



Risk assessment process: factors for assessing risk in relation to risk of serious harm, risk of harm and questions about the safety of practice.

In determining whether a doctor's practice poses a risk of serious harm or their conduct raises questions about the safety of their practice, Council will consider:

- 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 doctor successfully completes a competence improvement programme or a conduct process under the HPCAA.

"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.

Likelihood of risk of serious harm

The following factors may be relevant in relation to likelihood:

- the nature and veracity of clinical or criminal evidence
- where more than one unrelated complainant has made similar complaints
- the likelihood of ongoing risk or repetition of the harm
- the complaint raises wider concerns about the soundness of the doctor's judgment and/or adherence to ethical standards
- the doctor's attitude to the concerns raised as evidenced in his/her response
- the circumstances and context in which the doctor practices
- any factors mitigating against the risk.

Impact on patient(s) or the public of risk of serious harm

The following factors may be relevant in relation to impact:

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

Notes for guidance

Clinical factors indicating potential risk may include evidence of:

- a series of clinically significant errors
- one egregious mistake
- practise (including prescribing) outside NZ norms
- inaccurate or inadequate clinical records
- not practising evidence based medicine
- clinical knowledge being out of date
- a range of deficits across several domains of competence
- lack of patient monitoring appropriate to the clinical situation
- failure to diagnose accurately
- poor clinical judgment
- working outside the doctor's scope of practice or level of expertise.
- incomplete knowledge about necessary systems inherent in the delivery of health care in New Zealand
- lack of knowledge of regulatory requirements
- possible cognitive decline.

Behaviours indicating potential risk may include that the doctor:

- has failed or is unable to reflect on an error
- is unwilling to contemplate changing practise methods
- attempts to blame others
- is not engaged in an appropriate recertification programme
- the doctor has not improved their practice or practice systems despite earlier assurances to Council
- fails to adequately respond to Council
- is alleged to have made a serious breach of the code of conduct, particularly relating to unprofessional behaviour and breach of trust
- has been charged with criminal offences which potentially adversely affect the doctor's professional practice
- has drug or alcohol dependence or use (supported by evidence)
- is non-compliant with the Council's Health Committee.

Contexts of practice indicating potential risk may include that the doctor:

- has very vulnerable patients
- was enrolled in but has left a vocational training programme
- is not using or does not have effective practice management systems
- appears to be professionally isolated
- is practising in physical isolation and/or in a sole practice
- works in area of high need or high intensity
- has been dismissed from their employment because of the concerns.

Potential risk may also be indicated when:

- the employer believes the doctor requires intense supervision to practise safely
- the circumstances may affect public confidence in the medical regulatory system.

Approved by Council December 2015

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