line of communication of care is crucial for patients who are acutely unwell and unable to integrate such information by themselves, the phrase "and/or caregivers/family/whānau" be added to paragraph 16:

16: 'Always inform the patient **and/or caregivers/family/whānau** about the decision being made and the reasons for it. Document such discussions.'

We suggest that in paragraph 18 (under the heading 'care of outpatients'), the words 'equitable and sustainable' be added to the second sentence: Prioritisation systems should be fair, systematic, consistent, evidence-based, equitable, sustainable and transparent.

9. Do you agree with the proposed wording in paragraph 20 that a doctor who receives and assesses a referral must be appropriately qualified to do so?

Yes.

10. Do you agree with the proposed clarification in paragraph 23 that a doctor working in a service or team setting is still accountable for the doctor's actions within the team?

Yes.

11. How could the wording in paragraph 26 (about supporting patients to make an informed decision about their treatment, and discussing the next best option where doctors are unable to provide a preferred treatment) be more effective?

We have no concerns with the wording of paragraph 26.

12. What other changes, if any, should Council include in the section on 'Where a decision has been made by the funder not to fund a specific service'?

We have no further suggestions for this section.

13. Are there any other changes that Council should consider including in the section 'Managing workload'?

We have no further suggestions for this section.

The NZCPHM is happy to provide further clarification on any matter covered in this submission.

Yours sincerely,



Dr Felicity Dumble

President

References

1. New Zealand College of Public Health Medicine. NZCPHM Policy Statement on Sustainability. Wellington: NZCPHM, 2017. (https://www.nzcphm.org.nz/media/104677/2017_04_sustainability_policy_statement_reviewed_2017.pdf)
2. United Nations World Commission on Environment and Development. Our Common Future: Report of the World Commission on Environment and Development. Oxford: Oxford University Press, 1987. (<https://sustainabledevelopment.un.org/milestones/wced>)
3. New Zealand College of Public Health Medicine. DRAFT NZCPHM Choosing Wisely Recommendations and explanatory statements for public health: NZCPHM, 2018
4. Academy of Royal Medical Colleges. Protecting resources, promoting value: a doctor's guide to cutting waste in clinical care. London: AoRMC, 2014. (<http://www.aomrc.org.uk/reports-guidance/protecting-resources-promoting-value-1114/>)
5. New Zealand College of Public Health Medicine. NZCPHM Policy Statement on Health Equity. Wellington: NZCPHM, 2017. (https://www.nzcphm.org.nz/media/58923/2016_11_17_nzcphm_health_equity_policy_statement.pdf)