

Application for Unpaid Staff Status Form (District)

This form should be completed by applicant and unit manager collaboratively and all sections must be completed to validate Unpaid Staff Status. If you have any queries regarding any part of this form, please contact the HR Administrator, ext 59022

Applicant to complete:

Name:	<input style="width: 95%;" type="text"/>	Title:	<input style="width: 95%;" type="text"/>
	First names (please underline preferred name) Family Name		(optional)

Home Address	<input style="width: 98%; height: 100%;" type="text"/>	Phone:	<input style="width: 98%; height: 20px;" type="text"/>
		(home)	<input style="width: 98%; height: 20px;" type="text"/>
		(work)	<input style="width: 98%; height: 20px;" type="text"/>
		(mobile)	<input style="width: 98%; height: 20px;" type="text"/>

E-mail:

Emergency Contact Details:

Name:	<input style="width: 95%;" type="text"/>	Relationship:	<input style="width: 95%;" type="text"/>
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Address	<input style="width: 98%; height: 100%;" type="text"/>	Phone	<input style="width: 98%; height: 20px;" type="text"/>
		(home)	<input style="width: 98%; height: 20px;" type="text"/>
		(work)	<input style="width: 98%; height: 20px;" type="text"/>
		(mobile)	<input style="width: 98%; height: 20px;" type="text"/>

E-mail:

Have you ever been charged with a criminal offence or had disciplinary action taken against you (professional or employer)? Yes No

If yes, please supply details of the offence/action including when it occurred and severity.

Please name two people who may be contacted in order to ascertain your suitability to act in the capacity for which you seek Unpaid Staff Status.

1	Name:	<input style="width: 95%;" type="text"/>	
	Address:	Otago Medical School – Dunedin Campus University of Otago, PO Box 56, Dunedin	Postcode: 9054
	Phone:	<input style="width: 45%;" type="text"/>	Mobile: <input style="width: 45%;" type="text"/>
	E-mail:	<input style="width: 95%;" type="text"/>	

2	Name:		Relationship:	
	Address:			Postcode:
	Phone:		Mobile:	
	E-mail:			

Unit Manager /Supervising Manager to complete:

Reason for application:

(role title plus brief description of what this will entail)

Trainee Intern (6th Year Medical Student)

Unit/s applicant will be based:

Dunedin Public Hospital

Other access required:

Consider...
Meeting & conference rooms /
Other units / Client info - consent
documented / Meetings, case
reviews / MDTs /
Resources (eg photocopying)

N/A

Name of Southern DHB employee responsible for applicant:

Signature:

Position:

Unit/Ward:

Is current professional registration certificate required? No Yes Verified

Is current licence to practice in a clinical/professional capacity in New Zealand required? No Yes Verified

Is an MRSA clearance required? No Yes Verified

Is medical indemnity insurance required? No Yes Verified

Is research approval by the Ethics Committee required? No Yes Verified

Professional/teaching research organisation applicant is affiliated to:

Date Applicant on staff:

Date of review/expiry:
(one year maximum)

Name of Unit Manager /Supervising Manager:

Signature:

Contact Phone No:

Conditions of Status:

- A person with unpaid staff status is not an employee of Southern DHB and does not have access to all of the privileges that paid employees have (i.e. a manager may restrict access to information, facilities or clients).
- All people with Unpaid Staff Status must respect the strict confidentiality of all matters relating to the Southern DHB, and, in particular, to its clients. Rules around confidentiality are clearly set out in the Privacy Act 2020.
- The Southern DHB policies are expected to be observed when using unpaid staff Status, including the Code of Conduct.
- Clinical staff must have current registration (and insurance) and MRSA clearance if they have contact with patients.
- Unpaid Staff Status is granted for a maximum period of one year. If it becomes necessary to reconsider the staff status before it expires, the supervising manager should be informed.

Declaration:

- I have read and understood the conditions of Unpaid Staff Status as set out above.
- I will not act in a manner that is likely to bring Southern DHB into disrepute, or give offence to the staff or clients of Southern DHB.
- I understand that information concerning the Southern DHB and its clients is confidential and agree to conform to the statutory obligations set out in the Privacy Act 2020, which requires that I shall not disclose or collect any information concerning the condition or medical history of any client who is receiving, or has received, services provided by the Southern DHB, without the prior consent of the clients (and others as defined in the Informed Consent Policy). I further accept that if I fail to uphold the requirements of this, or any other statute, I may be liable for prosecution in addition to being personally liable for the full costs of any claims, damages and expenses incurred by Southern DHB as a result of such a breach.
- I declare that the information provided in this application is true and complete to the best of my knowledge. I understand that if any false information has been given or any material fact withheld, my status may be revoked.

**Applicant
signature:**

Date:

All appropriate registration, licences, certificates, clearance and research approvals have been viewed by me. Security and identification arrangements have been made.

**General Manager
signature:**

Date:

Code of Conduct and Integrity (District)

Policy Purpose This policy outlines the expected standards of behaviour and conduct of all people involved in the operation of Southern District Health Board (Southern DHB).

Policy Applies to All employees of Southern DHB, Board and Commissioner Team members, temporary employees and contractors, must comply with this Code. It also applies to any person who is involved in the operation of Southern DHB, including joint appointments, volunteers, those people with honorary or unpaid staff status and prospective employees applying for employment.

The Code of Conduct, 'the Code', should be read in conjunction with the [Code of Conduct and Integrity for the State Sector](#), and with relevant organisational policies, which all employees must comply with.

Associated Documents include:

- [Disclosure of Interests Policy District](#) (27894)
- [Delegation of Authority Policy \(District\)](#) (21584)
- [Disciplinary Policy \(District\)](#) (55569)
- [Effective Working Relationships \(District\)](#) (100004)
- [Email, Internet and Information Security Policy \(District\)](#) (22497)
- [Fraud Policy \(District\)](#) (25546)
- [Health and Safety and Welfare Policy \(District\)](#) (15851)
- [Media Policy \(District\)](#) (16106)
- [Private Practice Secondary Employment and Other Business Activities Policy \(District\)](#) (19707)
- [Private Practice Secondary Employment and other Business Activities \[Guidelines\] \(District\)](#) (81064)
- [Protected Disclosures / Whistle-blowing Policy \(District\)](#) (19708)
- [Procurement and Purchasing Policy \(District\)](#) (11400)
- [Sensitive Expenditure Policy \(District\)](#) (48567)

Related Legislation includes:

- [Code of Conduct and Integrity for the State Sector](#)
- [Employment Relations Act](#)
- [Health and Safety at Work Act 2015](#)
- [Human Rights Act](#)
- [Protected Disclosures Act](#)
- [Official Information Act](#)
- [Privacy Act](#)

Other:

- [WorkSafe New Zealand](#)

Southern DHB Values			
Kind Manaakitanga	Open Ponō	Positive Whaiwhakaaro	Community Whanaungatanga

Good Employer Statement

Our obligations under the Crown Entities Act 2004 are to act as a 'Good Employer' as defined under section 118 of the Act.

The Act defines a good employer as an employer who operates a personnel policy containing provisions generally accepted as necessary for the fair and proper treatment of employees in all aspects of their employment.

Southern DHB is committed to the principles of natural justice and values all employees and treats them with respect.

Expectations

Southern DHB is committed to the highest level of integrity and ethical standards in everything that we do. As employers and employees we must be fair, honest, impartial, responsible and trustworthy at all times. We must always conduct ourselves in a manner consistent with current ethical, professional, community and organisational standards and in compliance with all legislation.

This Code of Conduct does not cover:

- every ethical issue that we might face; or
- every law and policy that applies to the Southern DHB.

The objective of the Code of Conduct is to:

- provide a benchmark and general standard for our behaviour.
- provide clarity about expectations of honesty and integrity.
- support the Southern DHBs' reputation and image within the community; and
- make us all aware of the consequences if we breach this policy.

Responsibilities under the Code of Conduct

We are all responsible for implementing and upholding the Code in our workplace, regardless of our position or role.

All **employees** are responsible for ensuring that their behaviour reflects the standards of conduct in the Code and builds a positive workplace culture. This is inclusive of all employees including clinical and non-clinical.

All **managers** which includes clinical, nursing and allied health leaders and directors have a special responsibility to support employees in achieving those goals, by leading by example and assisting employees to understand the Code. It is essential to maintain open communication lines with organisations representing our employees regarding the Code.

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In this Code, a manager is any employee with supervisory responsibilities.

All of us must have a working knowledge of the laws and policies that apply to our work, including the Code of Conduct.

Obligations under the Code of Conduct

Work to the Best of Your Ability

- Perform your duties to the best of your ability with care, competence and efficiency. Avoid behaviour which impairs your work performance and/or undermines the integrity of your colleagues.
- Maintain proper standards of integrity and conduct in the performance of your duties. Be open about reporting potential issues or mistakes.
- Be present and actively engaged in your duties at Southern DHB as required and be absent only with appropriate approval, taking leave only for the purposes for which it is intended.
- Carry out any lawful and reasonable instructions you are given and work as directed. Implement policies and practices that apply to your work. Work within appropriate delegations of authority. Implicit in this is an obligation to obey the laws of New Zealand.
- Avoid behaviour which endangers or causes distress to other people or otherwise contributes to disruption in the workplace and/or avoid behaviour which might impair their work performance.
- Do not engage in alternative employment or self-employment without appropriate authority, whether or not in a similar area of work or your work for the Southern DHB. See the [Private Practice, Secondary Employment and other Business Activities Policy \(District\) \(19707\)](#).
- Avoid being a member of any organisation which may impinge on the proper performance of your duties or be in conflict with the interest of the Southern DHB.

Maintain a Safe Working Environment

- Consider the safety of yourself and others in the workplace at all times.
- Comply with instructions given for workplace health and safety, including using any personal protective equipment supplied.
- Support and promote actions and initiatives in the workplace which enable hazards and risks to be identified and isolated, eliminated or reduced.

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- Ensure that your use of alcohol or other substances in your private time, outside of work does not impair or impact on your work performance or endanger the health and safety of others.
- Accessing, transmitting, storing or downloading any form of pornographic, sexually explicit, sexist, racist, demeaning or other inappropriate material using Southern DHB resources is strictly prohibited and serious penalties, which may include dismissal, will apply.
- Staff and contractors must wear Southern DHB formal identification (ID) at all times.

