



New Zealand
Medical Radiation
Technologists Board
Te Poari Ringa Hangarua Iraruke

POLICY AND GUIDELINE: NOTIFICATIONS

August 2020

Policy Title		Notifications	
Reference Number	2020-Aug-V2-MRT Notifications		
Scope	This policy applies to any notification received for medical imaging and radiation therapy practitioners who are registered with the Medical Radiation Technologists Board.		

Associated Policy Documents	

Revision Schedule			
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Policy Overview

The Medical Radiation Technologists Board's (the Board) functions, powers and responsibilities as regulators are specified in the Health Practitioners Competence Assurance Act 2003 (the Act).

Public safety is the absolute priority in all cases. The Board decides whether an issue of competence, health or conduct exists and takes appropriate action, including determining whether the practitioner poses a risk of serious harm to the public. The Board has the power to restrict a practitioner's scope of practice or suspend their registration on an interim basis, during an investigation.

This document sets out the policy and guidelines for the investigation process for complaints or concerns relating to competence, health and conduct made under the Act.

Reference Material

This policy includes an overview of the relevant sections of the Act. For completeness and accuracy, the policy must read alongside the relevant sections of the Act for specific detail.

Concerns and Complaints Categories

A notification comes in different forms:

- Self-declaration
- Written complaint from another health practitioner, employer or a member of the public
- Notification from the Health and Disability Commissioner
- Notification from the Registrar of a Court that the practitioner has been convicted of a criminal offence or an offence under specific legislation referred to in the Act.

Concerns and complaints fall into one of three categories:

Category	Definition	Responsibilities
Competence	Is the practitioner competent to practise	The Registrar gathers preliminary information and refers the complaint to the Professional Standards Committee who makes recommendations to the Board.
Health	Is the practitioner with a physical or mental health issue, fit to practise	The Registrar gathers preliminary information and refers the concern to the Professional Standards Committee who makes recommendations to the Board.
Conduct	Is the practitioner's conduct appropriate	The Registrar gathers preliminary information and refers the complaint or conviction to the Professional Standards Committee which refers the case to the Board for investigation by a Professional Conduct Committee (PCC). The Board takes no further part of the investigations, while it is with the PCC.

Delegation of Authority

The Board's Professional Standards Committee (the Committee) has delegated authority to oversee and manage the processes for all notifications. In this document the term "the Board" is used in referring to statutory obligations even though decision making may be delegated to the Committee. "The Committee" is used when referring to procedural guidelines unless the action or decision is a power that the Board must not delegate.

Receipt of Complaint

Complaints are to be made in writing to the Registrar and should contain enough information to enable the Registrar to decide what action, if any, should be taken about the complaint. If the complaint does not include sufficient details, the person making the complaint may be asked to provide further information.

Anonymous Complaints

Anonymous complaints will not be investigated unless further inquiry provides information that raises questions about a practitioner's conduct or safety to practise. The Act and the principles of natural justice require that the complainant participates in the process.

The Committee may refer a matter to a PCC for investigation without a complaint having been made if it has in its possession information that raises questions about the appropriateness of the practitioners conduct or safety to practise.

Initial Assessment

All notifications are initially viewed by the Registrar and submitted to the Committee who make a decision as to whether the matter is a health, conduct or competence matter.

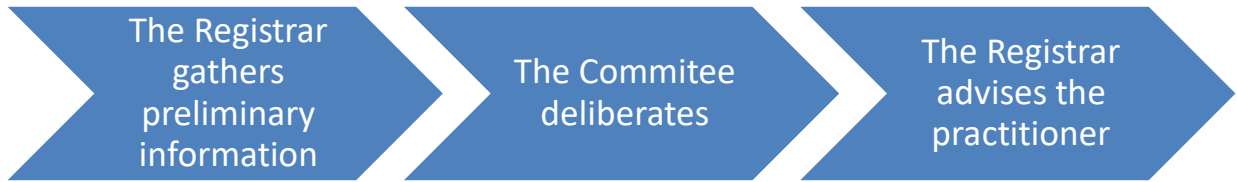
An assessment of the notification and any other relevant information is undertaken, and the Committee decides what, if any, action to take. There are a number of options available including:

- review the practitioner's competence
- review the practitioner's fitness to practise due to any health condition
- refer the complaint or notice of conviction for investigation by a PCC
- take no further action on the complaint.

