New Zealand Medical Association
Te Hauora mō ngā Iwi Katoa

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Draft revised statement on the maintenance and retention of patient records

Dear Kanny

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback on the above consultation. As you know, the NZMA is New Zealand's largest medical organisation, with more than 5,000 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders.

We welcome the Medical Council's review of its statement on the maintenance and retention of patient records. We note that while most of the existing statement has been retained in the updated draft, new paragraphs have been added to provide guidance on the following:

- what should be recorded in the patient's notes, including making retrospective changes
- audio and video recording of discussions between a patient and their doctor
- following up referrals that have not been actioned
- handling requests from patients for copies of their notes
- making arrangements for clinical records before a doctor leaves a practice.

We are generally comfortable with the draft revised statement but have some specific suggestions for amendments and improvements that we believe would enhance the statement.

Maintaining patient records

Paragraph 1 requires doctors to keep clear and accurate patient records that note eight specific factors. We suggest that "any history of allergic reactions or adverse effects" be added to the list of factors that are specified in this paragraph.

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We have received feedback that the definition of 'whānau' in footnote 3 is somewhat simplistic and may be considered demeaning. We suggest the following expanded description may be more appropriate: *"Whānau is often translated as 'family', but its meaning is more complex. It includes physical, emotional and spiritual dimensions and is based on whakapapa. Whānau can be multi-layered, flexible and dynamic. Whānau is based on a Māori and a tribal world view. It is through whānau that values, histories and traditions from the ancestors are adapted for the contemporary world."*

The tohutō (macron) is over the wrong letter—it should be whānau, not whanāu.

Practice systems

Paragraph 8 relates to systems for recalling patients. We suggest this paragraph be expanded to include "patients who need regular checks, investigations or treatment". We also suggest that it may be useful to add that doctors use such systems, in addition to merely having access to them. Amended wording for paragraph 8 could be as follows: *"Council recommends that every doctor has access to, and uses, systems for recalling patients who need regular checks, investigations or treatment."*

Paragraphs 9a and 9b relate to having systems to follow up test results and referrals. While these are important points to address, there are concerns that this section unfairly singles out General Practice which makes the majority of referrals yet is the least able sector to effect change in the health system due to power imbalances in funding systems. We suggest that it would be useful for Council to expand on these points such that there is a shared and balanced approach for doctors making referrals and those receiving referrals, as well as for doctors requesting tests and those receiving requests for tests. For example, in addition to having systems in place to follow up referrals that have not been actioned, doctors receiving a referral should have systems in place to acknowledge receipt of referrals, accept, refuse or divert these referrals, and let the referring doctor know if it has not been actioned within a certain amount of time. Without a shared and balanced approach involving both the referring and receiving doctor, there will be little change for the safety of patients. Likewise, in addition to having systems in place to follow up requested test results in a timely manner, it would be useful for doctors receiving requests for tests to have systems in place to acknowledge receipt of such requests and send a message to the requesting doctor if it has not been done within a certain amount of time. Ideally, these will require fully automated electronic systems. These will entail resource and funding implications.

Accessing patient records

Paragraph 11 acknowledges that there is currently no prescribed format for requesting access to clinical records. We suggest that Council could take the lead in developing standardised requests for access to patient records that could be used by patients and other health providers.

Transferring patient records

Paragraph 16 relates to securely transferring patient records. We suggest this paragraph be strengthened to specify that the purpose is to ensure that receiving doctors receive accurate information, and that information does not go missing in the transfer. We also suggest that it may be useful for the Council to address accessing of patient records by third parties for purposes such as medicals. For example, there is a view that non-treating doctors should be allowed to access patient records that are stored on systems like Health Connect South for purposes such as medical assessments, particularly given there is a public safety element.

Retaining patient records

We suggest that it may be useful for the Council to identify cloud-based storage as a possible option for the retention of patient records. However, it would be inappropriate for the Council to

require cloud-based storage, particularly for practices that currently use servers to hold their patient records. We note that the requirement to retain health information "for a minimum of 10 years and 1 day from the date of the last consultation with the patient" relates to the Health (Retention of Health Information) Regulations 1996. We wonder whether this wording could be simplified?

We hope our feedback is helpful and look forward to seeing the finalised statement.

Yours sincerely

Dr Kate Baddock
NZMA Chair