Te Kaunihera o Ngā Kāreti Rata o Aotearoa
COUNCIL OF MEDICAL COLLEGES
NEW ZEALAND

PO Box 58
NZ Post House
Wellington 6011

enquiries@cmc.org.nz
www.cmc.org.nz

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Joan Simeon
Chief Executive
Medical Council of New Zealand
PO Box 10509
Wellington 6140

Via email: jsimeon@mcnz.org.nz

Tēnā koe Joan,

The Council of Medical Colleges | Te Kaunihera o Ngā Kāreti Rata o Aotearoa (CMC) is writing to provide feedback to the Medical Council of New Zealand (MCNZ) on the *Treating Yourself and those Close to You* draft statement.

The CMC appreciates that it is good practice for MCNZ to update its statements so that they are fit-for-purpose in the current practicing context. The rationale provided for this update is the "intention of making it clearer and easier to navigate". The tone and the definitive approach taken in the draft statement, particularly to "those close to you" indicates that there is some existing concern around the treatment of family members and close friends that is inappropriate by practitioners. The direction of this draft leaves very little room for practitioners to exercise any professional discretion in a geographical or cultural context, and unintentionally puts urgent or emergency care at risk.

Medical colleges have also sent through their own submissions on the draft *Treating Yourself and those Close to You.* Overall, there is a concern that the draft as it stands is extremely prescriptive (compared to the previous statement) and does not sufficiently take into account realities in the delivery of healthcare in the Aotearoa New Zealand context. The current wording of the draft statement if published, will likely have the effect of being an unintentional deterrent on service delivery in Māori, Pasifika, and isolated and/or rural communities.

MCNZ might wish to consider modifying the current wording of the draft statement to create some more flexibility in exceptional circumstances and to work with other agencies, for example, Medsafe, to conduct spot auditing of electronic prescribing to understand and address current concerns.

The following is a summary of issues that has been raised by colleges but it is not exhaustive:

Definition of "Close to You"

There needs to be clearer criteria to determine the proximity of relationships and when it is appropriate to treat someone close to you. This is needed early in the statement for clarity, potentially under the sub-heading "You should not treat yourself or those close to you".

The current definition of those 'close to you' (personal connection) unintentionally runs counter to efforts by medical schools and workforce leaders to grow the medical workforce so that it reflects the communities they serve. It is highly likely that clinicians, particularly those who speak the same language of smaller populations, will know each other and could be adversely affected.

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It would also be helpful if examples and case studies were provided alongside or in the statement to help practitioners assess whether a relationship falls within the definition of "close to you". Separating the definitions and guidance for treating oneself from treating those close to you is an important consideration for the purposes of clarity.

Definition of Exceptional Circumstances

The proposed prescriptive approach taken to the definition of "those close to you" increases the need for flexibility in exceptional circumstances. Emphasising this at the beginning of the document is vitally important to avoid any unintended consequences in emergencies or urgent situations.

There has been a change in language from 'urgent', in the previous statement, to 'emergency' in this. An urgent condition may not require 'immediate' attention to prevent further injury but may require attention sooner rather than later (i.e. urgently). In this statement the practitioner is not able to exercise their judgement on the urgency as the wording limits them to 'emergency' and 'immediate'. There will be many times when an urgent care service is not available within a reasonable timeframe, though the injury or condition is not an 'emergency'. The CMC recommends that 'urgent' is returned to the new draft to allow for appropriate treatment for urgent medical conditions.

The CMC recommends expanding the definition of exceptional circumstances and include factors such as the inability to afford alternative care and limited availability of specialists (e.g. where there is only one or two specialists in the country practicing in a particular field). Other factors to consider for inclusion are discussed in further detail below.

Cultural Safety and Equity

There is no mention of cultural safety or cultural awareness in the current wording of the draft statement, this is particularly concerning in relation to treating Māori and Pasifika communities as there is very little flexibility in the wording of 'those close to you' and the 'exceptional circumstances' as drafted.

If cultural safety was considered and a Te Ao Māori lens applied, it is often that relationships build trust and can improve both patient engagement with providers, and patient outcomes. Particularly for Aotearoa's vulnerable populations who are Māori, Pacific, geographically isolated or marginalised 'hard to reach'.

There is currently no discretion for patients who have intergenerational trauma and distrust of the health system, who may actually receive better care from someone 'close to them' who has lived experience. This will depend on the context, the patient and the practitioner, but the point remains that the statement as drafted has no flexibility to allow this.

The draft statement needs to acknowledge the needs of marginalized communities and ensuring continuity of care including the consideration of exceptional circumstances beyond geographical isolation, such as financial barriers, low levels of trust, culturally safe care and limited access to primary care.

Prescribing Medicines

The CMC also has concerns around the restrictions on prescribing medication particularly in urgent mental health crises. MCNZ could consider the inclusion of a safety mechanism that would require reporting and review in such cases.

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Referrals for Communities with Limited Alternatives

Paragraph 14 as currently worded, creates further barriers to healthcare access for an already underserved population. There is significant risk of patients disengaging at or after point of referral.

There is a question around what impact assessment MCNZ has done or would consider assessing on the likely administrative burden of referrals made by practitioners in areas with limited resources in smaller communities.

Criteria of "When you must not treat yourself or those close to you"

In paragraph 15 (g) it is definitively stated that a practitioner must not "Provide episodic treatment or ongoing management of an illness or condition, irrespective of severity". This appears to contradict earlier parts of the document and negate any prior exemption for rural and emergency circumstances.

I am happy to meet to discuss this feedback and for the CMC to work with MCNZ on any wording changes.

Nāku noa, nā

Dr Samantha Murton
Chair of the Council of Medical College