

23 December 2019

Dr Ashley Bloomfield
Director General of Health

Cc: Hon Dr David Clark, Minister of Health
Dr Andrew Simpson, CMO
Dr Curtis Walker, Chair, Medical Council of New Zealand
Mr Anthony Hill, Health and Disability Commissioner

Dear Ashley,

RE: Informed Consent in a training environment

The Waitematā District Health Board is concerned about the lack of consistent national guidance on informed consent in the context of the training environment of public hospitals. We are asking the Ministry of Health to lead a process to achieve a consistent national consensus on the issue which aligns with the Code of Consumers' Rights and meets the team-based approach to delivery of health care in training hospitals.

The right of our patients to make an informed choice about the care they receive is fundamental to the work we do, and underpins the Code of Consumers' Rights. The DHB environment brings inherent challenges to the application of the Code. Healthcare is delivered by teams of clinicians, typically including registered medical, nursing and allied health practitioners in different stages of training and career progression. Questions have recently been raised about the requirements of informed consent in a modern hospital when members of the clinical team may commonly be participating in supervised learning.

The issue of informed consent in the context of training is particularly relevant to Resident Medical Officers (RMOs) who are employed as registered practitioners for the provision of clinical care, but are in most cases, pursuing further vocational training. The MCNZ has recently released its updated guidance on Informed Consent (September 2019) but this document does not provide specific guidance on consent for the training aspects of the clinical work our RMOs carry out.

Waitematā DHB has taken the view that there is generally no requirement to obtain consent to the participation of an RMO, who is employed as a member of the clinical team providing care. However, if an RMO is to undertake a procedure (under the supervision of an SMO), which the RMO is not yet qualified to do on their own, so far as reasonably practicable, the patient's consent to the RMO's participation should be obtained.

It is unclear whether Waitematā DHB's view of informed consent in relation to RMOs is consistent with that at other DHBs, or supported by regulatory and consumer bodies. Nor is it clear whether this view should extend to all healthcare professionals working and upskilling in training settings. We

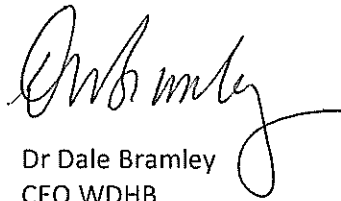
are also mindful of the mobility of the healthcare workforce who may be in training pathways, and inconsistency of standards for informed consent between providers would raise concerns.

The Waitematā District Health Board, at its December meeting, discussed an external report on the informed consent issue undertaken by Professor Ron Paterson. The Board resolved to urgently request the Ministry of Health to provide national guidance on informed consent that covers training aspects of clinical work.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Judy McGregor'.

Professor Judy McGregor
Chair WDHB

A handwritten signature in black ink, appearing to read 'Dale Bramley'.

Dr Dale Bramley
CEO WDHB