



**National Council of  
Women of New Zealand**

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Wahine O Aotearoa

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**Submission to the Royal Australian and New Zealand College  
of Obstetricians and Gynæcologists on the  
Curriculum Development Consultation Programme**

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 43 nationally organised societies. It has 35 branches spread throughout the country to which women from some 150 societies are affiliated.

NCWNZ thanks the College for the draft of this document and the letter explaining the particular sections on which the College would like comment from NCWNZ. Unfortunately the timeframe set did not allow for full consultation with our membership throughout the country but the Health Nucleus Committee and some branch members have contributed to our response.

**GENERAL**

The document is clear and described the curriculum well for both lay and professional groups. Our members applaud the statement that the curriculum emphasises the clinical practice as a partnership involving both the professional and the patient.

NCWNZ has recently repeated our Maternity Survey 2001 and many young mothers had concerns that in New Zealand fewer general practitioners were involved in maternity care than even a year ago.

It was felt that the professional does not have the time and lacks the manner to treat the patient as a part of a "partnership". The Gisborne enquiry on Cervical Screening in 2000 and subsequent investigations showed that patients were often given their results in a less than satisfactory manner with little explanation, which was not suggestive of the notion of "partnership". Women in New Zealand are certainly more aware since these issues arose and it is felt would in most cases be able to discuss their treatment and conditions and make decisions on reasonably equal terms with their adviser.

**SPECIFIC COMMENTS**

**2.1 Clinical expertise, page 6**

**Communicate effectively.**

Members felt that the crux of this section was that the professional should listen sensitively to patients. Members were also pleased to see that partners, families, colleagues and health care team members should be included in the equation.

NCWNZ assumes that patients would be asked permission to include relevant "others" in these discussions.

Several members commented on the use of vocabulary and said that women often did not understand the clinical terms. Consultants must be able to describe what is happening in terms clearly understood by the patient.





## **2.2 Academic Abilities page 8**

### **Teaching**

We fully endorse the first statement under this section which begins with “Facilitate learning by patients ...” The comments received indicated that members considered that this section was informative and gave positive direction, and also indicated an expectation that specialists must endeavour to gain teaching skills.

## **3.1 Epidemiology and Women’s Health Issues page 12**

### **Women’s Health** “Understand the importance of an apology ....”

It was felt by many that this statement can not be made too frequently. Women need to know if something has “gone wrong” and they need to understand why, and to work with the consultant in order to proceed to a better outcome.

## **3.6 Genetics Page 18**

### **Inheritance, and Pathogenesis**

Members felt that this important subject was covered well and that consultants must be able to explain carefully and with compassion, to patients requiring this information, any genetic abnormalities and the effects they may have on the patients’ progeny.

It was noted by several members that as there is so much more known about genetic conditions and possibilities, women are also more able to contribute knowledge about familial conditions more easily.

## **3.12 Law, page 25**

### **Privacy**

NCWNZ supports privacy for patients and the need to have informed consent. This differs in different jurisdictions and, as stated in New Zealand privacy law, needs to be clearly understood by health professionals. We were pleased to see this stated in the document. We were also pleased to see stated the need to understand the issues associated with privacy and patient consent to utilise patient information for research.

## **CONCLUSION**

The College asked in its letter about other health professionals and how they could be involved. In New Zealand it would be important to involve midwives, especially for maternity teaching. Some young mothers (NCW Maternity Survey 2001) perceive that there is actually less choice for them. There are certainly fewer general practitioners working in the maternity area in New Zealand and the choice of a lead maternity carer is made between a midwife, one of a smaller number of general practitioners working in the area, and obstetricians and gynaecologists. The latter often work in the private sector only. This means that many young mothers-to-be may have no choice between medical and midwifery care. Our members felt that the midwifery and consultant care should be seen to be complementary to each other.

NCWNZ has for many years supported high standards of care and education for all health professionals. We are pleased to see that this proposal covers these aspects specifically.

Thank you for the opportunity to comment. We support the approach of the College and look forward to receiving the final document.

Barbara Glenie  
**National President**

Elizabeth Bang  
**Convener, Health Standing Committee**