



Medical and Dental Council of the Cook Islands

**Core Competencies Guidelines
for
Medical and Dental Practitioners
in the
Cook Islands**

Adopted by the Medical and Dental Council of the Cook Islands as a guideline document on the

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Purpose

The core competencies in this document have been developed to assist the Medical and Dental Council of the Cook Islands (Council) to protect the public by regulating the practices of medical and dental practitioners, as legislatively mandated under the Medical and Dental Practices Act 1976 and the Medical and Dental Practices Amendment Act 1977.

The core competencies identified by the Council is the minimum requirement for competent practice at an entry level for medical and dental practitioners; and will assist the Council to:

1. Assess the competencies of medical and dental practitioners seeking registration to practice in the Cook Islands
2. Determine disciplinary action against medical and dental practitioners in breach of their registration conditions.

The guidelines define the scope of registered practice by setting competency standards for:

1. Entry level requirements for the medical and dental practitioners' registration in the Cook Islands
2. Professional standards
3. The development and approval of education programmes

Competencies are the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance of a medical and dental practitioner.

Entry level requirements

Medical Practitioner

General

- Bachelor of Medicine and Bachelor of Surgery(MBBS)¹

Dental Practitioner

- Bachelor in Dental Surgery (BDS)

The medical or dental degrees, diploma or equivalent qualification should be obtained from medical and dental schools in:

- Australia
- Fiji
- New Zealand
- The Republic of Ireland
- The United Kingdom; or
- Any other country provided the Council is satisfied that the standard of such qualification is comparable to that of the other countries specified².

¹ MBChB in New Zealand

² See Medical and Dental Practice Act 1976

Specialist

A specialist³ holds postgraduate qualifications in medicine or dentistry in the specialty from:

- Australia
- Fiji
- New Zealand
- The Republic of Ireland
- The United Kingdom; or
- Any other country provided the Council is satisfied that the standard of such qualification is comparable to that of the other countries specified.

Competency standards

Medical and dental practitioners are to be competent in the following principles:

1. Caring for patients
2. Respecting patients
3. Working in partnership with patients and colleagues
4. Acting honestly and ethically
5. Accepting the obligation to maintain and improve standards

1. Caring for patients principles

Caring for patients principles is based on:

- Ensuring the care of patients is primary
- Protecting and promoting the health of patients and the public.

Providing quality clinical care

In the assessment, diagnosis and treatment of patients a good standard of clinical care is required. This includes:

- Adequately assessing the patient's condition, taking account of the patient's history and their views, reading the patient's notes and examining the patient
- Providing or arranging investigations or treatment when needed
- Taking suitable and prompt action when needed, and referring the patient to another practitioner or service when this is in the patient's best interests.

In the provision of care:

- Provide effective treatments based on the best available evidence
- Consult and take advice from colleagues when appropriate
- Take steps to alleviate pain and distress of patients

³ See Medical and Dental Practice Amendment Act 1977

Safe practice in resource challenged environments

Strive to use resources efficiently, consistent with good evidence based patient care; and balance duty of care to each patient with those of the community and wider population.

Keeping records

Keep clear and accurate patient records that report:

- Relevant clinical information
- Options discussed
- Decisions made and the reasons for them
- Information given to patients
- The proposed management plan
- Any drugs or other treatment prescribed.

Make these records at the same time as the assessment of the patient or as soon as possible afterwards on the Patient Information System (MedTech); and take all reasonable steps to ensure that records containing personal data about patients are kept securely.

Prescribing drugs or treatment

Practitioners are encouraged to familiarise themselves with *Good Prescribing* document (see Appendix 1).

Prescribe drugs or treatment, including repeat prescriptions, only when a medical or dental practitioner:

- Has adequate knowledge of the patient's health
- Are satisfied that the drugs or treatment are in the patient's best interests.

Before prescribing any medicine undertake a face to-face consultation with the patient or, in the absence of a face-to-face consultation, discuss the patient's treatment with another Cook Islands registered medical or dental practitioner who can verify the patient's physical data and identity. When neither of these options is possible or practical, it may be reasonable practice to:

- Complete a prescription for a patient if one is providing cover for an absent colleague or are discharging a patient from hospital and review the patient's notes
- Renew a prescription of a patient if one is/or a colleague is in the same practice. When the prescription has potentially serious side effects, one should regularly assess the patient
- Complete a prescription when one has a relevant history and there is an urgent clinical need to prescribe, provided that one informs the patient's regular medical or dental practitioner as soon as possible

Providing care to oneself or to close personal relationships

Other than in exceptional circumstances practitioners should not provide medical care to oneself or anyone with whom they have a close personal relationship⁴ with.