Professional Standards Communications

The Registrar contacts the practitioner notifying them of the complaint, informs them of the process involved and continues to keep them up to date at all stages of the process.

All professional standards communications between the Registrar and Committee/Board members are managed through SharePoint.



Risk of harm and serious risk of harm.

The Act sometimes requires the Board to consider whether a practitioner may pose a risk of harm or a serious risk of harm to the public, for instance when considering notifications about a practitioner's competence or conduct. The way the Board considers these thresholds is referred to in Appendix 1.

Competence Notifications

If concerns are raised that a practitioner's practice may be below the required standard of competence, the Board must make enquiries into, and may review, the competence of the practitioner. There are several sections contained within the Act that must be referred to when considering and/or undertaking a competence review:

S.34: Notifications from other health professionals and mandatory notifications	
Purpose: Certain persons are to notify the Board if they have reason to believe that a practitioner may pose a risk of harm to the public by practising below the required standard of competence	Procedural Guidelines: Any health professional must notify the Board if they believe a practitioner poses a risk of harm to the public by practising below the required standard of competence. The Health and Disability Commissioner (HDC) or the Director of Proceedings must notify the Board if they believe a practitioner poses a risk of harm to the public by practising below the required standard of competence. Employers must notify the Board when a practitioner has resigned or been dismissed for reasons relating to competence.
S.35: Notifying certain persons of risk of harm to the public	
Purpose: The Board must notify certain persons if it has reason to believe the practice of a practitioner may pose a risk of harm to the public	Procedural Guidelines: If the Committee believes the practitioner under review may pose a risk of harm to the public, they must notify the following people: <ul style="list-style-type: none">• The Accident Compensation Corporation• The Director-General of Health• The Health and Disability Commissioner• The employer of the health practitioner Notifications under section 35 are significant and should only be made after a preliminary investigation has been undertaken.

S.36: Review of a practitioner's competence

Purpose:

The circumstances within which the Board must make enquiries into and may review the competence of a practitioner

Procedural Guidelines:

The Board must make inquiries into and may review a practitioner's competence if it receives a notice from:

- A PCC recommendation so far as that relates to competence;
- Another health practitioner that a practitioner may pose a risk of harm to the public;
- The Health and Disability Commissioner or the Director of Proceedings that a practitioner may pose a risk of harm to the public;
- An employer relating to the dismissal or resignation of a practitioner for reasons relating to competence.

When the notification is made by another health practitioner or the Health and Disability Commissioner or the Director of Proceedings, the Committee must inform the person from whom the notice was received whether it has decided to undertake a review of the practitioner's competence.

Competence Review Process

Competence reviews are designed to assist practitioners with improving their practice. They are based on a collegial and educative approach. Competence reviews are to be fair, constructive, supportive and educative. Reviews may be general, focused or mixed depending on the terms of reference. The methods adopted will depend on the nature of the review to be undertaken.

S.37: Competence review

Purpose:

Matters to be observed by the Board in reviewing competence

Procedural Guidelines:

The Board is required to make inquiries into the competence of the practitioner before deciding whether their competence should be reviewed. A copy of the notification is sent to the practitioner to give them the opportunity to make a submission and submit any documentation they would like the Committee to consider to assist in making a decision as to whether the practitioner's competence should be reviewed.

Information may be sought from the person or organisation who made the notification, or other sources. It could include previous competence assessments, appraisals, professional development that has been completed and further detailed information about the competence issues identified in the notification.

The Committee will decide whether a competence review is required once the relevant information has been assessed.

