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**The Royal Australasian College of
Physicians' submission to the
Medical Council of New Zealand**

Statement on Unprofessional Behaviour

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback on the Medical Council of New Zealand's (Council's) revised Statement on Unprofessional Behaviour (the Statement).

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

Overview

The RACP broadly supports the changes proposed by the Council, as not only do they update the Statement to better reflect the realities of the Aotearoa New Zealand health system, they also make it more readable, and accessible to a wide range of people. This is reflected in the addition of the summary box, and the general move towards the use of concise language. The Statement in this form better reflects the purpose of the Council to protect patients, by making resources easier to access, and easier to interpret.

Areas of Possible Improvement

Unprofessional Behaviour in Public Places

In consultation with our members, it has been identified that an area of concern is unprofessional behaviour in public places. Events such as work Christmas parties, which are often held in public places, are common centres of unprofessional behaviour. Unprofessional behaviour in these settings has, like unprofessional behaviour at work, significant effects on both the work environment, relationships with colleagues, mental health, and performance. As such, it is important that the Statement captures this area.

This is not to say that the RACP does not believe in a clear divide between the professional and private life of medical professionals, but that situations must be clearly demarcated into either category.

Self-Identification

Identifying and acting upon unprofessional behaviour from colleagues is important in a doctor's work. Further, it is even more important to be introspective, and analyse one's own actions. Reflectiveness has been identified as a key attribute which distinguishes between acceptable levels of professionalism in medical students, and should be encouraged throughout the profession¹. To this end, the RACP believes that it would be useful to include resources by which any doctor who self-identifies as having acted unprofessionally either in the past, or in the present, can actively work to rectify this. Doctors should be able to access these resources without fear of repercussions and to encourage self-improvement in individuals across the medical field.

¹ Mak-van der Vossen M, Croix A, Teherani A, van Mook W, Croiset G, Kusurkar R. Developing a two-dimensional model of unprofessional behaviour profiles in medical students. *Adv Health Sci Educ Theory Pract* [Internet] 2018; 24(2):215-232. Available from: <https://pubmed.ncbi.nlm.nih.gov/30387053/>. Accessed 24 June 2020

Unprofessional Behaviour through Email and Social Media

Modern communication entails large volumes of messages sent via social media platforms, and to a lesser extent, via email. Adding a section in the Statement which directly addresses this medium of communication would be of significant benefit, as it has been shown that bullying via social media and email is common, and the use of these platforms for workplace conversations is increasing. One of the most prevalent forms of unprofessional behaviour throughout the workforce is bullying, and it has been shown to significantly affect both productivity and work outcomes in trainee doctors². The RACP believes there is a strong argument to address this specifically in the statement.

Racism and Discrimination

While racism and discrimination are mentioned as examples of unprofessional behaviour, the Statement does not provide further, dedicated guidance on their impacts. This could be considered for inclusion, as racism and discrimination in the Aotearoa New Zealand health system has widespread and systemic impacts³. This is particularly important as Aotearoa New Zealand aims to increase the proportion of Māori doctors, which as of 2018 stood well below population share at 3.5 per cent⁴. As part of the wider push to provide a culturally safe environment in the Aotearoa New Zealand health system, both for patients and practitioners, the Statement could provide guidance on these issues. At a minimum, the RACP would include links to Council's recent statements on cultural safety and a pathway to Māori health equity.

Conclusion

The RACP thanks Council for the opportunity to provide feedback on this consultation. To discuss this submission further, please contact the NZ Policy and Advocacy Unit at policy@racp.org.nz.

Nāku noa, nā,



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The Royal Australasian College of Physicians

² Farley S, Coyne I, Sprigg C, Axtell C, Subramanian G. Exploring the impact of workplace cyberbullying on trainee Doctors. Med Educ [Internet] 2015; (4):436-43. Available from: <https://pubmed.ncbi.nlm.nih.gov/25800304/>. Accessed 24 June 2020.

³ Waitangi Tribunal. Hauora: Report into Stage One of the Health Services and Outcomes Kaupapa Inquiry. Wellington: Waitangi Tribunal; 2019. Available from <https://www.waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcomes-inquiry/>. Accessed 24 June 2020

⁴ Medical Council of New Zealand. The New Zealand Medical Workforce in 2018: Medical Council of New Zealand; 2019. Available from: <https://www.mcnz.org.nz/assets/Publications/Workforce-Survey/434ee633ba/Workforce-Survey-Report-2018.pdf>. Accessed 24 June 2020.

