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**The Royal Australasian College of  
Physicians' submission to the  
Medical Council of New Zealand**

**Statement on non-treating doctors  
performing medical assessments  
for third-parties**

**Pipiri 2021**

## Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback on the review of the Medical Council of New Zealand's statement on non-treating doctors performing medical assessments for third parties (the Statement).

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

## Overall Position

The RACP supports the revised and reorganised Statement proposed in this consultation. The Medical Council's commitment to the modernisation of its statements consistently results in more accessible and useful resources. We are pleased to see that this continues to be implemented across all statements due for review. In this case, it has resulted in a comprehensive and clear document which is generally fit for purpose. However, we believe there are areas which could be expanded to improve coverage.

## The Switching of Roles

This Statement is most helpfully used to outline the difference between the role of a patient's own doctor, and an assessing doctor providing a third-party service. It provides an accurate description of the ethical responsibilities inherent in each position, in a digestible manner. This may be useful both for patients, and doctors forming a part of this relationship.

For patients and their whānau the responsibilities of doctors in these relationships may not always be clear. The updated statement is unequivocal that the doctors in question must provide clear guidance to whānau on their role. We commend this and emphasise that communicating with different whānau will require bespoke approaches, to ensure both comprehension and to retain agency in the hands of the patient<sup>1</sup>. Research on patient-centred care has found that this is not always achieved, and in a situation where a doctor is providing a third-party service, full comprehension is likely to be lower unless particular care is taken.

It will be particularly important to take into account the ways in which our westernised health system presents to whānau, and the inherent impacts this has upon a patient's interactions therein. Māori have particularly reported that patient-clinician relationships and communication are key areas in which healthcare fails in Aotearoa NZ, and a strong contributor to inequity<sup>2</sup>. On a wider scale, inadequate communication from clinicians also leads to issues for Pacific and Asian populations,

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<sup>1</sup> Keene L. Why is patient centred care so important? [Internet]. Wellington: Association of Salaried Medical Specialists; 2016. Accessed 2 June 2021. Available from: [https://www.asms.org.nz/wp-content/uploads/2016/07/Why-is-patient-centred-care-so-important-issue-2\\_165838.4.pdf](https://www.asms.org.nz/wp-content/uploads/2016/07/Why-is-patient-centred-care-so-important-issue-2_165838.4.pdf).

<sup>2</sup> Palmer S C, Gray H, Huria T, Lacey C, Becket L, Pitama S G. Reported Māori consumer experiences of health systems and programs in qualitative research: a systematic review with meta synthesis. *Int J Equity Health* [Internet]. 2019; 18(163). Accessed 2 June 2021. Available from: <https://equityhealth.biomedcentral.com/articles/10.1186/s12939-019-1057-4>.

alongside people who speak English as a second language<sup>3</sup> <sup>4</sup>. Assigning these failings to patients under the banner of health literacy is inadequate, when in fact it is the responsibility of the doctor in question to communicate in a manner understood by the patient and their whānau. This remains a concern, even when an assessing doctor is providing a service in a third-party capacity.

## Relationships Beyond a One-Off Assessment

Our members believe that there is merit in adding a section covering relationships where a third party provides medical assessments which go beyond a one-off interaction. In some situations, occupational physicians work in an in-house capacity where they interact closely with other parties, overseeing the rehabilitation process and the ultimate return to work of employees, but not conducting care. Relationships such as this can still reflect the role of a non-treating doctor who is ultimately engaged by a third party; however, they necessarily require a more complex and lengthy relationship to achieve the outcomes sought. Addressing situations such as these would improve the coverage of the Statement, and allow it to be used in a wider range of contexts.

## Conclusion

The RACP thanks the Medical Council of New Zealand for the opportunity to provide feedback on this consultation. To discuss this submission further, please contact the NZ Policy and Advocacy Unit at [policy@racp.org.nz](mailto:policy@racp.org.nz).

Naku noa, na



Dr George Laking  
Aotearoa NZ President  
**The Royal Australasian College of Physicians**

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<sup>3</sup> DeSouza R, Garrett D. Access Issues for Chinese People in New Zealand [Internet]. Auckland: Auckland University of Technology; 2005. Accessed 2 June 2021. Available from: [http://www.ruthdesouza.com/wp-content/uploads/2011/06/access\\_issues.pdf](http://www.ruthdesouza.com/wp-content/uploads/2011/06/access_issues.pdf).

<sup>4</sup> Ministry of Health. Improving Quality of Care for Pacific Peoples [Internet]. Wellington: Ministry of Health; 2008. Accessed 2 June 2021. Available from: <https://www.health.govt.nz/system/files/documents/publications/improving-quality-of-care-for-pacific-peoples-may08.pdf>.