

9 January 2012

Michael Thorn
Medical Council of New Zealand
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By email: mthorn@mcnz.org.nz

Dear Michael

A proposed framework for the regulation of special interests

Thank you for the opportunity to comment on this proposal.

The New Zealand Medical Association (NZMA) is New Zealand's largest medical organisation and has a pan professional membership. Our members come from all disciplines within the medical profession and include specialists, general practitioners, doctors-in-training and medical students.

The NZMA aims to provide leadership of the medical profession, and promote:

- professional unity and values, and
- the health of all New Zealanders.

The key roles of the NZMA are to:

- provide advocacy on behalf of doctors and their patients
- provide support and services to members and their practices
- publish and maintain the Code of Ethics for the profession
- publish the New Zealand Medical Journal.

In general the NZMA is comfortable with the proposal to develop a framework although we have one or two concerns about the detail.

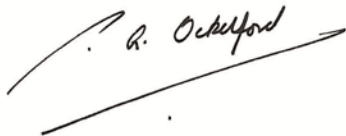
Firstly the document tends to assume that the branch advisory bodies will agree to do what the Medical Council of New Zealand (MCNZ) asks of them. The NZMA believes that there could be differences of view at times as to when regulation is appropriate.

Next, the NZMA notes the three different situations posited by the MCNZ that the framework will need to cover. The first two situations (special interest lies within a vocational scope of practice, and special interest lies largely within a vocational scope of practice but additional knowledge is required) are unexceptional and we support the proposal as it pertains to them. The third situation (special interest lies largely outside the scope of practice), however, is problematic.

There appears to be an assumption that “complementary and alternative” medicine is suitable for regulation. The NZMA believes that this is highly debatable, and the profession should strongly dissociate itself from an implied alignment with health practices that have no scientific foundation. For example the NZMA would not like to see a doctor allowed to also practice as an herbalist or iridologist, as sanctioned by the regulations.

And finally, while the special interest group guidelines are clear for those with a fellowship of the Royal New Zealand College of General Practitioners (RNZCGP), they are problematic for those who are not Fellows of the RNZCGP (FRNZCGP), and may be unfair to those who have been practising in this field for some considerable time. The NZMA is aware of three general practitioners performing tumescent liposuction who fill this category. These doctors are likely to have problems meeting the MCNZ requirements that expect such general practitioners to be FRNZCGP.

Yours sincerely

A handwritten signature in black ink, reading "Dr Paul Ockelford". The signature is written in a cursive style with a long horizontal stroke extending to the right.

Dr Paul Ockelford
NZMA Chair