Act Professionally

- Act honestly and professionally and abide by any code, protocols or set of standards relevant to the practice of your duties or profession. For clinicians, this includes staying within your clinical scope of practice and, where they exist, working within agreed practice guidelines or research based protocols.
- Southern DHB expects that all employees will act in a highly professional, honest and ethical manner and in compliance with the Code of Health and Disability Consumers' Rights.
- Maintain all qualifications/licences that are a requirement of your position (including registration and annual practising certificates) and provide evidence of these on an annual basis or when asked to do so. Inform your manager immediately if there are any changes (if your certificate is revoked or amended in anyway or you cease to have a valid practising certificate) or restrictions placed on your practice, including any professional disciplinary proceedings or litigation that may impact on your employment or professional registration.
- Provide required information for police clearances such as VCA checks when requested (on a 3 yearly basis).
- Where applicable, ensure that your right to work in New Zealand is maintained by ensuring relevant working or residence visas are valid and maintained according to immigration requirements. You may not undertake any work/duties on a visitor visa in New Zealand and Southern DHB under any circumstances.
- Advise Southern DHB in writing of any pending criminal or civil legal action that may be taken against you and that may reflect on us.
- Keep your appearance and presentation clean, tidy and appropriate for your work role, and in line with relevant uniform and dress policies and occupational safety/infection control and health requirements.

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Avoid Conflicts of Interest

- Avoid making any decision for the Southern DHB where you have any interest in the matter other than the Southern DHB's interests. See the [Conflict of Interest Guidelines \(District\)](#) (81067).
- Disclose in writing any business activities outside the Southern DHB and actual or perceived conflicts of interest. See the [Disclosure of Interests Policy \(District\)](#) (27894).
- Do not use your role or position to gain an advantage in your private life, for example by arranging jobs/ transfers/ benefits for family or friends.
- Do not let any outside interests adversely affect the performance of work related duties.
- Disclose any relationship you have or form with any person who directly or indirectly reports to you.

Don't Accept Gifts, Benefits or Rewards

- Never ask others for any reward other than what Southern DHB pays you or any other entitlements you receive as an employee.
- Gifts of money are not to be accepted under any circumstances.
- No gift, regardless of monetary value, should be accepted if it could potentially cause or be perceived by others as causing you to feel an obligation to the gift giver. This is particularly relevant if you are involved in current tendering/purchasing processes involving the parties who may be offering the gift.
- All gifts or benefits received must be reported to your manager, who will advise on the correct course of action. All gifts are to be recorded on the gift register as per [Delegation of Authority Policy \(District\)](#) (21584). Failure to do so may result in disciplinary action.

Show Respect for Others

- Treat all people with respect, courtesy and honesty, and give everyone a fair hearing.
- Respect the dignity, rights and views of others, including different values, beliefs, cultures and religions.
- Don't act or speak in a way that is likely to cause offence to others.
- Do not discriminate against or harass members of the public, clients, visitors, patients or colleagues because of their age, sex, marital status, ethnicity, disability, religious or ethical beliefs, colour, race, political opinion, employment status or sexual orientation.
- Have zero tolerance for bullying and rudeness. Bullying behaviours include attacks that are direct and personal as well as indirect and task related. Examples of bullying can be found in the Worksafe New Zealand 'Bullying at Work: Advice for Workers' [quick guide](#).

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- Avoid behaviour which can be considered to be intimidating, undermining or victimising.
 - Avoid any unwelcome or offensive sexual behaviour including: banter or jokes of a suggestive/sexual nature, unwelcome touching, patting or pinching, regular hassling for a date, sexually offensive images or text or e-mail messages or other forms of media, intrusive questions about personal sex life.
- Maintain Confidentiality of Information**
- Treat all information about a person who is receiving or has received a public health service with the strictest confidence. This requirement for confidentiality continues to apply even after you have ceased working for the Southern DHB.
 - Personal and sensitive information must be responsibly and transparently collected and managed in accordance with the privacy principles applicable to the Southern DHB.
 - Only access or release information about a patient, client or employee when it is part of your job, it is lawful or when specific consent is given.
- Avoid Violent and Aggressive Behaviour**
- Southern DHB has zero tolerance to violence in our workplaces. This is not just limited to physical violence. To achieve this, violent and aggressive behaviour will not be tolerated towards patients, clients, other employees, students or members of the public.
 - Employees do not have to tolerate violent and aggressive behaviour towards them, and have the right to expect to work in a safe and healthy work environment.
- Manage Time and Resources Efficiently**
- Manage your time and Southern DHB resources efficiently and with regard to relevant policies.
 - No private practice will take place during Southern DHB paid time, or on, or using Southern DHB facilities, medical consumables or equipment without a formal contractual arrangement approved by the CEO.
 - Show reasonable care in using, or allowing the use of, Southern DHB's property, resources or funds.
 - Employees who make decisions involving financial resources on behalf of the Southern DHB should ensure that they are doing so within the scope of their delegated authority and within policies and procedures for the acquisition, use and disposal of resources.
 - Don't incur any liability on behalf of Southern DHB without proper authorisation and within any approved limits specified in the [Delegation of Authority Policy \(District\)](#) (21584).

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- All equipment, resources and consumable items are only to be used for the work and business of Southern DHB unless prior written authorisation has been obtained from your manager.
- Limited, occasional and brief private use of local telephone calls, personal cell phones, computers and the Southern DHB's e-mail and intranet systems are acceptable as long as it does not affect your work, the work of others, or the reputation of Southern DHB and is conducted in accordance with this Code and other relevant policies.

Standards of Behaviour and Performance

If you are unclear about the standard of behaviour and conduct that is required of you as it relates to the Code you should discuss the situation with your manager, Human Resources or senior management.

As professional incompetence and/or misconduct are reported to appropriate registration authorities, it may lead to disciplinary action by the relevant professional body as well as disciplinary action under this Code of Conduct.

Misconduct

The following are examples of 'misconduct' and not intended to be an exhaustive list:

It should be noted that the examples listed below as misconduct may also be considered as 'serious misconduct' depending on the nature and severity of the breach.

Misconduct includes, but is not limited to:

- failure to maintain an acceptable level of work performance.
- failure to maintain an acceptable level of attendance at work.
- refusal to perform duties or to follow a reasonable and lawful instruction.
- habitually arriving late for duty.
- being absent from your assigned place of work during working hours without authority or legitimate reason.
- failure to provide your manager with timely notice of absences such as sickness, or that you are unable to commence work at the normal time.
- sleeping while on duty (unless authorised by the employer).

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- h) failure to observe health and safety requirements, including the requirement to proactively and promptly report personal injury, injury to others, damage to Southern DHB or patient property or a hazard that may cause harm.
- i) improper use, wastage or damage of Southern DHB resources or property including wasteful expenditure of Southern DHB funds/time.
- j) unauthorised use of fire protection or safety equipment.
- k) reporting for work unsuitably dressed, or in such a condition that you are unable to perform required duties in a safe and proper manner.
- l) inappropriate or disruptive behaviour in the workplace.
- m) unreasonable behaviour towards other people, including abusive, threatening or offensive language and any form of harassment including sexual or racial.
- n) posting offensive or inappropriate information on noticeboards or electronic media. See [E-mail, Internet and Information Security Policy \(District\)](#) (22497).
- o) smoking on Southern DHB premises.
- p) failure to hold a current drivers licence and/or to carry a current drivers licence on their person at all times whilst driving a motor vehicle belonging to the employer on a public road.
- q) failure to provide sufficient information and or respond to a request to enable the renewal of a VCA check as required (core workers).
- r) other breach of this or other policies.

Serious Misconduct

The following are examples of 'serious misconduct' and is not intended to be an exhaustive list:

- a) not being in possession of or eligible to hold a required annual practising certificate.
- b) working without a valid work visa.
- c) breach of professional protocols or standards whether established by the Southern DHB or the relevant professional body.
- d) carrying out private patient work during Southern DHB paid time and /or using Southern DHB premises or equipment or use of Southern DHB time, facilities, premises or equipment to undertake other employment.
- e) inaccurate recording of leave, or failure to record leave taken.

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- f) failure to report to the appropriate manager or supervisor any accident or incident at work involving actual, or risk of, personal injury, or damage to property.
- g) unauthorised possession of drugs (including alcohol) in the workplace.
- h) reporting for work under the influence of alcohol or drugs or driving the employer's vehicles under the influence of alcohol and/or drugs.
- i) violence of any form including assaulting or threatening to assault anyone in the workplace.
- j) possession of patient, client or Southern DHB property without proper authorisation or possession of another person's property without that person's consent.
- k) any form of theft or fraudulent action.
- l) being in possession of offensive weapons in the workplace.
- m) the unauthorised disclosure of or access to confidential information.
- n) any attempt to mislead the Southern DHB, or any employee, or a patient/client, or a member of the public in connection with the Southern DHB's business. This includes falsification of attendance records or submitting false claims for expenses or reimbursement, or providing incorrect information at any stage.
- o) acting outside of your delegated authority.
- p) exacting, attempting to exact, or accepting any fee, reward, gratuity or remuneration, other than the salary or allowance pertaining to the employee's employment agreement, on account of anything done in the execution of the duties.
- q) deliberate or negligent behaviour adversely affecting the safety of a patient, client, visitor or another employee.
- r) using Southern DHB computers to make unauthorised copies of any computer software, or for any other unauthorised purpose.
- s) admitting to, or being convicted of, any offence which can reasonably be considered as bringing the Southern DHB into disrepute or, brings into question the employee's suitability for continued employment.
- t) accessing, transmitting, storing, downloading or displaying any form of pornographic, sexually explicit or inappropriate material using Southern DHB equipment or resources.

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- u) implying or making actual threats of overlooking an employee or potential candidate for future work opportunities or promotion as a result of that employee or potential candidate declining the sexual advances or similar actions of any person in a position of authority.
- v) victimising, intimidating or bullying any employee, or a patient/client, or a member of the public.

Private Conduct

As a general principle, personal behaviour outside of work is of no concern of Southern DHB, except where it interferes with work performance, where the individual is identifiable as a representative of the Southern DHB, or where the behaviour reflects on the standing or integrity of the Southern DHB or the employee's profession or trade, or constitutes a breach of the law.

Employees should not bring the Southern DHB or their profession into disrepute through their private activities.

An employee must make the Southern DHB aware of any such instances as soon as possible.

Consideration

Whether actions fall into the category of misconduct or serious misconduct will depend on the circumstances in each case. In making judgements of this kind, regard should be given to the following factors:

- The nature and circumstances of the activity.
- The position, duties and responsibilities of the employee.
- The consequences of the activity on the employee to fulfil his/her duties and responsibilities.
- The effects of the activity or its consequences on working relationships with colleagues, patients, outside contacts and the general public.

Breaches of the Code of Conduct

We are all responsible for trying to avoid escalation of inappropriate behaviour that may result in a breach of the Code, and for dealing with workplace conflict through timely and appropriate communication that addresses the behaviour in a constructive way. You are expected to cooperate with any investigations being conducted in relation to an alleged breach of the Code.

Managers must make fair, transparent and consistent decisions in response to an allegation of a breach of the Code and the action to be taken in response to a breach. In determining the action to be taken the nature and seriousness of the breach will be considered.

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Some possible consequences of a breach include:

- informal or formal counselling.
- disciplinary processes (including opportunities to improve, written warnings, and summary dismissal).
- referral to registration boards or other regulatory authorities especially in the case of those employees providing direct patient care.
- referral to the Police (in cases of suspected criminal activity) or relevant government department e.g. immigration.

If you are concerned about a possible breach of this Code, your manager should be able to help you.