Upon deciding a competence review is required, the Committee appoints a Competence Review Panel (the Panel) made up of a minimum of two members and a maximum of three. The Committee also prepares terms of Reference for the Competence Review Panel.

S.38 & s.39: Orders concerning competence and Interim suspension

<p>Purpose:</p> <p>What the Board must do if a review reveals that a practitioner has failed to meet the required standard of competence</p>	<p>Procedural Guidelines:</p> <p>After conducting a review, if the Board has reason to believe the practitioner fails to meet the required standard of competency, they must make one or more of the following orders:</p> <ol style="list-style-type: none">a. The practitioner undertakes a competence programme;b. A condition/conditions is included on their scope of practice;c. The practitioner completes an examination or assessment;d. The practitioner is counselled or assisted by one or more nominated persons. <p>If the health practitioner's competence has, or is to be reviewed and there are reasonable grounds for believing that the health practitioner poses a risk of serious harm to the public, the Board may order that:</p> <ol style="list-style-type: none">a. The practising certificate of the practitioner be suspended; orb. The health practitioner's scope of practice be altered–<ol style="list-style-type: none">i. By changing any health services that the practitioner is permitted to perform; orii. By including any condition or conditions that the Board considers appropriate. <p>Prior to making an order, the Board must advise the practitioner of the reasons why they are considering making the order and provide the practitioner with a reasonable opportunity to make a submission.</p> <p>If an order is made following a review conducted on receipt of a notification made by another health practitioner or the Health and Disability Commissioner or the Director of Proceedings, the Board must inform the person from whom the notice was received of the order made.</p>
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S.40: Competence programmes

<p>Purpose:</p> <p>Practitioner is required to undertake a competence programme</p>	<p>Procedural Guidelines:</p> <p>In the event of the Board determining the practitioner under review must complete a competence programme, this will require the practitioner to do one or more of the following within a specified timeframe:</p> <ol style="list-style-type: none">a. Pass an examination or assessment, or both;b. Complete a period of practical training;c. Complete a period of practical experience;d. Undertake a course of instruction;e. Permit another health practitioner, as specified by the Board, to examine their clinical records;f. Undertake a period of supervised practice.
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Competence Review Panel

Appointment of the Panel

Panel members are appointed by the Committee under delegation of the power to carry out the review is delegated under Schedule 3, Section 17.

Criteria for Appointment

The criteria for selecting members of a Panel, includes:

- New Zealand registration and a current practising certificate in the relevant scope of practice
- five or more years of post-qualification experience in the relevant scope of practice
- a good reputation in the profession, with good interpersonal skills
- the ability to maintain confidentiality of information in the course of carrying out the review
- experienced in using advanced reasoning and critical thinking skills
- experience in evaluation of clinical practice and audit processes
- excellent verbal and written communication skills.

Information to be provided to the Panel

Once the Panel membership has been accepted by the practitioner, Panel members must be provided with:

- Written terms of reference
- A confidentiality agreement
- Copy of all information relating to the review
- A copy of the competency document for the relevant scope of practice
- A copy of the current Professional Standards manual
- The daily/hourly fees rate paid to Panel members
- MRTB Claim Form
- Teleconference details
- A tax form (the Board deducts withholding tax from all fee payments)
- The Act's provisions for exclusion of liability.

Exclusion of Liability s.119(3)

Panel members are subject to the Act throughout the duration of the competence review, and the Act provides exclusion from civil liability in respect of:

- Any act done or omitted in the course of carrying out the competence review
- Any words spoken or written in the course of carrying out the competence review
- Anything contained in any notice given under the Act.

Confidentiality s.44(1)

Panel members are required to sign a confidentiality agreement in which they undertake not to reveal or release any personal or health information obtained about the practitioner under review, or their patients except as required to do so during the course of the review.

