



New Zealand Nurses Organisation

**Submission to the Medical Council
of New Zealand**

on the

**Proposed new registration
pathway for telemedicine across
international boundaries**

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SUMMARY

1. The New Zealand Nurses Organisation (NZNO) thanks the Medical Council of New Zealand (MCNZ) for this opportunity to comment on the proposed new registration pathway for practising telemedicine across international boundaries.
2. We believe this discussion is timely and congratulate the MCNZ for taking the initiative in addressing one of the significant challenges that telemedicine poses: to protect public health and safety by having mechanisms to ensure the competence and accountability of overseas based health practitioners treating New Zealanders.
3. Though we support the principle of endorsement of the qualifications and competence of overseas based practitioners, especially for those contracted to provide substantial and ongoing services, we are doubtful that public safety will best be served by the proposed special scope of practice.
4. We believe that such a regime could be unduly bureaucratic, expensive and impractical to administer and may set up an unnecessary barrier to the effective use of innovative new technologies to deliver better, safer healthcare.
5. **The overriding consideration in the delivery of telemedicine is the technical infrastructure.** There is an enormous range in the quality of imaging, which has nothing to do with the expertise of the health practitioner and it is at that level, of both understanding and provision, that quality assurance standards need to be set.
6. We agree that New Zealand providers contracting overseas based services must have sound credentialing and dispute resolution processes, but question whether individual registration via a special scope of practice is the best way to ensure this. We do see the need to develop guidelines, including technical guidelines, for contractors for this purpose, and believe that these should be

developed collaboratively. NZNO would strongly support the MCNZ leading such a process.

DISCUSSION

7. New Zealand's geographic isolation, small population and shortage of doctors make it imperative that the potential of information and communications technologies (ICT) across international boundaries to deliver faster, cheaper, better healthcare is fully realized. There are significant health and economic advantages with instantaneous access to state-of-the-art equipment and experienced specialist services. The Gisborne Cervical Screening Enquiry, for example, highlighted the risks of isolated single practitioners dealing with relatively low volume cytology. NZNO believes it would be counterproductive to introduce financial and regulatory barriers to accessing quality overseas services.
8. NZNO recognises the difficulties of setting practical and enforceable limitations on registration requirements for overseas based doctors, particularly in meeting Continuing Professional Development requirements.
9. Although we see some merit in a registration pathway for overseas-based practitioners whose services are contracted by a New Zealand provider *for a regular and ongoing service*, we believe that the criteria set for this scope of practice are impractical, probably difficult to enforce and may prove an expensive and unnecessary barrier to the uptake of such services.
10. In particular, we suggest the requirement for any level of pass in the academic module of the International English Language Test is pointless. The IELTS was not developed for the purpose it currently serves and there is no evidence that it is an adequate test for competent communication in a health setting, least of all in New Zealand. There is increasing international and professional disquiet about its use as an occupational communication test, and for the purpose of telepathology and teleradiology, there are many situations in which it would be unnecessary and inappropriate.

11. NZNO understands that the most important criteria for the safe use of ICT to deliver high quality healthcare is the technical infrastructure underpinning it. Telemedicine can range from an emailed low resolution image of a scanned snapshot to a digital high precision 3-D patient scan, and from Skype to high quality videoconferencing. We suggest that it would be impractical and unfair to hold individual health practitioners accountable for analysis/advice without consideration of the limitations of the ICT employed and that public safety would be better protected by developing an understanding of mutually acceptable standards for both for New Zealand and overseas based practitioners.
12. We suggest that because of the fundamental importance of the technical infrastructure in the provision of many overseas based services, it may be more appropriate or sufficient to credential institutions or laboratories, rather than individuals.
13. We agree that New Zealand providers contracting overseas based services must have sound credentialing and dispute resolution processes, but that registration of individual overseas practitioners could prove overly bureaucratic without contributing much in the way of public safety. It may, in fact, impede access to more efficient quality healthcare.
14. NZNO considers it is the responsibility of contracting authority to ensure it has robust processes for ensuring the integrity of those whom it contracts, but also acknowledges the MCNZ 's role in protecting the consumer in such instances.
15. Similarly, we believe that ultimate responsibility lies with the New Zealand practitioner who seeks an opinion from an overseas one, and consider that existing registration and CPD requirements are sufficient.
16. It is clear, however, that there is a need to develop guidelines, including technical guidelines, for contractors for this purpose, and NZNO suggests that

that these should be developed collaboratively. NZNO would strongly support the MCNZ leading such a process.

CONCLUSION

17. In summary, the New Zealand Nurses Organisation recommends that you:

- **note** that we agree that this is an important and timely document;
- **do not agree** that a special scope of practice for overseas based doctors is the most practical, cost effective or safest way of utilizing the considerable advantages of telemedicine;
- **agree** that the technical infrastructure fundamentally determines the quality of the service;
- **note** that we agree that sound credentialing and dispute resolution processes need to be developed for overseas based contracting services;
- **agree** that the IELTS is an inappropriate test of communication competence in a New Zealand health setting and is unnecessary in the context of this proposed scope of practice;
- **agree** that there is an opportunity for the MCNZ to lead discussion and the development of guidelines for telemedicine services across the health sector.

ABOUT THE NEW ZEALAND NURSES ORGANISATION

18. NZNO is a Te Tiriti o Waitangi based organisation. It is the leading professional body and nursing union in Aotearoa New Zealand, representing over 41 000 nurses, midwives, kaimahi hauora, students, health care assistants and other health professionals. Te Runanga o Aotearoa NZNO comprises Māori membership and is the arm through which our Treaty based partnership is articulated.

19. The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand through ethically based partnerships. Our members are united in the achievement of their professional and industrial aspirations.

Marilyn Head
NZ Nurses Organisation