If you are concerned about approaching your manager to discuss the issue, you can also talk to:

- Human Resources.
- Your professional leader.
- Your union or employee representative.
- A speak-up supporter, or
- The State Services Commission's integrity and conduct help desk; phone (04) 495 6722 or e-mail: integrityandconduct@ssc.govt.nz

Only those who need to know will be made aware of the situation.

Southern DHB is committed to protecting any person who raises concerns or provides information about a breach of the Code or any other organisational policy from retaliation or reprisals. In some circumstances, an employee who makes a disclosure about serious wrongdoing will be afforded anonymity as provided for in the [Protected Disclosures Act 2000](#). This Act makes it a criminal offence to take a reprisal against any individual who makes a protected disclosure. Please refer to the [Protected Disclosures and Whistle-blower Policy \(District\) \(19708\)](#) for full guidance.

I have read and understand the Code of Conduct and Integrity.

Signature:

Date:

Name in capitals please _____

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Code of Professional Conduct for Medical Students at the Universities of Auckland and Otago

In learning to be a doctor you are required to meet certain professional responsibilities and expectations. These arise from your increasing involvement with patients, whānau and the wider community as your learning progresses on your way to becoming a doctor. In particular, as you learn to be a doctor in Aotearoa/New Zealand it is important to recognise your obligations to uphold Māori rights under te Tiriti o Waitangi. Our position within the Pacific region and our formal relationships with Pacific Island nations also require a commitment to Pacific peoples. As healthcare professionals, we must strive to achieve equitable health outcomes for all, particularly Māori and Pacific Peoples. Patients and whānau place significant trust in the medical profession and also in those learning to be a doctor. Whenever you meet people, you represent the Medical School, the University, and the medical profession. Your behaviour both within and outside of the clinical environment should uphold the reputation of the medical profession that you are joining.¹

This Code sets out basic principles that are central to these responsibilities and expectations. It is important that you are aware of these principles from the beginning of your learning in medicine. It is important that you familiarise yourself with this Code so that you are aware of what your responsibilities are, and what is expected of you. These principles form the basis of your professional development and will inform the assessment of your professional practice during your time at medical school. Your University is committed to supporting you in upholding this Code and encourages you to know where and how to access specialist support services. Any breach of these standards could undermine patient trust in the medical school and medical profession.

We ask that you read through this Code and sign the form below to acknowledge your commitment to comply with the principles in it. This form must be signed before you can begin learning to be a doctor.

Notes:

- These principles apply to all communications and interactions as a learner in medicine, including electronic communications. Special care is required to ensure patient confidentiality.² Caution is necessary when sharing your own personal information and/or that of colleagues on social networking sites.³
- This code applies in NZ and overseas, and also applies to overseas medical students in NZ.
- This code operates in conjunction with current Acts, Regulations and Codes of Practice that you will need to become familiar with during your learning. These include the [MCNZ Good Medical Practice \(2016\)](#), and all relevant Medical Council Statements, the [Code of Health and Disability Services Consumers' Rights \(1996\)](#), the [Privacy Act \(2020\)](#), the [Health Information Privacy Code \(2020\)](#), the [Health Practitioner Competence Assurance Act \(2003\)](#) and the [NZMA Code of Ethics](#).

A. Interactions with patients and their whānau

1. Respecting patients and their whānau:

As a medical student I will:

- 1.1. Treat patients and their whānau respectfully and considerately.
- 1.2. Establish meaningful connections with patients and their whānau using whakawhanaungatanga.
- 1.3. Recognise that cultural safety requires me to reflect on how my own views and biases impact on clinical interactions and the care I provide to patients.
- 1.4. Respect the worldviews, values and cultural beliefs of patients and their whānau members.

- 1.5. Not impose my own cultural values, beliefs and practices on patients or discriminate against any person on the basis (for example) of age, sex, gender identity, ethnicity, sexual orientation, religion, creed, political affiliation, economic, social or health status.
- 1.6. Respect the dignity, privacy, tikanga and the right of patients to exercise control over their own body.
- 1.7. Respect the autonomy of patients.
- 1.8. Ensure my presentation and attire are appropriate to enable effective and respectful interaction with patients and whānau.

2. Not exploiting patients:

As a medical student I will:

- 2.1. Prioritise patient wellbeing in pursuit of my learning.
- 2.2. Not exploit any patient, whether physically, sexually, emotionally, or financially. Any sexual interaction with a patient is unacceptable.

3. Obtaining informed consent for your interaction with patients:

While your clinical supervisor is responsible for obtaining consent for your interaction with patients, in many circumstances you may still need to ask patients for their permission for their one-on-one interaction with you. Follow the guidance in the document 'Medical Students and Informed Consent'⁴.

As a medical student I will:

- 3.1. Ensure that patients and their substitute decision makers (where applicable) are aware of my role and the purpose and nature of any proposed interaction with them.
- 3.2. Acknowledge and accept that patients may refuse or withdraw consent to interact with me at any stage, without any compromise to their health care.
- 3.3. Recognise the role of whānau in supporting the patient's decision making processes.

4. Appreciating the limits of my role:

As a medical student I will:

- 4.1. Acknowledge the level of my skills, experience and knowledge, and not represent myself as more competent or qualified than I am and correct any such misunderstandings that arise.
- 4.2. Not give advice or provide information to patients, whānau or the general public, that is beyond my level of knowledge and expertise. When asked for such comment, I will direct that person to an appropriate professional.
- 4.3. Not initiate any form of treatment, except under supervision or in an emergency where no-one more able or qualified is available to provide timely intervention and recognising the limits of my own knowledge and skills.

B. Personal and professional expectations

5. Acting honestly, reliably and with integrity

As a medical student I will:

- 5.1. Take responsibility for my own actions and inactions.
- 5.2. Be punctual and notify where this is not possible.
- 5.3. Meet deadlines, negotiating variations where appropriate.
- 5.4. Abide by the academic integrity policies of my university and not plagiarise another's work or research.
- 5.5. Be accountable for completing tasks.
- 5.6. Complete documents accurately and truthfully.

6. Maintaining patient confidentiality:

Patient information is confidential. Disclosure without patients' permission or other legally acceptable justification is inconsistent with the trust required in medical practice and has the potential to cause harm and/or distress. Patient information may be discussed with peers and professional staff who are

directly involved in the care of that patient, and, on occasion with colleagues, in a setting where confidentiality is protected. As a medical student I will:

- 6.1. Hold all patient information in confidence, including after patients have ended treatment or died.
- 6.2. Respect patients' right to determine who should be provided with their personal information.
- 6.3. Not remove or copy patient-related material without specific permission, and handle such material in accordance with 6.4.
- 6.4. Ensure that all my documents and images containing patient information are de-identified, kept in a secure place in a way that prevents unauthorised access, and securely destroyed when no longer required.³
- 6.5. Be aware of the limited circumstances in which breaches of confidentiality may be justified or required.
- 6.6. Not access patient information unless I am involved in their care, or have a legitimate reason and permission from those authorised to give such permission.

7. Accepting responsibilities to the profession:

Doctors have a responsibility to the profession and to the public to maintain high standards of care; this wider responsibility is over and above individual responsibility for their own clinical competence.

As a medical student, I will:

- 7.1. Report matters of serious concern in a timely and professional manner, including those which may impact on immediate patient safety, to those with the authority to act.
- 7.2. Be respectful and careful when using social networking sites or public forums.
- 7.3. Not exploit my role as a medical student for personal gain.
- 7.4 Give constructive evaluation and feedback as appropriate on medical education programmes.

C. Relationships with staff and colleagues

8. Respecting staff and colleagues:

As a medical student I will:

- 8.1. Show respect to all members of the health care team and ancillary staff.
- 8.2. Show respect to teaching and non-teaching staff.
- 8.3. Show respect to simulated patients, volunteers and peers.
- 8.4. Not exploit my peers, or others, particularly those in a vulnerable or more junior position to myself.
- 8.5. Hold in confidence information about my peers and staff gathered in learning situations, but recognise that there are limited circumstances in which breaches of confidentiality to appropriate persons may be justified.

D. Commitment to continuing improvement in practice, self and others

9. Research and system quality improvement :

As a medical student undertaking or associated with research or system quality improvement activities I will:

- 9.1. Adhere to all the ethical principles in the appropriate national guidelines. Ensure I have appropriate ethical oversight and any required consultation and ethical processes.

10. Maintaining personal well being:

As a medical student I will:

- 10.1. Attend to my own health and wellbeing.
- 10.2. Acknowledge that my physical and psychological health impacts on my ability to function in my role with patients and staff.

- 10.3. Promptly seek appropriate assistance and notify the Student Affairs Office (Otago), or Director of Medical Student Affairs (Auckland) in the event that illness or impairment interferes with my ability to carry out my role, or my ability to learn,
- 10.4. Be aware that misuse of substances (including alcohol) impacts on health and fitness to practise, and may cross the boundaries of legality, which becomes a professional conduct issue.
- 10.5. Remain aware of the wellbeing of my colleagues, and support them, to the extent that I am able, to seek help when needed.

11. Holding a positive attitude to learning:

As a medical student I will:

- 11.1. Commit to continued learning and the development of skills.
- 11.2. Recognise that my learning needs are valid and important.
- 11.3. Be prepared to seek and respond to constructive feedback on my own performance.
- 11.4. Identify barriers that impede my learning and notify my academic supervisor.
- 11.5. Show respect and observe tikanga in working with human cadavers, human tissue and animal tissue.⁵
- 11.6. Engage in self reflection to enable me to identify my learning needs.
- 11.7. Actively engage to make the most of educational and clinical opportunities to extend my knowledge and further my skills with appropriate support and supervision.
- 11.8. Care for my peers, provide support in learning opportunities, and work collaboratively and respectfully in all situations.
- 11.9. Be prepared, when called upon, to provide constructive feedback to my peers on their performance.

References

1. Medical Council New Zealand (2020) Unprofessional Behaviour Available from: www.mcnz.org.nz/assets/standards/e4ddbdf758/Statement-on-unprofessional-behaviour.pdf
2. A Guide to Social Media & Medical Professionalism (2019). Available from: https://ama.com.au/sites/default/files/documents/2020%20AMA%20Social%20Media%20Guide%20FINAL_0.pdf
3. Taking and sharing images of patients policy documents from the relevant University.
4. Bagg, W., et al. (2015) 'Medical Students and informed consent' NZMJ Vol 128 No 1414.
5. Code of Conduct issued by the Anatomy Department at the relevant University.

December 2010, Reviewed 2013, 2015, 2020. Date for next review 2025.

I have read the Code. I undertake to comply with it and seek clarification on any areas of uncertainty. I agree to familiarise myself with any subsequent revisions.

Family name: _____ (BLOCK LETTERS)

Given name: _____

Date: _____ Student Number _____

Signature: _____

Safety Checking Requirements for Students (District)

Under the [Children's Act 2014](#) all individuals that Southern DHB (as specified organisation) employs or engages as children's workers must be appropriately safety checked before they commence work with Southern DHB, and then every three years ongoing.