The Panel is to be advised of the following confidentiality requirements:

- Where specific patients are referred to in the Panel's report to the Board, or discussed with the Board, the information is to be presented without identifying information.
- All records pertaining to the review are to be returned to the Board, including original and copies of records, notes and other documentation generated in the course of the review for secure destruction.

- Panel members are prohibited from disclosing any information about an identifiable individual obtained from examination of practitioner's clinical records, other than for one or more of the following purposes:
 - o Making a report to the Committee in relation to the practitioner's competence (the Committee then forwards the report to the Board along with their recommendations)
 - o Any criminal investigation or proceedings taken against the practitioner
 - o Making the information available to the person to whom the information relates in any case where the Board directs the information be made available, or the person requests access to the information.
- The Panel will ensure withholding of any information gathered from other parties during the review and releasing of that information to the practitioner who is under review, will be in accordance with the provisions of the Privacy Act.

Role of the Panel Convener

The Convener takes overall responsibility for:

- Ensuring the review is conducted in accordance with policy
- Liaising with the practitioner being reviewed and the Registrar
- Coordinating the writing of the report and ensuring the views, and the reasons for those views, expressed in the report represent the consensus of the Panel
- Signing the Panel's final report to the Board.

Health Notifications

If concerns are raised about a practitioner’s ability to perform their professional activities because of a mental or physical condition the Board is compelled to make enquiries into that practitioner's ability to work. There are a number of sections contained within the Act that must be referred to when considering and/or undertaking a health review:

s.45: Notification of inability to perform required functions due to mental or physical condition	
Purpose: Making a notification about a practitioner’s inability to perform required functions due to a mental or physical condition	Procedural Guidelines: If a practitioner, employer or any other person believes they or another practitioner has a health issue (mental or physical condition) that impacts on their or the practitioner’s ability to practise competently, these issues may be raised with the Board. The Committee may decide a medical assessment is required.
s.46: Power of notifier to seek medical advice	
Purpose: Notifier may provide supporting evidence of a medical report.	Procedural Guidelines: The Notifier may seek appropriate medical advice about the practitioner of concern prior to notifying the Registrar to assist the formation of an opinion.
S.47: Duty of the Registrar	
Purpose: Duty of the Registrar to take all reasonable steps to have the notice considered by the Board as soon as possible	Procedural Guidelines: The Registrar must take all reasonable steps to gather sufficient preliminary information and put the notice and related information on SharePoint for consideration by the Committee as soon as reasonably practicable.

S.48: Interim suspension

Purpose:

Ability to suspend or include conditions in cases of suspected inability to perform the required functions due to a medical or physical condition

Procedural Guidelines:

Obtaining the cooperation of the practitioner in addressing the health issues may be more effective long term. Therefore the Committee may recommend that the practitioner is encouraged to voluntarily either limit their practice or cease practice while the matter is being explored further. This would be dependent on the practitioner acknowledging that their practice is being adversely affected by a health condition. Attention would be focused on assisting the practitioner to address any mental and/or physical health issues which may be affecting their practice.

Nonetheless, on the recommendation of the Committee the Board may consider suspending the practitioner's practising certificate or include conditions in their scope of practice.

If the Board decides to take any action, it will advise the practitioner in writing, including the reasons for its decision. An order can be imposed for no more than 20 working days from the date of receipt by the practitioner. The Board may extend the order by not more than a further 20 working days if an extension is necessary for any required examination or testing to be undertaken.

An order ceases to have effect once the practitioner has completed the review or attained a pass in an examination or assessment.

The Board is not required to notify the practitioner that they intend to make an order under this section.

If the notification was received from a third party, the Registrar is required to notify the person from whom the notification was received of the order that has been made.

S.49: Power to order a medical examination

Purpose:

The Board has power to order a medical examination to assess the practitioner

Procedural Guidelines:

The Committee may order the practitioner to undergo an examination or test by a medical practitioner at the expense of the Board.

The Committee must endeavour to consult with the practitioner about the assessor who is to conduct the examination or test.