⁴ A close personal relationship can be defined as close connections between people, formed by emotional bonds and interactions. These include family. For example spouse, parent, sibling, child.

Treating people in emergencies

In an emergency, offer to help, taking account of your own safety, your competence, and the availability of other options for care.

Treating patients who present a risk of harm

If a patient poses a risk to your own health and safety or that of other patients or staff, you should take all reasonable steps to minimize the risk before providing treatment or making suitable arrangements for treatment.

2. Respecting patients principles

Aim to establish a relationship of trust with patients. Be aware of diversity, and function effectively and respectfully when working with/and treating people of different cultural backgrounds. Treat patients as individuals and respect their dignity by:

- Treating them respectfully
- Respecting their right to confidentiality and privacy.

Establishing and maintaining trust

You should establish and maintain trust with your patients. Relationships based on openness, trust and good communication will enable you to work in partnership with them to address their individual needs.

Cultural competence

You must be aware of diversity when working with and treating people of all cultural backgrounds. You should acknowledge:

- That while the Cook Islands has a culturally diverse population Cook Islanders are the primary population
- That each patient has cultural needs specific to them
- That one's culture and belief systems influence their interactions with patients
- That one's culture may impact on their relationship with patients
- That a positive outcome for patient and practitioner is achieved when both have mutual respect and understanding

Practitioners must consider and respond to the needs of all patients and should make reasonable adjustments to their practice to enable patients to receive care that meets their needs.

Personal beliefs and the patient

Practitioners must not refuse or delay treatment because they believe that a patient's actions have contributed to their condition. Nor should they unfairly discriminate against patients by allowing their personal views to affect their relationship with patients. Personal beliefs, including political, religious and moral beliefs, should not affect advice or treatment.

Practitioner should not express their personal beliefs to their patients in ways that exploit their vulnerability or that are likely to cause them distress.

Treating information as confidential

Treat all information about patients as confidential and sensitive.

Involving family, carers and partners

Actively involving family, carers and partners in a patient's care is inherent to cultural competence and maintenance of positive doctor-patient relationship. When appropriate seek the patient's permission to involve family, carers and/or partners in their care. Be courteous, respectful and reasonable to the patient's family, carers, and partners. Ensure sensitivity and responsiveness in providing information and support. For example, when a patient is not for resuscitation or has died.

Patient misadventure

If a patient has suffered serious harm or distress act immediately to put matters right. Express regret at the outcome, apologise if appropriate, and explain fully and without delay to the patient:

- What has happened
- The likely short-term and long-term effects
- What can do to alleviate the problem
- What steps have been or will be taken to investigate
- What happened and (if possible) prevent it from happening again
- How to make a formal complaint.

Patients who have a complaint about the care or treatment they have received have a right to a prompt, constructive and honest response, including an explanation and, if appropriate, an apology. Do not allow a patient's complaint to prejudice the care or treatment provided.

Reporting of alleged abuse

Concerns about alleged or suspected sexual, physical or emotional abuse or neglect of vulnerable patients, should be reported to the appropriate authorities without delay. You should inform the patient, and if the patient is under the care of another person, their caregivers of your intention to report concerns. Practitioners should note that such action might endanger them or the patient. Giving information to others for the protection of a patient may be a justifiable breach of confidentiality and, where a vulnerable adult or child is at risk of injury, is a legal duty.

Ending a professional relationship

In some rare cases, because of a lack of trust and confidence, practitioners may need to end a professional relationship with a patient. If this occurs, be prepared to justify decisions made. Notify the patient – in writing if possible – the rationale for the decision. Practitioners should

also arrange for the patient's continuing care and forward the records without delay to colleagues.