The requirements of these safety checks include:

1. Gathering information about an individual through:
 - a. Police vetting through the New Zealand Police system (note Ministry of Justice checks are not sufficient).
 - b. Interviewing and work history check of the individual.
 - c. Confirmation of the Identity of the individual, carried out as prescribed by regulations made under section 32 of [Children's Act 2014](#).
 - d. Character / referee checking.
2. Evaluating that information to make a decision about whether the individual is suitable to work as a children's worker.

Child Definition

A child is defined in the Act as a person who is under the age of 18 years.

NB: As children and young people at Southern DHB can be seen in both children's and adult services **all students** who work within clinical or community areas within Southern DHB are deemed to be children's workers, and will require appropriate safety checking prior to commencing placement.

Access Rights

To ensure the requirements of the [Children's Act 2014](#) have been completed prior to the student commencing placement with Southern DHB, Southern DHB will require a completed safety checking confirmation form signed by the Tertiary Provider confirming all the safety checking requirements have been met for that student, prior to a DHB Access ID being released to the student. This form must be presented to the student coordinator/ professional lead for the DHB who will approve the release of the card to the student.

If a student does not have a completed form, Southern DHB will not issue an access card, and the student will not be allowed to commence their placement.

Safety Checking Confirmation Form

This form needs to be completed by the Tertiary Education Provider for each student. This **must** be completed prior to the student starting a clinical placement at the DHB (for both hospital and community placements). Where a student has multiple placements at the DHB this form only needs to be completed once within a 3 year period. If it has been longer than 3 years since the date of the latest safety check, the checks will need to be completed again. (Re. Child Protection and Safety checking policy).

Name of student:	_____
Name of profession and/ or qualification:	MB ChB _____
Name of tertiary institution:	Otago Medical School – Dunedin Campus _____

This part is completed by the tertiary institution

Confirm the checks are completed for this student by ticking both boxes below and signing the form. Send the completed form to the relevant contact at Southern DHB (at least 2 weeks prior to the starting date of the clinical placement) and keep a copy of this form within the records at the tertiary training institution.

- I confirm that I have completed a safety check in terms of the requirements of the Children’s Act 2014, **and,**
- I declare I am satisfied that this check indicated this student should not pose a risk to children they may come into contact with, as part of their duties while on clinical placement at Southern DHB.

If a satisfactory result is not obtained Southern DHB will not be able to accept the student for a clinical placement, and the DHB student coordinator must be immediately notified.

Note: A safety check is valid for 3 years, therefore if the checks listed below have been completed for the named student within the last 3 years they can be included. (i.e. if checks done during the admission process).

I obtained and assessed the following information to assess potential risk to children (mark the steps taken):

- Police vetting
- Identity check (keep copies of documents)
- Work history
- Character / referee check
- I also confirm the safety check is recorded in the tertiary training institution’s register

Name of Institution	Otago Medical School – Dunedin Campus	Date:	23 November 2020
Representative	Jillian Touelle	Position:	Manager, Student Affairs & Trainee Intern Course Coordinator
Signature			

To be completed by Southern DHB

(Professional leader or student coordinator to complete sign-off when the above form has been received and sighted)

- I have been advised by the tertiary education provider that the above safety check has been completed satisfactorily.

Name of Professional Leader/Student Coordinator:	_____		
Signature:	_____	Date:	_____

Medical Students and informed consent:

A consensus statement prepared by the Faculties of Medical and Health Science of the Universities of Auckland and Otago, Chief Medical Officers of District Health Boards, New Zealand Medical Students' Association and the Medical Council of New Zealand

Warwick Bagg, John Adams, Lynley Anderson, Phillipa Malpas, Grant Pidgeon, Michael Thorn, David Tulloch, Cathy Zhong, Alan Merry

ABSTRACT

To develop a national consensus statement to promote a pragmatic, appropriate and unified approach to seeking consent for medical student involvement in patient care. A modified Delphi technique was used to develop the consensus statement involving stakeholders. Feedback from consultation and each stakeholder helped to shape the final consensus statement. The consensus statement is a nationally-agreed statement concerning medical student involvement in patient care, which will be useful for medical students, health care professionals and patients.

The Code of Rights establishes the rights of consumers, and the obligations and duties of providers to comply with the Code. It is a regulation under the Health and Disability Commissioner Act. Nevertheless, there is evidence that the practice of seeking consent for the involvement of medical students in patient care is presently very variable. This consensus statement is an attempt to promote a pragmatic, appropriate, and unified approach to seeking such consent.

The document aims to deal with the potential (and at times actual) tension between the fundamental requirement to respect patients and their rights, and the obligation on the health system and health professional educators to provide learning opportunities for students. While these two requirements are by no means mutually exclusive, thoughtful care is required on both sides. Medical students learn in clinical environments and are legitimate and integral members of healthcare teams. The student learning covers a

continuum of experiences and responsibilities, ranging from directly providing care to an individual patient to being part of a team providing care. As medical students transition from novices to junior doctors, patient interaction becomes an increasingly important part of their learning. Senior students (Trainee Interns) are integral members of the healthcare team providing care in hospital and general practices, and consent requirements need to reflect this.

However, before becoming involved in any patient's care, the consent of the patient must be obtained. Such consent should be informed: ie the patient (or another person as legally appropriate) should understand what he or she is granting permission for. This implies a conversation and communication, which includes listening to patients as well as giving them information. It is important to be sensitive to perceived or real imbalances in power between patients and healthcare providers. The process can usually be simple, verbal and

informal, particularly when the student's involvement is limited. When the risks are higher or the student's involvement greater, more information will be required and in some instances it would be prudent for explicit consent to be documented, or even obtained in writing, with a signature from the patient.

It is the spirit of informed consent that matters most: the important thing is to demonstrate respect and compassion for patients (and their families), in the context of their values, interests and vulnerabilities. Gaining and maintaining the consent of a patient is not a one-off event or simply an exercise in 'ticking boxes'. Rather, it is an ongoing process of communication and building trust, and patients must feel free to withdraw their consent at any time. Therefore, those involved (practitioners and students) should at all times remain sensitive to any change in each patient's sense of comfort over who is present or what is being done.

The aim of this consensus statement is to assist medical students, doctors and other registered health professionals responsible for supervising them to understand what is expected and required in relation to consent for students to be involved in patients' care.

Background

Medical students learn in an apprenticeship model under the supervision of registered healthcare professionals. Contact with patients occurs early in the journey towards becoming a doctor. Initially, this may be as an observer in a general practice, or in a class when a patient consents to being interviewed during a lecture. As learning progresses, students will be observers in surgical theatres, participate in the administration of anaesthetics, learn to undertake sensitive examinations, assist in the delivery of babies, and participate in many aspects of patient care in primary, secondary and tertiary care settings. The boundaries between observation and participation are sometimes blurred. Underpinning all these interactions is the trust of patients in those involved in their medical treatment and care. This trust is precious and must be respected.

Medical students become involved with patients in different ways, contexts and settings (see Table 1), and at different stages of their training. There are settings and contexts in which gaining consent is straightforward, and others where it is not. The relevant principles are not dependent on the setting or the context, but the way in which they are applied. These may vary and will require judgement.

Table 1: Some of the diverse settings in which students may become involved with the care of patients

Hospital care
• Clinics
• Emergency departments
• Intensive care units
• Neonatal units
• Operating rooms – in a surgical or anaesthesia context
• Psychiatry units
• Wards, adult or paediatric
Primary care or community care
• After-hours community clinics
• Air ambulances
• Ambulances
• Audiology clinics
• Community nursing clinics
• General practices
• Health care trusts
• Hospice
• Patients' homes
• Pharmacies
• Podiatrist clinics
• Private specialist clinics
• Rest homes
• Retinal screening clinics

On the whole, most patients welcome medical student involvement and understand the importance of training doctors (and other health professionals) for the future. The majority of patients say "yes" when they are asked about such involvement, and complaints about students are very rare.¹⁻³ Thus, the process by which consent is obtained can and should be proportional to the involvement of the medical student and the nature of the interaction and consequent risk or inconvenience to the patient. It is not appropriate

to overstate the implications of the simple involvement of students, particularly as observers, and to do so may even have the perverse consequence of adding unnecessarily to the stress felt by some patients. Verbal consent obtained simply, politely and in the context of the general interactions between practitioners and patients is both adequate and appropriate for most situations.

The interactions between patients and medical students often occur in very busy settings in which clinical staff are under pressure, turnover of patients is rapid, and the opportunities to ask for consent are limited. Pragmatic solutions will be helpful in ensuring that the consent process is not unsettling or arduous for patients nor unworkably onerous for staff, but in the end the need to gain consent cannot be set aside on the grounds of inadequate time or resource. Irrespective of the context of the interaction, or the workload, patients should never feel coerced or pressured into providing consent.

There are some common principles about how consent should be obtained and by whom. These are outlined in the next section, and illustrated by examples and lists in boxes and tables.

Principles pertaining to informed consent for the presence of a medical student during the care of patients

1. Consent for the involvement of students in patient care is required by the Health and Disability Commissioners' (HDC) *Code of Health and Disability Services Consumers' Rights* ('the Code'—see Rights 5,6,7 and 9). It is also an important aspect of building rapport with patients, and of maintaining the trust and goodwill that exists between patients and the health professionals who care for them—including medical students.
2. Organisations that care for patients

have a responsibility to ensure that appropriate consent is obtained for all aspects of patient management, including the involvement of medical students in the care of patients. Therefore, the workplace environment should facilitate the gaining of such consent. To this end, general measures should be implemented to promote awareness that the organisation is involved with teaching and that medical students might be involved in patient care (see Table 2).

Table 2. Some general measures to promote awareness that students might be involved in patients care. Some or all of these may apply in various settings, including (for example), hospital wards, general practices, and outpatient clinics.

-
- Policies
 - Signage
 - Pamphlets for patients (available or given on admission)
 - An appropriate section on forms for consent to anaesthesia and surgery
 - Informed in letters sent to patients about other matters, such as confirmation of outpatient visits
 - The practice, by doctors and nurses, of routinely mentioning to patients the possibility that students may be involved in their care (at least as observers) and of the possibility that patients can refuse student involvement
-

3. The primary responsibility for ensuring that consent is obtained for the involvement of a medical student in a patient's care lies with the registered health professionals responsible for that patient at the time (see Box 1).
4. The HDC considers medical students who are providing care to be healthcare providers, and they are therefore also accountable for ensuring that consent has been given before they become involved in patients' care.

Box 1. Patients on wards and the responsibility for seeking consent

On ward rounds, students should be introduced to patients as part of the team (explicitly as *student* members of the team) by the doctor conducting the round. Students may also initiate introducing themselves to patients where appropriate.