Following the examination, the medical practitioner is required to provide the Committee with a report stating their professional opinion as to the existence of the alleged condition, the results of all tests carried out as part of the examination, and the extent to which they believe any condition found to exist affects the practitioner's ability to practise the functions of their profession safely and competently, and any recommendations for ongoing monitoring that may be required.

Upon receipt, the Registrar must promptly send a copy of the report to the practitioner.

S.50: Restrictions may be imposed in case of inability to perform required functions

Purpose:

Requirements where imposing of restrictions in case of inability to perform required functions

Procedural Guidelines:

The Board must consider the report (if any) and all the relevant circumstances of the case.

The Board may order the practitioners registration to be suspended or impose a condition upon their practice.

	<p>All orders must be in writing, stating the reasons for those orders, and take effect from the day the order is given to the practitioner, or a later date as specified in the letter.</p> <p>If the notification was received from a third party, the Registrar is required to notify the person from whom the notification was received of the order that has been made.</p>
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S.51: Revocation of suspension or conditions

<p>Purpose:</p> <p>Requirements for revoking suspension or conditions</p>	<p>Procedural Guidelines:</p> <p>The Board can make an order revoking any suspension or condition imposed under sections 39, 48, 50, 67A or 69A if it is satisfied the practitioner is able to practise satisfactorily.</p> <p>The Board can vary a condition imposed under sections 39, 48, 50, 67A or 69A. The Board must inform the practitioner of the reasons why it may vary the condition and give the practitioner a reasonable opportunity to make a submission.</p> <p>The practitioner can request to have the condition or suspension lifted and the Board must give consideration to such a request.</p> <p>All orders take effect immediately.</p>
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s.64: Complaints about practitioners

<p>Purpose:</p> <p>The Board must notify the HDC when a complaint alleges the practice or conduct of a practitioner has affected a health consumer</p>	<p>Procedural Guidelines:</p> <p>The Registrar will forward the complaint to the HDC.</p>
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s.65: Response to complaints referred by Health and Disability Commissioner

<p>Purpose:</p> <p>The power to investigate complaints referred to the Board by the HDC</p>	<p>Procedural Guidelines:</p> <p>The Commissioner may refer complaints to the Board when the competence of a health practitioner, their fitness to practise or the appropriateness of their conduct may be in doubt. The Registrar will promptly refer these to the Committee and the Committee will act promptly to decide what action should be taken.</p>
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s.66: Health and Disability Commissioner must notify authority of pending complaint

<p>Purpose:</p> <p>The HDC must notify the Board of any investigation concerning a registered practitioner</p>	<p>Procedural Guidelines:</p> <p>The Board cannot initiate an investigation until the HDC has completed their investigation.</p>
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s.67 & s.67A: Notification of convictions and action to be taken

Purpose:

Notification of a conviction recorded against a registered practitioner and action to be taken by the Board on receipt

Procedural Guidelines:

The Registrar will gather all relevant information and notify the Committee.

If the conviction is for an offence punishable by imprisonment or a fine of or exceeding \$1,000 or is an offence that the Committee considers raises concerns about the appropriateness of the conduct or about the safety of the practice of the health practitioner, the Committee must either:

- a. refer the notice of conviction to a PCC; or
- b. order the health practitioner to—
 - (i) undergo any specified medical examination and treatment; or
 - (ii) undergo any specified psychological or psychiatric examination, counselling, or therapy; or
 - (iii) attend any specified course of treatment or therapy for alcohol or drug abuse.

The Board may not make an order for the practitioner to undergo any form of examination, treatment, counselling, or therapy without the health practitioner's consent.

Any order made by the Board must specify the date by which the examination, treatment, counselling, or therapy is to be conducted and the date by which the person who has examined, treated, counselled, or provided therapy to the health practitioner must report their findings to the Board.

The Board must promptly arrange for a copy of the report to be sent to the practitioner.

