

18 June 2020

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**Draft revised statement on unprofessional behaviour: how it impacts patient safety and team-based care**

Dear Kanny

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback on the above consultation. As you know, the NZMA is New Zealand's largest medical organisation, with more than 5,000 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. Our submission has been informed by feedback from our Board and Advisory Councils.

We welcome Council's revision of its existing statement on unprofessional behaviour. We note that while most of the existing statement has been retained, Council has re-written it in plain language so that it is easier to read and understand. We also note that the revised statement adds more emphasis and guidance on:

- doctors working as part of a team
- the importance of doctors working in a cooperative and collaborative way
- how unprofessional behaviour impacts on patient safety, clinical teams, the working environment, trust and confidence, and public perception of the medical profession
- how to manage instances of unprofessional behaviour by doctors.

We are supportive of the above revisions which we believe improve the earlier statement and make it clearer. Our feedback is relatively minor but includes a number of suggestions for Council's consideration that we feel could further improve the statement. We also provide specific responses to the consultation questions.

We note that bullying is identified as the first example of unprofessional behaviour and suggest that it may be useful to reference the WMA Statement on Bullying,<sup>1</sup> either after first mention of bullying or with the list of references at the end of the statement.

We suggest that Council consider expanding on what may cause unprofessional behaviour in a health care team (see also our response to Question 3 below). For example, while many factors are mentioned in this section, there is no mention of the cumulative effects of a complaints process or simply the ongoing moral injury of dealing with sick people in an under resourced system. We have also received feedback suggesting the statement could use a gentler tone by recognising that doctors experience the same life stressors as others and that, compounded with work stress, collegial support to seek help should be encouraged as early as possible.

We note that it is ten years since this important statement was updated. We have had feedback recommending that five yearly updates would be more appropriate. We have also had feedback suggesting that Council consider referencing the Consensus statement on the role of the doctor in New Zealand.<sup>2</sup>

We believe that ‘whānau’ should be added whenever family is mentioned in the statement (for example, in points 2m and 5b). We also contend that the statement should include more about the reporting of unprofessional behaviour by other members of the healthcare team or organisation such as nurses and managers. It is important to ensure that there are clear lines of reporting of unprofessional behaviour, regardless of who this behaviour is perpetrated by. Our responses to the specific consultation questions are provided below.

**Question 1. Does the proposed change in title for our statement on unprofessional behaviour reflect what our statement is about?**

Yes. We support the proposed change in title and believe it better reflects what the statement is about.

**Question 2. Do you have any suggestions for alternative titles we could consider for our statement on unprofessional behaviour?**

We suggest that Council consider adding ‘effective’ such that the title reads “Unprofessional behaviour: How it impacts patient safety and effective team-based care”.

**Question 3. Are there any changes we should make to the section on ‘What is unprofessional behaviour’?**

Yes. Point 2m gives the example of criticising or putting down colleagues in front of patients, families and others. We suggest that it would be useful to add whānau, nurses and other health professionals and members of the wider team to this list.

We suggest that the statement could add other examples of unprofessional behaviour such as the following:

- failure to give support to colleagues faced with unprofessional behaviour
- not recognising te Tiriti o Waitangi
- discrimination or harassment on grounds of age
- discrimination or harassment due to gender identify or sexual orientation.

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<sup>1</sup> WMA Statement on Bullying and Harassment within the Profession. October 2017. Available from <https://www.wma.net/policies-post/wma-statement-on-bullying-and-harassment-within-the-profession/>

<sup>2</sup> NZMA. Consensus statement on the role of the doctor in New Zealand. November 2011. Available from <https://bit.ly/2ApQ9zG>

We also suggest that ‘or discrimination’ be added to point 2b such that it reads “sexual harassment or discrimination”.

**Question 4. Are there any changes we should make to the section on ‘What effect does unprofessional behaviour have’?**

Yes. We suggest that “avoid reporting errors” could be added to the list of bullet points under 2b as an example of how unprofessional behaviour may increase the risk of error by medical colleagues or team members.

**Question 5. What changes, if any, should we make to the section on ‘What may cause unprofessional behaviour in a health care team’?**

We suggest that “experiencing bullying by other doctors, nurses or managers” be added to this section as a bullet point under either point 5b or 5c. In the first bullet point under point 5c, we suggest adding “including a lack of respect or recognition by management” as an example of an unsupportive environment. We believe that there is value in reintroducing the examples that have been deleted from the previous statement (eg, early dementia, custody or financial issues, or children in trouble, bullying, a sick colleague, perceived racism, multiple jobs or over commitment).

**Question 6. Are there any changes we should make to the section ‘Organisational strategies to manage unprofessional behaviour’?**

We suggest that this section could include mention of the importance of prevention by fostering an environment of respect. This could include the recognition of individuals who are exemplars in promoting excellent and safe care.

**Question 7. Are there any changes we should make to the section on ‘When to notify Council’?**

No. We have not identified any changes that should be made to this section.

We hope our feedback is helpful and look forward to publication of the finalised statement.

Yours sincerely

A handwritten signature in blue ink that reads "K. Baddock". The signature is written in a cursive style with a large, sweeping flourish at the end.

Dr Kate Baddock  
NZMA Chair