Before students on wards seek out patients with educationally valuable presentations and take a history or perform an examination on them, they must seek permission from an appropriate member of that patient's healthcare team (doctor, charge nurse or nurse caring for the patient) to approach the patient. Once permission has been obtained to approach the patient, the student should gain verbal consent from that patient for history taking and examination. It may be prudent for the student to record this in the patient notes with an entry such as: "Bill Smith, Year 4 medical student, examined Mrs Jones – verbal consent obtained". An additional benefit of this approach is that the record would clearly indicate how many students had interacted with that patient, and be helpful in ensuring that a patient is not approached too often.

It should often be possible for a senior doctor, interested in teaching and keen to encourage students to see patients, to obtain permission from patients at a convenient time (eg, on a ward round) for students to seek consent to obtain histories or conduct examinations. Thus the burden of establishing which patients are open to such approaches need not be excessive.

5. Medical students should actively assess how comfortable patients and their family/whānau are with their involvement in care. If they perceive patients or their family/whānau to be uncomfortable, they should have a low threshold for disengaging. This is a matter of basic courtesy and ongoing sensitivity to the rights and comfort of patients.
6. Informed consent should be sought with respect and compassion for patients, taking into account their circumstances and vulnerabilities at the time (see Box 2).

Box 2. An example of a potentially difficult situation in seeking consent for a medical student's involvement in the care of a patient

A patient is unclothed and surrounded by the healthcare team, and asked to consent to a student examining her abdomen, with the student in the room.

Patients differ in their assertiveness and in how empowered and robust they feel at any particular time. It might be quite difficult for a patient in this situation to decline in the presence of a student. It may be better for the consultant to ask the patient privately, if they consent to students being present and, if the patient consents, to then ask if one (or perhaps two) of them could examine her abdomen during the round.

7. Patients need to know that they do have a choice about the involvement of medical students, and that they are entitled to change their mind at any time about such involvement, without any negative consequences for their care. The patient's right to refuse consent or withdraw consent takes precedence over the provision of training for students. For many purposes, notably many instances of observation, it is appropriate to obtain (or confirm) consent verbally and informally; for other purposes it is prudent for the consent to be documented, or even obtained in writing, with a signature from the patient (see Point 16). Note that there is a legal requirement for signed consent for procedures under anaesthesia.
8. Language is key to communication: If a patient is not competent in English (eg, because this is not his or her first language) then a competent interpreter must be used to obtain consent for the involvement of medical students; this can often be done during the more general processes of patient care, which will also require an interpreter.
9. Patients need to understand clearly what a medical student is (see Box 3).

Box 3. The need to explain what a medical student is

It may seem surprising, but many patients don't seem to understand the term 'medical student' unless it is explained. The term 'student doctor' is probably even less well understood, so 'medical student' is probably preferable. A brief clarification should be included in general informational material provided to patients, and this should be reinforced during conversations about medical students' involvement in patients' care. Name badges clearly indicating that the wearer is a medical student are also important.

10. As far as reasonably possible, patients should be informed about the proposed extent and nature of student involvement. There are three ways in which students may become involved in patients' care, although in reality the distinction is blurred, as any interaction with a student contributes to a patient's care (Box 4):
- Students may observe patients, or examine them, or carry out or assist with procedures on them for their educational benefit as students, or
 - Bedside tutorials, when a senior doctor conducts a tutorial with a group of medical students, usually focused around examination of a patient the doctor may or may not be clinically involved with, or
 - Students may contribute to the care of patients, under supervision (eg by taking blood, holding a

retractor during a surgical procedure, or performing bag-mask ventilation under anaesthesia).

11. Patients who are temporarily or permanently incompetent to make an informed decision are particularly vulnerable (see Table 3 and Boxes 5 and 6). In such circumstances, consent should be obtained from the patient's legal representative if one exists and it is practical and possible. If no legal representative exists, then any views ascertained from the patient should be taken into account. If this is not possible, the views of other suitable, available persons who are interested in the patient's welfare should be taken into account. When there is no practical opportunity to obtain permission, student involvement under supervision may entail observation, history taking and general examination, unless the treating doctor decides that greater student involvement remains in the best interests of the patient. Judgement and experience is needed in respect of children under 16 years old. The consent process with children is complex. In some situations, the child may be able to consent for themselves. In other cases, the child's parent or guardian may need to make a decision for the child. Where this occurs, the assent of the child should also be obtained, as appropriate and possible. The principles remain the same, but in many cases eg, neonatal intensive care,

Box 4. Ways in which students may become involved with patients' care, and how they might explain this

An interaction with a patient on a ward might begin by a consultant saying something like "I have spoken with Mrs Jones in bed seven and she is willing to have one student listen to her heart and another student take some blood."

In case a) a student might say something like, "Hello Mrs, Jones. My name is Helen. I am a medical student. That means I am training to be a doctor. I am in my fourth year of medical training. I understand from Dr Smith that you have a medically important heart condition. Would you mind if I listened to your heart with a stethoscope and examined your heart and a few other things that might be affected by your condition, so that I can learn about it? Please feel free to say no if you prefer."

In case b) a student might say something like, "Hello Mrs, Jones. My name is Bill. I understand from Dr Smith that you need a blood test taken. I am a medical student. That means I am training to be a doctor. I am in my fifth year of medical training and have been taught how to take blood for blood tests. Do you mind if I take your blood sample, instead of the phlebotomist?"

In either case the student should make a brief entry in the patient's notes documenting his or her involvement.

there may be a parental perception that their child is too vulnerable to be examined by anyone other than an expert. This requires particular sensitivity and reassurance. Often the consent will be for the teacher to examine the child in front of students, rather than hands on, and it is obviously important to invite the parents to be present if possible.

Table 3. Some examples in which a patient might not be competent to make a decision or give consent.

- Under anaesthesia
- On a ventilator under sedation in an Intensive Care Unit
- During sedation (including so called “conscious sedation”)
- Very young patients
- Mentally or cognitively impaired patients or patients who are semi-conscious
- Patients impaired with alcohol and drugs
- Patients in shock, extreme pain or extreme distress
- Patients who are dying

Box 5. Patients in intensive care under sedation and/or on ventilators

It is important for intensive care units to have information available in the form of signage and pamphlets explaining that students may be present and may be involved in the care of patients. Given that most patients in intensive care units are very vulnerable, this is a situation where principle 11 applies. Except where it is possible and appropriate to obtain explicit consent for greater involvement, the role of medical students in intensive care units should usually be restricted to observation.

12. Some circumstances require a particularly high level of sensitivity to the potential vulnerability of patients and their families (See Table 4); in such circumstances meticulous care is required in seeking and documenting consent for the involvement of medical students.

Table 4. Examples of circumstances in which the potential vulnerability of patients or their families is increased, and in which extra sensitivity is appropriate regarding the need for informed consent for student participation

- Sensitive examinations (particularly under anaesthesia)
- Discussion of withdrawal of life support
- Discussion of organ donation
- The breaking of very bad news (which will be contextual for the patient)
- Catheterisation
- Patients with rare or particularly interesting conditions
- Patients who feel under obligation to their treating clinician
- Retrieval of patients from a referring hospital

13. Sensitive examinations (includes breast, rectal, vaginal examinations and those of the external genitalia) in competent awake patients require explicit consent. This can be verbal but should be documented in the patient’s notes. It is essential that there should be no possibility for the consent to have any element of coercion (eg, it may make it harder for a patient to refuse if the patient is asked after undressing or in front of student. See Box 2).

14. Sensitive examinations under anaesthesia require formal written consent obtained in advance and signed by the patient. It is essential that there should be no possibility of coercion (eg, asking in front of a student may make it harder for a patient to refuse). Without such consent a student cannot undertake such activity.

15. A section should be included on the forms used to document generic consent for the involvement of medical students in observing or contributing to surgery, anaesthesia and other basic procedures undertaken in operating theatres, under direct supervision of an appropriate

Box 6. Some practical points about anaesthesia attachments

Students allocated to an anaesthetic run may anticipate attending a particular list with a particular anaesthetist, and that anaesthetist may obtain consent from the relevant patients. However, on the day there may be scheduling changes such that there is little educational value in this list, while a much more educationally rewarding list is occurring in one of the other theatres. In fact, the best utilisation of time may come from moving between lists during the day as opportunities present. Generic consent obtained from all patients at the time of their consent to surgery will facilitate this. Therefore it is ideal for such generic consent to be obtained at the same time as consent for anaesthesia and surgery, as a matter of routine.

It is important to recognise that some patients may decline permission for students to be present, and a system will be needed to ensure that these patients are clearly identified, and that students do not inadvertently transgress their wishes.

Table 5. Examples of things typically included (under direct supervision) and excluded from general consent for students to be involved in surgery and anaesthesia; the latter require explicit consent.

Included, basic procedures, such as:

- Observation
- Bag mask ventilation
- Holding a retractor
- Examining surgical pathology or normal anatomy

Excluded, more substantive procedures, such as:

- Any sensitive examination
- Endotracheal intubation (because there is a risk of damage to teeth or even of causing a sore throat)
- Insertion of an IV line or arterial line
- Closing wounds, including surgical incisions

Box 7. An unexpected surgical finding

Where a student on a surgical run is observing a surgical procedure, there may be an unexpected finding that he or she would benefit from scrubbing in and examining. It would be reasonable for generic consent to cover such a situation in most instances. However, it wouldn't be appropriate for multiple students to examine the finding in a single anaesthetised patient, and any examinations of a sensitive nature must be the subject of explicit consent, which must be in writing.

Box 8. Primary or community care

Health care providers in primary or community care settings agree to undertake student supervision through Clinical Access Agreements. In each case there will be a primary supervisor who has completed the Clinical Access Agreement and is responsible for ensuring appropriate consent is obtained for students to be involved in the care of patients.

As always, signage and pamphlets are important for informing patients about the likelihood that they will meet medical students in a particular practice or setting. For example, in general practice, a notice should be placed facing the patient waiting room, stating words to the effect that this is a teaching practice and students may be involved in the delivery of health care. A member of staff (such as the receptionist) should be expressly asked to draw the sign to the attention of patients when they arrive, and to check with them on each visit that they are comfortable with the presence of students.

Before the start of the consultation, the GP should ask the patient if he or she is comfortable for the medical student to be involved in the interview, observation or procedure. Opportunity for the patient to decline this request must be given, so this request should take place without the student present. The principles of consent related to patients undergoing sedation or sensitive examinations are the same as for any other setting.

registered health professional (note Right 7.6 of the Code). The important element of seeking such consent is, as always, the conversation between the doctor gaining consent and the patient.

16. Generic consent obtained under 15 should be understood as limited to observation and basic procedures and should not be taken as consent to conduct sensitive examinations while under anaesthesia or procedures with any material risk (see Table 5). Such examinations or procedures require explicit, and in some cases, including sensitive examinations, written consent.
17. In primary care settings (see Table 1 and Box 8), where students might accompany registered health professionals on visits to patients' homes or their rooms in a rest home, verbal consent for the student to enter the room or house should be sought from the patient and/or family/whānau who might be present. Where possible this should be done before the visit.
18. Patients' medical records are confidential and medical students should only access such records in line with a purpose that has been notified to the patient at the point of collection. There must be a genuine educational reason to do so, and with the permission of the health professionals responsible for the patient's care. It is reasonable to construe consent for a student to be involved in a patient's care as including consent for that student to read relevant patient records, but it would

usually be courteous to mention this point to patients.

