

28 October 2021

Kanny Ooi
Senior Policy Advisor and Researcher
Medical Council of New Zealand
By email: kooi@mcnz.org.nz

Tēnā koe Kanny,

Re: Medical Council consultation on its statement on ‘What to do when you have concerns about another doctor.’

Thank you for the opportunity to provide feedback on the above consultation. As you know, the Council of Medical Colleges (CMC) is the collective voice for sixteen medical colleges in Aotearoa New Zealand, and through its members aims to improve, protect and promote public health via a well-trained medical workforce providing high-quality medical care. A number of CMC’s member colleges will submit their feedback directly on this statement.

Overall, the CMC considers the updated statement is clear and well-written. We support the changes made to the document, including the addition of a summary box highlighting key points; and the change of title from ‘colleague’ to ‘doctor’ which reflect obligations under the Health Practitioners Competence Assurance Act 2003 more accurately. The statement is also clearly centered on patient safety and protecting patients from risk of harm.

The CMC has several recommendations for strengthening the statement further, set out below.

1. Raising concerns directly with the doctor involved

The CMC agrees that when raising concerns about another doctor, the first step to consider is raising concerns directly with the doctor involved. The Medical Council’s statement acknowledges that constructive and open communication is needed for this process, and the doctor concerned may become defensive.

Conversations of this nature require courage, the correct language to craft the conversation, and the ability to respond appropriately if the communication becomes defensive or aggressive. The CMC considers training and resources to support doctors with such conversations would increase the likelihood of concerns being raised early and directly with the doctor involved, as well as the chance of these conversations resolving concerns at the earliest possible stage.

2. Cultural safety

The Medical Council’s statement on cultural safety recognises that quality of patient care is impacted by the “biases, attitudes, stereotypes, prejudices, structures and characteristics” of individual doctors, and that such biases play a role in inequitable health outcomes for Māori and other population groups.

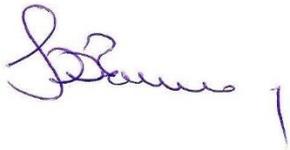
Racism and bias at the individual level are a patient safety issue, and doctors may find themselves in situations where they need to discuss racist behaviour with a colleague or elevate concerns internally or externally. The CMC considers that guidance on what to do when you have concerns about a colleague displaying racist or biased behaviour should be explicitly included in this statement. Doing so would further support the Medical Council's expectations on culturally safe care, and support doctors to recognise and challenge behaviours that contribute to poor health outcomes for Māori. Once again, training and resources to support these conversations would increase the likelihood of the conversations happening successfully.

3. Information detrimental to public health

As raised in the submission from the Royal Australasian College of Physicians, patient harm can also occur when doctors promote information that is detrimental to public health. This has occurred recently with a small number of doctors undermining public health messaging about COVID-19 vaccination. The CMC recommends that the statement also provides guidance on how to raise concerns about colleagues promoting misinformation that risks harming patients.

Thank you once again for the opportunity to provide feedback. If you have any queries about this submission, please contact Virginia Mills (Executive Director) in the first instance at virginia.mills@cmc.org.nz

Nāku noa, nā



Dr John Bonning
Chair