After considering a report, the Board may—

- a. take no further action in respect of the notice of conviction; or
- b. order that conditions be included in the health practitioner's scope of practice if the authority is satisfied that the practitioner is able to perform the functions required for the practice of his or her profession, but only if those conditions are observed; or
- c. refer the notice of conviction to a PCC.

s.68: Referral of complaints and notices of conviction to professional conduct committees

Purpose:

Complaints about a practitioner's practice or conduct not affecting a health consumer may be referred directly to a PCC

Procedural Guidelines:

If the Committee considers that information in its possession raises one or more questions about the appropriateness of the conduct or the safety of the practice of a health practitioner, it may refer the information and any or all of those questions to a PCC.

If during the PCC's investigation, the Committee thinks that a further matter concerning that practitioner should form part of the PCC's consideration, the Committee may refer the further matter to the PCC.

s.69 & s.69A: Inclusion of conditions or interim suspension of practising certificate pending prosecution or investigation

<p>Purpose:</p> <p>Ability to suspend a practitioner undergoing an investigation if appropriateness of practitioner’s conduct is in doubt or if there is risk of harm to the public</p> <p>This power cannot be delegated to the Committee.</p>	<p>Procedural Guidelines:</p> <p>If during its initial investigation, the Committee has reason to believe that the practitioner’s conduct is relevant to a pending criminal investigation or a pending investigation by the HDC or under the HPCA Act and that it raises questions in regard to the appropriateness of the practitioners conduct or believe the practitioner poses a risk of serious harm to the public, then it must refer the matter to the Board and the Board must take appropriate action.</p> <p>This may include an interim suspension of the practitioner’s practising certificate or placing conditions on the practitioner’s scope of practice pending prosecution or investigation.</p> <p>The Board must provide the practitioner with a reasonable opportunity to make a submission on any order.</p> <p>The Board must order the revocation of an order as soon as practicable after they are satisfied that:</p> <ol style="list-style-type: none"> a. the appropriateness of the practitioner’s professional conduct is no longer in doubt; or b. the health practitioners conduct does not pose a risk of serious harm to the public; or c. the criminal conviction on which the practitioner’s suspension is based is disposed of otherwise than by his or her conviction; or d. if the criminal proceeding on which the practitioner’s suspension is based results in his or her conviction, the Board is satisfied this does not require any disciplinary action; or e. the investigation on which the practitioner’s suspension is based has been completed and the Board is satisfied that the practitioner will not be charged as a result of the investigation. <p>When revoking a suspension order made under section 69A, the Board may order that one or more conditions be included in the health practitioner’s scope of practice.</p>
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s.70: No action to be taken while the matter under investigation by the Health and Disability Commissioner

<p>Purpose:</p> <p>Board must wait for the matter is to be investigated by the HDC</p>	<p>Procedural Guidelines:</p> <p>The Board cannot take action while the Commissioner is investigating a complaint however, if the complaint raises an issue of competence, a competence investigation can be commenced while the Commissioner is considering the matter of conduct.</p>
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s.71: Professional Conduct Committees

Purpose:

The Board may delegate the appointment of a PCC to a committee (but not the Registrar)

Procedural Guidelines:

A PCC must consist of:

- Two health practitioners who are registered with the Board; and
- One layperson

The Committee is to ensure no PCC member has declared a conflict of interest.

A PCC member must not act or continue to act if there is a conflict or risk of conflict between the interests of the member and the interests of the practitioner. PCC members must ensure the existence of a personal relationship with a third party does not compromise the discharge of duties as a PCC member.

Professional Conduct Committees

PCC's undertake a substantive investigation into a practitioner's alleged professional misconduct. Following its investigation a PCC can lay a charge against the practitioner in the Health Practitioners Disciplinary Tribunal (HPDT).

The Committee has delegated authority to determine whether a notification is to be investigated by a PCC and to appoint that PCC.

The Board's input into the PCC process ceases upon appointment of the PCC. The PCC takes full responsibility for the management of the investigation process and any subsequent referral to the HPDT.