3. Working in partnership with patients and colleagues principles

Work in partnership with patients by:

- Listening to them and responding to their concerns and preferences
- Giving them the information they want or need in a way they can understand and ensuring they understand it
- Respecting their right to reach decisions about their treatment and care
- Supporting them in caring for themselves to improve and maintain their health

Work in partnership with colleagues by:

- Maintaining the trust of colleagues, and treating them politely and considerately
- Working with colleagues in ways that best serve patients' interests.

Assessing patient's needs and priorities

The care or treatment practitioners provide or arrange must be made on:

- The assessment practitioners and the patient make of their needs and priorities
- Clinical judgment about the likely effectiveness of the treatment options.

Supporting self-care

Encourage patients and the public to take an interest in their health and to take action to improve and maintain their health. Depending on the circumstances, this may include:

- Advising patients on the effects their life choices may have on their health and wellbeing and the outcome of treatments
- Offering patients appropriate preventative measures, such as screening tests and immunisations that are appropriate to their particular health status and consistent with guidelines and best practice.

Information, choice of treatment and informed consent

While there may be specific exceptions practitioners should not provide treatment unless:

- The patient has received all the information that they would expect to receive about their condition and treatment options, including the expected risks, side effects, costs and benefits of each option; and the practitioner has determined that the patient has an adequate understanding of that information
- The patient has been provided with an opportunity to consider and discuss the information with their practitioner; the patient has made an informed choice; and the patient consents to treatment

In order to appropriately advise patients on their treatment options, practitioners should have a reasonable knowledge of the range of evidence based treatments that are available to treat their condition. Practitioners must respect and support the patient's right to seek a second opinion or to decline treatment, or to decline involvement in education or research.

Advance directives

An advance directive is a formal document that clearly and specifically outlines or describes the patient's wishes. There may be exceptional circumstances in which it may not be appropriate to comply with the wishes outlined in an advance directive however practitioners must always respect and consider those wishes.

If a patient has an advance directive that is relevant to their care practitioners should, where possible, confirm that it is consistent with their current views before providing or withholding treatment.

Support persons

Patients have the right to have one or more support persons of their choice present, except where safety may be compromised or another patient's rights unreasonably infringed.

Advertising

Ensure that any information published or broadcast about private medical services is factual and verifiable. It must not put undue pressure on people to use a service, for example by arousing ill-founded fear for their future health or by fostering unrealistic expectations.

Use of titles

Patients can find medical designations confusing. To reduce confusion, practitioners should not use a designation such as *specialist* or *consultant* that refers to an area of expertise unless they are registered with the Council. Practitioners are encouraged to use their professional titles (doctor) with patients and colleagues.

Working with colleagues

Practitioners must be aware of the impact of their conduct on members of your practice team and colleagues, and how that may affect quality care and treatment for patients. Foster collegial working relationships by:

- Using colleagues professional titles during work hours
- Respecting the skills and contributions of your colleagues
- Treat your colleagues courteously, respectfully and reasonably. Do not bully or harass them; and not discriminate against colleagues. For example display bias against them based on the medical school they attended
- Do not make malicious or unfounded criticisms of colleagues that may undermine patients' trust in the care or treatment they receive, or in the judgment of those treating them.

Management

You must always strive to work with managers and administrators in a constructive manner to create and sustain an environment that upholds good medical and dental practice and collegial relationships.

Being accessible

Be accessible **when on duty**. Depending on the situation, this may mean practitioners are accessible to patients, or to colleagues or triage service.

Going off duty

When going off duty, make suitable arrangements for patient's under your care continued medical care. Use effective handover procedures and communicate clearly with colleagues.

Sharing information with colleagues

Ensure that patients know how information is shared among those who provide their care. Seek the patient's permission to, and explain the benefits of, sharing relevant information with other health professionals and agencies involved in their care, including their principal health provider (returning to the Pa Enuā).

Once you have the patient's permission to share information, provide your colleagues with the information they need to ensure that the patient receives appropriate care without delay. In most situations you should not pass on information if the patient does not agree. Some situations exist in which colleagues should be informed even if the patient does not agree (for example where disclosure is necessary to ensure appropriate ongoing care).

Continuity of care

Work collaboratively with colleagues to improve care, or maintain good care for patients, and to ensure continuity of care wherever possible.

Make sure that your patients and colleagues understand your responsibilities in the team and who is responsible for each aspect of patient care.

As the patient's principal health provider, practitioners are responsible for maintaining continuity of care.

