



17 September 2018

Our ref: MT18-490

NEAC Secretariat  
Ministry of Health  
PO Box 5013  
WELLINGTON 6011

*By email: [neac@moh.govt.nz](mailto:neac@moh.govt.nz)*

Dear Sir/Madam

### **Draft National Ethics Standards for Health and Disability Research**

Thank you for giving The Royal New Zealand College of General Practitioners the opportunity to comment on the draft national ethics standards for health and disability. The College considers the standard to be comprehensive and well written, and we have suggested some minor changes in our submission.

#### ***Introduction to general practice and the College***

General practice is the medical specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, The Royal New Zealand College of General Practitioners (the College), is the largest medical college in the country. The College provides training and ongoing professional development for GPs and rural hospital generalists, and sets standards for general practice. The College has a commitment to embed the three principles (participation, partnership and protection) of Te Tiriti o Waitangi (Treaty of Waitangi) across its work, and to achieving health equity in New Zealand.

Health equity is the absence of avoidable or remediable differences in health outcomes and access to health services among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO). To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education, housing, and the environment).
- Funding and support to sustain the development of a GP workforce of sufficient capacity to meet population need for access to quality primary medical care, particularly in rural and high need areas.
- Sustained focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Improved integration of primary, community, and secondary care health and social services which ensures the provision of high quality services.
- Universally accessible free primary health care for children and low-income families, because health inequities begin early and compound over the life course.
- A review of the funding model for primary care to ensure that resourcing is allocated equitably across diverse populations with differing needs.

## **Submission**

### **Scope of standard – Include a reference to complementary and alternative medicine**

The College agrees with the scope of the document and understands the difficulty of defining health and disability research. In regard to the section on “innovative practice” the College suggests including a reference to complementary and alternative medicine and the need for practitioners to be clear whether their practice is “innovative” or “unsupported.”

### **Categories of participants – remove the word vulnerable**

The term vulnerable is problematic, as it disempowers these groups. The College advocates for a strength-based approach and one that highlights the researcher responsibilities. As such we would recommend restructuring this section to start with researchers’ responsibilities, and the need to potentially offer some people more, or better, support.

We would also suggest the committee adds in a sentence stating that when research is done about these groups, it should be done in partnership with them, and steps should be taken to ensure participants and the wider community are comfortable with the research.

## **Informed Consent**

The College suggests including examples of information sheets and consent forms for different groups of participants. The College would also suggest making 9.34 into a text box or highlighting this section, as it is useful for researchers to have a reference list of everything they need to cover.

## **Opt out consent**

The College suggests adding in an example of “opt out” consent and list some situation where it might be appropriate.

We hope you find our submission helpful. Should you require any further information or clarification please contact the College’s policy team at [policy@rnzcgp.org.nz](mailto:policy@rnzcgp.org.nz).

Yours sincerely



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