19. Students must respect the confidentiality of all information acquired by them in connection with patients. Under no circumstances should students disclose any information whatsoever on any form of social media about the patients they have been involved with, even in the absence of specific identifying information.

The above text is a consensus statement that was agreed by multiple stakeholders, after careful and considered consultation to provide a guideline. The paper is not intended to set standards but rather to outline New Zealand's existing legal and regulatory requirements in a practical way.

The paper is intended to provide guidance to medical students and supervising doctors in clinical settings. We have limited its scope to medical students for pragmatic reasons. Similarly, we have not attempted to cover every possible clinical situation where consent is required in relation to the training of medical students, but instead have chosen examples to illustrate the principles in some settings that we think may be particularly challenging. Notwithstanding these limitations, we hope this consensus statement will prove useful in clarifying expectations for informed consent in this context in New Zealand today.

We hope that this consensus statement will engender discussion within our hospitals and universities, and in the correspondence section of the *Journal*. This will inform a planned revision of the statement after it has been in use for a year. It may also be appropriate to expand its scope at that time.

Competing interests: Nil

Note:

The NZMA Ethics Committee, MCNZ Consumer Advisory Group and HDC have been consulted.

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URL:

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Working in a Clinical Setting

Clinical Education: Chaperoning

It is necessary to consider the desirability of a chaperone when patients are being examined or interviewed. This is especially true if the patient is of the opposite gender, a child or otherwise disadvantaged.

Chaperoning during consultation when a staff member is present is the responsibility of the member of staff.

A patient should always be asked if they would prefer the consultation to take place with a chaperone present.

Students should arrange with a colleague of the opposite gender in their group, to accompany them if they wish to examine or interview a patient (to ensure protection of both student and patient).

More specific guidelines are as follows:

Adult Patients

- In principle, chaperones should always be used when students are undertaking consultations on members of the opposite sex.
- If a chaperone is not readily available the patient should be asked whether they prefer a chaperone to be present. If so, the consultation should not proceed until a chaperone is available.
- In all circumstances, but particularly when a chaperone is not present, the nature of the examination to be carried out should be explained to the patient and verbal consent obtained to proceed. It is also useful to explain the steps in the examination process to the patient as the examination proceeds.
- If a chaperone is not available for the whole examination it is useful to have a chaperone check periodically that all is well.
- Persons eligible as chaperones may include medical students, nursing staff of the opposite sex, or some other appropriate person, if consented to by the patient.
- Any problems which cause difficulty, concern or embarrassment during the consultation should be reported to the Associate Dean for Student Affairs.

Children

- Consultation with children of the same or opposite sex should in principle always be done with a chaperone present.
- In circumstances where a chaperone is completely unavailable the consultation should take place in a relatively open setting (ie not behind completely-closed curtains).

If there is any suggestion from the patient that there may be a matter for complaint this should be carefully recorded in the patient's notes, signed and witnessed. This should also be reported to the Associate Dean Student Affairs.

Dress and appearance

It is appropriate here to reiterate the importance of suitable dress, not only in the School and on the wider hospital campus, but particularly in the patient areas. At all times appearance is likely to be one of the ways by which people in the hospital assess the School, and must meet the standards that your patients expect. Appropriateness to clinical work must always be considered

and is part of the requirement of your continued honorary staff status with any District Health Board.

You reflect on dress expectations, whether your own dress fits the work of clinical students and the required respect for patients. If in any doubt, please talk to your colleagues or the staff on your attachment. Members of staff may expect conformity with particular standards within their departments and will discuss dress with students should they deem it necessary.

Culturally-sensitive issues

Students are required to participate in all laboratory, practical and clinical activities, which includes activities that may not be usual to your culture. In the professional classes, some aspects of the teaching will require individuals to practice certain techniques on each other, which may require you to partly undress and may involve body contact between students. Training is done under close supervision and all students are required to participate, as it is essential for their acquisition of clinical skills. Assistance from students experiencing difficulties in this area is available, on request, from the relevant Campus.

Dress requirements in theatre

Specifically, in disciplines such as surgery, medical students will be required to conform to standards of dress that meet the high levels of hygiene in operating theatres. Personal garments, such as headgear worn outside the theatre situation, must be replaced by alternative sterilised garments provided by the hospital to meet accepted standards of infection control and asepsis. Students must also adhere to the stringent protocols of scrubbing to involve hands and both forearms to at least elbow level.

Professional behaviour: General

Remember, it is part of the requirement of your continued status with health providers that your behaviour towards staff and patients is always of the highest standard. Please remember to show consideration to others around the hospital, in lifts and other public places. You are easily recognised as students, and people look to you to show a good example.

Professional etiquette and practical ethics for clinical education (teaching, learning & assessment)

The Medical School, hospital, and community providers aim to provide medical students with a welcoming learning environment, and to encourage clinical staff who teach medical students (supervising clinicians) to act as role models for professional behaviour and professional practice. The following guidelines outline the general policy on the standards to be observed in clinical education. They are to be read in conjunction with the policies and procedures of host institutions, the University of Otago's Ethical Behaviour Policy, and the provisions of the Code of Health and Disability Services Consumers' Rights as well as of the Health Information Privacy Code.

Patient rights in general

A patient has the right to be explicitly informed about the specific education activity in which the patient may be participating. The supervising clinician is responsible for informing the patient about education activities, in particular about any procedures in which a medical student may participate under supervision.

Consent for clinical education

The patient's welfare and interests are always the overriding consideration. Patients are typically generous in their willingness to support medical students' learning and often themselves benefit from the process. Consent for clinical education obviously involves an element of permission but it also extends to assisting patients to understand why a particular learning/ teaching activity is valuable.

The following points address these aspects:

- Patients must be informed that they may be involved in students' learning
- Patients have the right to choose, or to decline, to be interviewed, examined or cared for by a medical student, or to be involved in any other way in medical education
- Patients have the right to know the name and professional standing of any person, staff or student, who wishes, for teaching purposes, to interview them, examine them, or carry out any procedure
- Patient consent for clinical education must be obtained by the supervising clinician (or other staff member). This should be done in a setting out of sight of the student(s) to avoid placing undue pressure on patients. Patients have the right to withdraw from the clinical education activity at any stage and may change their mind between consent with the supervising clinician and subsequently seeing the student.
- In the case of children, their parent, guardian or other legal representative may, on their behalf, make the decisions and receive the information summarised in the above four bullet points. Competent children may consent or decline on their own behalf.
- Patients of diminished capacity or children who have yet to attain full competence have the right to be informed and to be involved, to the extent to which they are able, in any decision to participate or not.
- Where appropriate, an oral consent obtained should be recorded in the patient's notes; a written consent should be documented in the notes.
- If a patient is not competent to give a consent, consent for clinical education should be obtained from the same person who gives consent for interventions on behalf of that patient.
- Medical students should wear their name badge and carry their ID card in all clinical settings. When introducing themselves to a patient by name, they should explain that they are a medical student, confirm that the patient is willing to proceed, and seek an explicit permission on each occasion and consultation is needed.
- Medical students who are observers or who undertake examinations under supervision or who assist with procedures under supervision while a patient is sedated or under general anaesthetic are required to meet with the patient beforehand and, with assistance from the supervising clinician as appropriate, obtain a written consent. Where a genital examination is performed by a student(s) while the patient is under general anaesthetic, at most two students [who have obtained prior written consent] may do so.
- Medical students should be aware that the standard consent procedures may need to be abbreviated or waived in emergency situations.

Clinical examination of patients

Most patients will have been advised that they should expect to be approached to assist in the clinical education of medical students. However, students should note that they do not have an absolute right to examine any patient. When you commence a new clinical attachment check with your tutor or supervisor on the procedure to be followed in approaching patients. This may vary

slightly according to the clinical discipline involved.

- In general, if you have been allocated a patient, or patients on one of the modules, you should:
- Introduce yourself and obtain the patient's consent to interview and examination
- Be cognisant of racial and cultural sensitivities

Sensitive examinations (includes breast, rectal, vaginal examinations and those of the external genitalia) in competent awake patients require explicit consent. This can be verbal but should be documented in the patient's notes.

It is essential that there should be no possibility for the consent to have any element of coercion (e.g., it may be harder for a patient to refuse if the patient is asked after undressing or in front of a student).

Sensitive examinations under anaesthesia require formal written consent obtained in advance and signed by the patient. It is essential that there should be no possibility for the consent to have any element of coercion (e.g., asking in front of a student may make it harder for a patient to refuse). Without such consent a student cannot undertake such activity.

Professional behaviour: Supervision

A supervising clinician is expected to brief medical students about their role in patient care. Often this will already be known (for example some issues are spelt out in this handbook), but if it is not clear, or the requirements of a particular context are different from usual, medical students are encouraged to seek explicit guidance about what is expected of them, paying particular attention to the following:

Dress code: Any requirements to be observed or avoided

Introductions: Any particular style, especially if the medical student's relationship to the team needs to be made explicit

Accountability: Who is responsible for the medical student(s) and who is able to deal with queries and concerns

Emergencies: Any procedures medical students are expected to observe in the event of an emergency

Standard precautions: Medical students will need to be warned of situations in which there are particular infection control issues and advised of the appropriate precautions to observe

Risk of violence: Medical students should be given prior warning of patients with a known history of violence with adequate briefing on protocols for ensuring personal safety

Chaperones/support persons: Medical students should be given guidance as to when a child or adult should be offered a chaperone/support person and who may appropriately serve in that capacity

Boundary issues: Medical students should be advised of any clinical settings in which there is special reason to maintain robust professional boundaries

Debriefing and reflection on clinical and professional development: Medical students should be encouraged to seek, and be offered prompt opportunity for debriefing after significant critical episodes, and opportunities to reflect on what they have learned, how they are learning it, and their development of professionalism.

Ethical issues: Medical students benefit from the opportunity, whether initiated by staff or students,

to discuss ethical issues generated by a specific case or experience.

Privacy and Confidentiality

Medical students are expected to observe the same high standards of confidentiality and respect for privacy as govern the behaviour of all doctors and healthcare professionals. These standards are set in the Privacy Act 2020 and the Health Information Privacy Code 2020 (The Privacy Code or HIPC).

The Privacy Code outlines specific rules regarding the collection, storage and disclosure of health information in relation to identifiable patients. The basic rule is that no information about any patient should be given to any other person without the permission of the patient concerned. This applies to all health information and not only to that which the patient might regard as particularly sensitive. It applies to the simple fact that an individual is a patient in the hospital or GP rooms as well as to details of their condition. It also includes situations such as reports to lawyers, NZ Police, ACC and various other statutory bodies. There are some limited and specific exceptions where disclosure of information without the consent of the patient is permitted or authorized by law and you will learn about these over the next years of your training.