4. Acting honestly and ethically principles

Be honest and open when working with patients; act ethically and with integrity by:

- Acting without delay to prevent risk to patients
- Acting without delay if you have good reason to believe that a colleague may be putting patients at risk
- Never discriminating unfairly against patients or colleagues
- Never abusing patients' trust or the public's trust of the profession.

Practitioners should work cooperatively with, and be honest, open and constructive in dealings with managers, employers, the Council, and other authorities.

Integrity in professional practice

Be honest and trustworthy in your professional practice and in all communications with patients.

Sexual and emotional boundaries

Do not become involved in any sexual or inappropriate emotional relationship with a patient or former patient or colleagues that you line manage. Familiarise yourself with your employers policies on harassment and bullying.

NB: While the Council acknowledges that in small communities like the Cook Islands there will be patients that have personal relationships with practitioners through marriage or genealogy, practitioners must maintain professional decorum when visiting patients they have a personal relationship with.

Writing reports, giving evidence and signing documents

Writing references and reports; giving references for, or writing reports about colleagues - practitioners when asked should do so promptly and include all relevant information about their colleague's competence, performance and conduct objectively.

Practitioners who have agreed or are required to write reports, complete or sign documents or give evidence should do so promptly, honestly, accurately, objectively and based on clear and relevant evidence.

NB: Providing objective assessments of colleague's performance

Be honest and objective when appraising or assessing the performance of colleagues, including those whom one has supervised or trained. Patients may be put at risk if one describes as competent someone who has not reached or maintained a satisfactory standard of practice.

Financial and commercial dealings

Be honest and open in any financial or commercial dealings with patients, employers, insurers or other organisations or individuals. Act in your patients' best interests when making referrals and providing or arranging treatment or care. Do not allow any financial or commercial interests to affect prescription for, treat or refer patients. In particular do not:

- Ask for or accept any inducement, gift, or hospitality that may affect, or be perceived to have the capacity to affect, the way you prescribe for, treat or refer patients. The same applies to offering such inducements.
- Exploit patients' vulnerability or lack of medical knowledge when making charges for treatment or services
- Encourage patients to give, lend or bequeath money or gifts for personal benefit
- Put pressure on patients or their families to make donations to other people or organisations
- Put inappropriate pressure on patients to accept private treatment.

Conflicts of interest

Practitioners must declare conflicts of interest; be open about the conflict; and be prepared to exclude oneself from related decision making. Familiarise yourself with your employers Conflict of Interest policy.

Openness and investigatory or legal processes

Cooperate fully with any formal inquiry or inquest (although practitioners have the right not to give evidence that may lead to criminal proceedings being taken against them). When providing information be honest, accurate, objective as the information provided must be based on clear and relevant clinical evidence. Seek legal advice if one is uncertain.

Do not withhold relevant information from any formal inquiry or inquest, or attempt to contact or influence complainants or witnesses except where directed by the relevant authority.

Practitioners have additional responsibilities if they are involved in management or governance. In particular, they must ensure that procedures are in place for raising and responding to concerns.

Raising concerns about patient safety

Protect patients from risk of harm posed by a colleague's conduct, performance or health. If a colleague behaves in a manner which is inappropriate or unprofessional, colleagues should speak to them and raise their concerns in a constructive manner. If a colleague does not respond to concerns and continues to act inappropriately or unprofessionally, raise concerns with a manager, appropriate senior colleague or the relevant external authority. Comments about colleagues must be made honestly and in good faith. If one is uncertain as to how to raise concerns, ask an experienced colleague for advice.

If one is concerned about the conduct, competence or health of another practitioner, or about a problem in the workplace, one should treat their concerns with respect and support them in taking action to address the concerns and in notifying the relevant authorities.

Practitioners may need to provide less experienced colleagues with additional support to ensure that they have the confidence to raise concerns.

If there are reasonable grounds to believe that patients are, or may be, at risk of harm for any reason find out the facts. Then follow your employer's procedures or policies, or tell an appropriate person or organisation straight away. Do not delay taking action.

Advise the Council if you have reason to believe that a doctor's ill-health is adversely affecting patient care. Practitioners should advise the Council about:

- Concerns they have that another doctor is not fit to practise or is not providing an appropriate standard of care
- Behaviour by another doctor that risks causing harm to patients.