There are a number of sections contained within the Act that must be referred to by the PCC while conducting its investigation.

s.72 to s.83

PCC relevant sections pertaining to the process of an investigation into a practitioners conduct.

While there is a PCC investigation in progress, the Board will not be involved until it is required.

Suspension, Recommendations and Determinations

Suspension of Practitioner's Practising Certificate s.79

If the PCC at any time in the course of its investigation has reason to believe that the practitioner's practice poses a risk of serious harm to the public, the PCC Convener must immediately notify the Board of that belief and the reasons for it.

The PCC may recommend the Board takes appropriate action if the PCC considers suspension of the practitioner's APC is justified.

The Registrar will request an urgent meeting of the Board to make a resolution concerning the recommendations of the PCC to suspend the practitioner.

Recommendations and Determinations s.80

The PCC has 14 working days from completing its investigation to make a recommendation or determination.

Upon the receipt of the PCC report, the Registrar will provide the Committee with a copy. The PCC report will be included in the following scheduled Board meeting.

<p>One or more of the following Recommendations may be made</p>	
<ul style="list-style-type: none"> • The Board reviews the competence of the practitioner to practise his or her profession • The Board reviews the fitness of the practitioner to practise his or her profession • The Board reviews the practitioner’s scope of practice • The Board refers the subject matter of the investigation to the police • The Board counsels the practitioner 	<p>PCC recommendations are to be reported for Board deliberation and the Board may sanction those recommendations.</p>
<p>One of the following Determinations may be made</p>	
<ul style="list-style-type: none"> • No further action • A charge be brought before the HPDT • Complaint be submitted to conciliation 	<p>The Board has no jurisdiction to overturn any determinations by the PCC.</p>

Appeals

Appeal against the Decision of a PCC

The decision of a PCC is not subject to an appeal by the Board. The Board is obliged to accept the decision of the PCC.

Judicial Review

A decision of a PCC may be subject to a review by the High Court. A judicial review considers the process the PCC used to arrive at the decision to ensure the decision itself is within the confines of the Act and is not a clearly unreasonable decision. The focus of a judicial review is whether a fair and reasonable process resulted in a fair and reasonable outcome.

A judicial review may review allegations that the PCC has:

- Acted outside the scope of its power
- Been motivated by an improper purpose
- Taken account of irrelevant matters
- Failed to take account of relevant matter
- Been influenced by wrong facts
- Used a pre-determined policy
- Acted under direction of a third party
- Not adhered to the principles of natural justice
- Not acted fairly
- Been biased
- Acted unreasonably

A PCC can avoid the risk of judicial review by ensuring it provides clear and robust reasons for any recommendations or determination.

Appendix 1

In determining whether a practitioner's practice poses a risk of harm, a risk of serious harm or their conduct raises questions about the safety of their practice, consideration will be given to:

- the likelihood of a similar circumstance or set of circumstances arising again; and
- the impact on patient(s) or the public if a similar circumstance or set of circumstances arises again

before the practitioner successfully completes a competence improvement programme or a conduct process under the Act.

Definition of Serious Harm¹

Serious harm may include, but is not limited to:

- harm caused to one or more patients or members of the public
- physical, emotional or psychological harm
- a series of incidents that individually may not reach the threshold but collectively indicate a pattern of practice that does

The impact of serious harm on a patient or the public may include, but not limited to:

- the circumstances have or may be expected to lead to death or permanent disability of incapacity
- the circumstances have or may be expected to cause greater un-wellness or unnecessary complications
- professional boundaries have been breached
- criminal charges are pending or already laid
- unprofessional behaviour

Definition of Harm

Similar principles are considered when the Board is determining whether a practitioner poses a risk of harm to the public but the threshold for the belief, taking into account all the circumstances, is lower than for risk of serious harm.

¹ The information on the definition of serious harm was provided to the Board by the Medical Council of New Zealand