It is important to remember that patients share information with health professionals within a relationship of trust and in order to assist the professional to help them with their health problem. Respecting that trust and maintaining respect for privacy and confidentiality is fundamental to the doctor-patient relationship and achieving the best outcome for the patient.

Access to notes and handling of written material

Students should only access patient notes with the consent of the patient and where the patient is under the care of the team to which the student is attached. Notes of patients not under the care of the team should not be accessed except where the student has an alternate legitimate reasons to do so and also has specific consent from the patient.

Official patient hospital records must never be taken away from the clinical areas or out of the hospital. Photocopying of patient notes by medical students is not permitted in any circumstances. Material written by students which may contain patient-related information (eg case histories) should not have any 'unique identifiers' (eg name, date of birth, address or national number). If these notes require work outside the hospital (eg library) great care must be taken to ensure they remain secure and private. Once patient related notes are no longer required they should be disposed of in a secure fashion in one of the bins provided by the SDHB.

In addition to legal restraints around patient related health information, students are required to discuss any matters referring to the Dunedin School of Medicine and SDHB with the Dean BEFORE disclosing information to outside agencies or bodies.

The following points should be also kept in mind:

Medical students should refrain from giving a patient a blanket guarantee of confidentiality, as this may contravene their accountability to their supervising clinician. Whether information is acquired at interview or from the clinical record, patients have a right to know the use(s) that will be made of the information [written assignment, oral presentation to a tutorial group, one to one discussion with a tutor, etc], and what steps will be taken to assure the privacy of the information [such as de-identifying]. Medical students should make sure when, if at all, a copy of an assignment should be placed in the patient's notes, and patients should be informed of this

Medical students should be meticulous in assuring the security of written assignments and other notes relating to patients, even if de-identified, and should regularly dispose of material which has passed its use by date through an approved destruction process.

Care should be taken to ensure that discussion of a patient for clinical education takes place in a secure setting where what is said cannot be overheard by others and where there is thus no risk of what is discussed being mis-interpreted.

Under no circumstances is a medical student permitted to take photographs of a patient or patient information, or to make any video or audio recording of any interaction with or observation of a patient. If photographs or recordings are needed for educational purposes, they will be sought by the supervising clinician using current protocols.

Release of Information

Various pieces of legislation including the Health Information Privacy Code and Health Act, outlines circumstances where personal details may be released without the consent of the patient or their representatives. The Privacy Act does not apply if release of information is required under other legislation. For example, the notification of infectious diseases is required under Section 74 of the Health Act.

Medical students must not release any information under these provisions without first consulting the senior clinician working in this area. Students who make unauthorized disclosure of personal health information will be subject to disciplinary action, and may also be in breach of the Privacy Act and the Health Information Privacy Code.

Students are required to consult with the Associate Dean of Student Affairs BEFORE disclosing information about the School or any of the DHB institutions to the news media.

Medical student rights

Medical students have the right to decline to participate in clinical teaching/or patient care if there are concerns, ethical or otherwise about the activity; concern about their own competency, lack of knowledge, or lack of understanding of the duties/tasks/responsibilities involved; or conscientiously believe there is a lack of explanation or supervision.

Code of Conduct and Integrity (District)

(Code supplied at TI orientation – read and signed by student)

Policy Purpose	This policy outlines the expected standards of behaviour and conduct of all people involved in the operation of Southern District Health Board (Southern DHB).
Policy Applies to	All employees of Southern DHB, Board and Commissioner Team members, temporary employees and contractors, must comply with this Code. It also applies to any person who is involved in the operation of Southern DHB, including joint appointments, volunteers, those people with honorary or unpaid staff status and prospective employees applying for employment. The Code of Conduct, 'the Code', should be read in conjunction with the Code of Conduct and Integrity for the State Sector , and with relevant organisational policies, which all employees must comply with.
Associated Documents include:	<ul style="list-style-type: none">• Disclosure of Interests Policy District (27894)• Delegation of Authority Policy (District) (21584)• Disciplinary Policy (District) (55569)• Effective Working Relationships (District) (100004)• Email, Internet and Information Security Policy (District) (22497)• Fraud Policy (District) (25546)• Health and Safety and Welfare Policy (District) (15851)• Media Policy (District) (16106)• Private Practice Secondary Employment and Other Business Activities Policy (District) (19707)• Private Practice Secondary Employment and other Business Activities [Guidelines] (District) (81064)• Protected Disclosures / Whistle-blowing Policy (District) (19708)• Procurement and Purchasing Policy (District) (11400)• Sensitive Expenditure Policy (District) (48567)
Related Legislation includes:	<ul style="list-style-type: none">• Code of Conduct and Integrity for the State Sector• Employment Relations Act• Health and Safety at Work Act 2015• Human Rights Act• Protected Disclosures Act• Official Information Act• Privacy Act
Other:	<ul style="list-style-type: none">• WorkSafe New Zealand
Good Employer Statement	Our obligations under the Crown Entities Act 2004 are to act as a 'Good Employer' as defined under section 118 of the Act. The Act defines a good employer as an employer who operates a personnel policy containing provisions generally accepted as necessary for the fair and proper treatment of employees in all aspects of their employment. Southern DHB is committed to the principles of natural justice and values all employees and treats them with respect.

Expectations

Southern DHB is committed to the highest level of integrity and ethical standards in everything that we do. As employers and employees we must be fair, honest, impartial, responsible and trustworthy at all times. We must always conduct ourselves in a manner consistent with current ethical, professional, community and organisational standards and in compliance with all legislation.

This Code of Conduct does not cover:

- every ethical issue that we might face; or
- every law and policy that applies to the Southern DHB.

The objective of the Code of Conduct is to:

- provide a benchmark and general standard for our behaviour.
- provide clarity about expectations of honesty and integrity.
- support the Southern DHBs' reputation and image within the community; and
- make us all aware of the consequences if we breach this policy.

Responsibilities under the Code of Conduct

We are all responsible for implementing and upholding the Code in our workplace, regardless of our position or role.

All **employees** are responsible for ensuring that their behaviour reflects the standards of conduct in the Code and builds a positive workplace culture. This is inclusive of all employees including clinical and non-clinical.

All **managers** which includes clinical, nursing and allied health leaders and directors have a special responsibility to support employees in achieving those goals, by leading by example and assisting employees to understand the Code. It is essential to maintain open communication lines with organisations representing our employees regarding the Code.

In this Code, a manager is any employee with supervisory responsibilities.

All of us must have a working knowledge of the laws and policies that apply to our work, including the Code of Conduct.

Obligations under the Code of Conduct

Work to the Best of Your Ability

- Perform your duties to the best of your ability with care, competence and efficiency. Avoid behaviour which impairs your work performance and/or undermines the integrity of your colleagues.
- Maintain proper standards of integrity and conduct in the performance of your duties. Be open about reporting potential issues or mistakes.
- Be present and actively engaged in your duties at Southern DHB as required and be absent only with appropriate approval, taking leave only for the purposes for which it is intended.

- Carry out any lawful and reasonable instructions you are given and work as directed. Implement policies and practices that apply to your work. Work within appropriate delegations of authority. Implicit in this is an obligation to obey the laws of New Zealand.
- Avoid behaviour which endangers or causes distress to other people or otherwise contributes to disruption in the workplace and/or avoid behaviour which might impair their work performance.
- Do not engage in alternative employment or self-employment without appropriate authority, whether or not in a similar area of work or your work for the Southern DHB. See the [Private Practice, Secondary Employment and other Business Activities Policy \(District\) \(19707\)](#).
- Avoid being a member of any organisation which may impinge on the proper performance of your duties or be in conflict with the interest of the Southern DHB.

Maintain a Safe Working Environment

- Consider the safety of yourself and others in the workplace at all times.
- Comply with instructions given for workplace health and safety, including using any personal protective equipment supplied.
- Support and promote actions and initiatives in the workplace which enable hazards and risks to be identified and isolated, eliminated or reduced.

- Ensure that your use of alcohol or other substances in your private time, outside of work does not impair or impact on your work performance or endanger the health and safety of others.
- Accessing, transmitting, storing or downloading any form of pornographic, sexually explicit, sexist, racist, demeaning or other inappropriate material using Southern DHB resources is strictly prohibited and serious penalties, which may include dismissal, will apply.
- Staff and contractors must wear Southern DHB formal identification (ID) at all times.

Act Professionally

- Act honestly and professionally and abide by any code, protocols or set of standards relevant to the practice of your duties or profession. For clinicians, this includes staying within your clinical scope of practice and, where they exist, working within agreed practice guidelines or research based protocols.
- Southern DHB expects that all employees will act in a highly professional, honest and ethical manner and in compliance with the Code of Health and Disability Consumers' Rights.
- Maintain all qualifications/licences that are a requirement of your position (including registration and annual practising certificates) and provide evidence of these on an annual basis or when asked to

do so. Inform your manager immediately if there are any changes (if your certificate is revoked or amended in anyway or you cease to have a valid practising certificate) or restrictions placed on your practice, including any professional disciplinary proceedings or litigation that may impact on your employment or professional registration.

- Provide required information for police clearances such as VCA checks when requested (on a 3 yearly basis).
- Where applicable, ensure that your right to work in New Zealand is maintained by ensuring relevant working or residence visas are valid and maintained according to immigration requirements. You may not undertake any work/duties on a visitor visa in New Zealand and Southern DHB under any circumstances.
- Advise Southern DHB in writing of any pending criminal or civil legal action that may be taken against you and that may reflect on us.
- Keep your appearance and presentation clean, tidy and appropriate for your work role, and in line with relevant uniform and dress policies and occupational safety/infection control and health requirements.

Avoid Conflicts of Interest

- Avoid making any decision for the Southern DHB where you have any interest in the matter other than the Southern DHB's interests. See the [Conflict of Interest Guidelines \(District\)](#) (81067).
- Disclose in writing any business activities outside the Southern DHB and actual or perceived conflicts of interest. See the [Disclosure of Interests Policy \(District\)](#) (27894).
- Do not use your role or position to gain an advantage in your private life, for example by arranging jobs/ transfers/ benefits for family or friends.
- Do not let any outside interests adversely affect the performance of work related duties.
- Disclose any relationship you have or form with any person who directly or indirectly reports to you.

Don't Accept Gifts, Benefits or Rewards

- Never ask others for any reward other than what Southern DHB pays you or any other entitlements you receive as an employee.
- Gifts of money are not to be accepted under any circumstances.
- No gift, regardless of monetary value, should be accepted if it could potentially cause or be perceived by others as causing you to feel an obligation to the gift giver. This is particularly relevant if you are involved in current tendering/purchasing processes involving the parties who may be offering the gift.
- All gifts or benefits received must be reported to your manager, who will advise on the correct course of action. All gifts are to be recorded on the gift register as per [Delegation of Authority Policy \(District\)](#) (21584). Failure to do so may result in disciplinary action.