Respond constructively should a colleague raise concerns about one's own practice.

Health and wellbeing

Register with an independent general practitioner in order to access objective medical and dental care. One should not treat oneself.

Protect your patients, colleagues and self by:

- Following standard precautions and infection control practices
- Undergoing appropriate screening
- Being immunised against common serious communicable diseases where vaccines are available.

Practitioners must advise the Council if they have a condition that may affect their practice, judgement or performance. One should not rely on their own assessment of the risk they may pose to patients. Further, practitioners who feel they have a condition that they could pass on to patients, must consult a suitably qualified colleague. Ask for and follow their advice about investigations, treatment and changes to practice that they consider necessary. An annual health check is recommended.

Disclosing concerns to the Council

Practitioners must inform the Council without delay if they have:

- Been charged with or found guilty of a criminal offence
- Been suspended or dismissed from duties by an employer
- Resigned for reasons relating to competence
- Belonged to a professional body that has made a finding against them as a result of 'fitness to practice' procedures.

Being open about concerns and restrictions on your practice

Practitioners who are suspended from working, or have restrictions or conditions placed on their practice because of incompetence, conduct or health, must inform without delay:

- Persons, or organisations, in which they are in partnership or association, or for whom they undertake medical work
- Patients who would have a reasonable expectation to receive that information. They must patients honest and accurate answers to any questions they have about restrictions or conditions on their practice.

Supporting colleagues

Be supportive of colleagues who have problems with performance, conduct or health.

5. Accepting the obligation to maintain and improve standards principles

Act in accordance with relevant standards. Keep your professional knowledge and skills up to date and work within, the limits of your competence. Be committed to autonomous maintenance and improvement in your clinical standards. Demonstrate reflectiveness, personal

awareness, the ability to seek and respond constructively to feedback and the willingness to share your knowledge and to learn from others. Accept a responsibility for maintaining the standards of the medical and dental profession.

Applying your knowledge and experience to practice

Be competent in each professional role one holds. Follow relevant guidance, including the guidance published by the Council, and continue to develop one's knowledge and skills. This applies to all practitioners, and to all aspects of their medical and dental practice including management, research and teaching.

Recognise and work within the limits of one's scope of practice.

Research and teaching

When designing, organising or carrying out research:

- Ensure that a properly accredited research ethics committee has approved the research protocol, and that the research meets all regulatory and ethical requirements
- Do not allow payments or gifts to influence your conduct
- Do not make unjustified claims when publishing results
- Report any concerns to an appropriate person or authority
- Be transparent and accurate in reporting the results of your research.

Maintaining and improving your professional performance

- Take part in audit, peer review and continuing medical education
- Respond constructively to the outcome of audit, appraisals and performance reviews, undertaking further training where necessary
- Contribute to inquiries and sentinel event recognition, analysis and reporting
- Report suspected drug reactions using the relevant reporting scheme
- Cooperate with legitimate requests for information from organisations monitoring public health
- Participate in regular reviews and audit of the standards and performance of any teams of group in which you are a member, taking steps to remedy any deficiencies identified.

Keeping up to date

Update knowledge and skills throughout by:

- Familiarise oneself with relevant guidelines and developments that affect one's work
- Taking part regularly in professional development activities that maintain and further develop competence and performance
- Adhering with all laws and codes of practice relevant one's work.

Mentoring, teaching, training, appraising and assessing doctors and students

Teaching and the passing on of knowledge is a professional responsibility. When practitioners are involved in teaching they should demonstrate the attitudes, awareness, knowledge, skills and practices of a competent teacher.

Providing guidance to colleagues needing assistance: Medical practitioner’s education programmes

Minimal points requirement for continuing medical education

- Total 100 for doctors

Percentage to be achieved from each category

- Reading—subscribed peer reviewed journals 10% (example Uptodate/Medscape/Best Practice)
- Attendance 35%
- Presenting 35%
- Audit/research 20%
- Teaching/mentoring 10%

Credit points

Activity	Points
Reading 1 hour	1
Presenting	3
Attending grand round	1
Attending conferences 1 hour	1
Presenting at conferences - presentation	20
Teaching/mentoring 1 hour	1
Research paper completed	20