Show Respect for Others

- Treat all people with respect, courtesy and honesty, and give everyone a fair hearing.
- Respect the dignity, rights and views of others, including different values, beliefs, cultures and religions.
- Don't act or speak in a way that is likely to cause offence to others.
- Do not discriminate against or harass members of the public, clients, visitors, patients or colleagues because of their age, sex, marital status, ethnicity, disability, religious or ethical beliefs, colour, race, political opinion, employment status or sexual orientation.
- Have zero tolerance for bullying and rudeness. Bullying behaviours include attacks that are direct and personal as well as indirect and task related. Examples of bullying can be found in the Worksafe New Zealand 'Bullying at Work: Advice for Workers' [quick guide](#).
- Avoid behaviour which can be considered to be intimidating, undermining or victimising.
- Avoid any unwelcome or offensive sexual behaviour including: banter or jokes of a suggestive/sexual nature, unwelcome touching, patting or pinching, regular hassling for a date, sexually offensive images or text or e-mail messages or other forms of media, intrusive questions about personal sex life.

Maintain Confidentiality of Information

- Treat all information about a person who is receiving or has received a public health service with the strictest confidence. This requirement for confidentiality continues to apply even after you have ceased working for the Southern DHB.
- Personal and sensitive information must be responsibly and transparently collected and managed in accordance with the privacy principles applicable to the Southern DHB.
- Only access or release information about a patient, client or employee when it is part of your job, it is lawful or when specific consent is given.

Avoid Violent and Aggressive Behaviour

- Southern DHB has zero tolerance to violence in our workplaces. This is not just limited to physical violence. To achieve this, violent and aggressive behaviour will not be tolerated towards patients, clients, other employees, students or members of the public.
- Employees do not have to tolerate violent and aggressive behaviour towards them, and have the right to expect to work in a safe and healthy work environment.

Manage Time and Resources Efficiently

- Manage your time and Southern DHB resources efficiently and with regard to relevant policies.
- No private practice will take place during Southern DHB paid time, or on, or using Southern DHB facilities, medical consumables or equipment without a formal contractual arrangement approved by the CEO.

- Show reasonable care in using, or allowing the use of, Southern DHB's property, resources or funds.
 - Employees who make decisions involving financial resources on behalf of the Southern DHB should ensure that they are doing so within the scope of their delegated authority and within policies and procedures for the acquisition, use and disposal of resources.
 - Don't incur any liability on behalf of Southern DHB without proper authorisation and within any approved limits specified in the [Delegation of Authority Policy \(District\)](#) (21584).
-
- All equipment, resources and consumable items are only to be used for the work and business of Southern DHB unless prior written authorisation has been obtained from your manager.
 - Limited, occasional and brief private use of local telephone calls, personal cell phones, computers and the Southern DHB's e-mail and intranet systems are acceptable as long as it does not affect your work, the work of others, or the reputation of Southern DHB and is conducted in accordance with this Code and other relevant policies.

Standards of Behaviour and Performance

Misconduct

If you are unclear about the standard of behaviour and conduct that is required of you as it relates to the Code you should discuss the situation with your manager, Human Resources or senior management.

As professional incompetence and/or misconduct are reported to appropriate registration authorities, it may lead to disciplinary action by the relevant professional body as well as disciplinary action under this Code of Conduct.

The following are examples of 'misconduct' and not intended to be an exhaustive list:

It should be noted that the examples listed below as misconduct may also be considered as 'serious misconduct' depending on the nature and severity of the breach.

Misconduct includes, but is not limited to:

- a) failure to maintain an acceptable level of work performance.
- b) failure to maintain an acceptable level of attendance at work.
- c) refusal to perform duties or to follow a reasonable and lawful instruction.
- d) habitually arriving late for duty.
- e) being absent from your assigned place of work during working hours without authority or legitimate reason.
- f) failure to provide your manager with timely notice of absences such as sickness, or that you are unable to commence work at the normal time.
- g) sleeping while on duty (unless authorised by the employer).

- h) failure to observe health and safety requirements, including the requirement to proactively and promptly report personal injury, injury to others, damage to Southern DHB or patient property or a hazard that may cause harm.
- i) improper use, wastage or damage of Southern DHB resources or property including wasteful expenditure of Southern DHB funds/time.
- j) unauthorised use of fire protection or safety equipment.
- k) reporting for work unsuitably dressed, or in such a condition that you are unable to perform required duties in a safe and proper manner.
- l) inappropriate or disruptive behaviour in the workplace.
- m) unreasonable behaviour towards other people, including abusive, threatening or offensive language and any form of harassment including sexual or racial.
- n) posting offensive or inappropriate information on noticeboards or electronic media. See E-mail, Internet and Information Security Policy (District) (22497).
- o) smoking on Southern DHB premises.
- p) failure to hold a current drivers licence and/or to carry a current drivers licence on their person at all times whilst driving a motor vehicle belonging to the employer on a public road.
- q) failure to provide sufficient information and or respond to a request to enable the renewal of a VCA check as required (core workers).
- r) other breach of this or other policies.

Serious Misconduct

The following are examples of 'serious misconduct' and is not intended to be an exhaustive list:

- a) not being in possession of or eligible to hold a required annual practising certificate.
- b) working without a valid work visa.
- c) breach of professional protocols or standards whether established by the Southern DHB or the relevant professional body.
- d) carrying out private patient work during Southern DHB paid time and /or using Southern DHB premises or equipment or use of Southern DHB time, facilities, premises or equipment to undertake other employment.
- e) inaccurate recording of leave, or failure to record leave taken.
- f) failure to report to the appropriate manager or supervisor any accident or incident at work involving actual, or risk of, personal injury, or damage to property.

- g) unauthorised possession of drugs (including alcohol) in the workplace.
- h) reporting for work under the influence of alcohol or drugs or driving the employer's vehicles under the influence of alcohol and/or drugs.
- i) violence of any form including assaulting or threatening to assault anyone in the workplace.
- j) possession of patient, client or Southern DHB property without proper authorisation or possession of another person's property without that person's consent.
- k) any form of theft or fraudulent action.
- l) being in possession of offensive weapons in the workplace.
- m) the unauthorised disclosure of or access to confidential information.
- n) any attempt to mislead the Southern DHB, or any employee, or a patient/client, or a member of the public in connection with the Southern DHB's business. This includes falsification of attendance records or submitting false claims for expenses or reimbursement, or providing incorrect information at any stage.
- o) acting outside of your delegated authority.
- p) exacting, attempting to exact, or accepting any fee, reward, gratuity or remuneration, other than the salary or allowance pertaining to the employee's employment agreement, on account of anything done in the execution of the duties.
- q) deliberate or negligent behaviour adversely affecting the safety of a patient, client, visitor or another employee.
- r) using Southern DHB computers to make unauthorised copies of any computer software, or for any other unauthorised purpose.
- s) admitting to, or being convicted of, any offence which can reasonably be considered as bringing the Southern DHB into disrepute or, brings into question the employee's suitability for continued employment.
- t) accessing, transmitting, storing, downloading or displaying any form of pornographic, sexually explicit or inappropriate material using Southern DHB equipment or resources.
- u) implying or making actual threats of overlooking an employee or potential candidate for future work opportunities or promotion as a result of that employee or potential candidate declining the sexual advances or similar actions of any person in a position of authority.
- v) victimising, intimidating or bullying any employee, or a patient/client, or a member of the public.

Private Conduct

As a general principle, personal behaviour outside of work is of no concern of Southern DHB, except where it interferes with work performance, where the individual is identifiable as a representative

Consideration

of the Southern DHB, or where the behaviour reflects on the standing or integrity of the Southern DHB or the employee's profession or trade, or constitutes a breach of the law.

Employees should not bring the Southern DHB or their profession into disrepute through their private activities.

An employee must make the Southern DHB aware of any such instances as soon as possible.

Whether actions fall into the category of misconduct or serious misconduct will depend on the circumstances in each case. In making judgements of this kind, regard should be given to the following factors:

- The nature and circumstances of the activity.
- The position, duties and responsibilities of the employee.
- The consequences of the activity on the employee to fulfil his/her duties and responsibilities.
- The effects of the activity or its consequences on working relationships with colleagues, patients, outside contacts and the general public.

Breaches of the Code of Conduct

We are all responsible for trying to avoid escalation of inappropriate behaviour that may result in a breach of the Code, and for dealing with workplace conflict through timely and appropriate communication that addresses the behaviour in a constructive way. You are expected to cooperate with any investigations being conducted in relation to an alleged breach of the Code.

Managers must make fair, transparent and consistent decisions in response to an allegation of a breach of the Code and the action to be taken in response to a breach. In determining the action to be taken the nature and seriousness of the breach will be considered.

Some possible consequences of a breach include:

- informal or formal counselling.
- disciplinary processes (including opportunities to improve, written warnings, and summary dismissal).
- referral to registration boards or other regulatory authorities especially in the case of those employees providing direct patient care.
- referral to the Police (in cases of suspected criminal activity) or relevant government department e.g. immigration.

If you are concerned about a possible breach of this Code, your manager should be able to help you.

If you are concerned about approaching your manager to discuss the issue, you can also talk to:

- Human Resources.
- Your professional leader.
- Your union or employee representative.

- A speak-up supporter, or
- The State Services Commission's integrity and conduct help desk; phone (04) 495 6722 or e-mail: integrityandconduct@ssc.govt.nz

Only those who need to know will be made aware of the situation. Southern DHB is committed to protecting any person who raises concerns or provides information about a breach of the Code or any other organisational policy from retaliation or reprisals. In some circumstances, an employee who makes a disclosure about serious wrongdoing will be afforded anonymity as provided for in the [Protected Disclosures Act 2000](#). This Act makes it a criminal offence to take a reprisal against any individual who makes a protected disclosure. Please refer to the [Protected Disclosures and Whistle-blower Policy \(District\) \(19708\)](#) for full guidance.

I have read and understand the Code of Conduct and Integrity.

(Name)

(Date)

Key policies and regulations related to the MB ChB

These are available at <http://www.otago.ac.nz/medical-school/undergraduate/medicine/policies-and-guidelines/index.html>

The following list highlights some of these for your particular attention.

- [Code of Practice for Fitness to Practice Page](#)
- [Code of Professional Conduct for Medical Students at the University of Otago Page](#)
- [Medical Council of New Zealand Policies and Information for Medical Students Page](#)
- [Harassment Policy Page](#)
- [Privacy and Confidentiality Page](#)
- [Academic Integrity Page](#)
- [Copyright \(Infringing File Sharing\) Act 2011 Page](#)
- [Drugs and Other Legal Offences Page](#)
- [Ethical Behaviour Policy Page](#)
- [Other Otago Medical School Policies of note Page](#)
- [Policy and Procedure for Transfers Between Schools of the Otago Medical School Page](#)
- [Policy and Procedure for Transfers Between Otago and Auckland Medical Schools Page](#)
- [Policy on transmissible and blood-borne infections for medical students, based on Medical Council guidelines](#)