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

**Statement on what to do when you  
have concerns about another  
doctor**

**Whiringa-ā-nuku 2021**

## Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback to the Medical Council of New Zealand (Council) on the proposed revision to its Statement, What to do when you have concerns about another doctor (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.

## Overall position

The RACP supports the revised and reorganised Statement proposed in this consultation. The changes in the Statement reflect Council's commitment to protecting public safety and promoting good medical practice through enabling doctors to raise concerns about another doctor. This is a comprehensive but succinct and user-friendly document which sets out clear expectations and is generally fit for purpose. However, we believe there are areas which could be developed.

## Consultation Questions

### **1. Does the summary box provide an accurate overview of the statement? What changes (if any) should we make?**

The RACP agrees that the summary box provides an accurate overview of the statement, making it more accessible for busy medical professionals to use.

### **2. Does the amended title reflect what the statement is about? (If no, are there alternative titles we should consider?)**

The College welcomes the amended title which now refers to concerns about another doctor instead of concerns about a colleague. This change clarifies that the concerns can apply more widely than simply to colleagues whom a doctor may work with.

### **3. Are there any changes we should make to the section:**

- a. Raising concerns directly with the doctor involved**
- b. Raising concerns internally/ within an organisation**
- c. Raising concerns externally**

We do not have suggestions for changes to this section. We do recommend Council considers how the amalgamation of all 20 District Health Boards into one national health agency will enable less fragmented and more streamlined and integrated human resources infrastructure for health professionals. The Statement could be updated further once these details are known.

### **4. What changes, if any, should we make to the section:**

- a. When there are concerns about another doctor's competence**

- b. When there are concerns about another doctor's professionalism**
- c. When there are concerns about sexual misconduct by another doctor**
- d. When there are concerns about another doctor's health**

The RACP suggests this section should be strengthened to improve coverage and specifically include concerns about personal racism or bias, as well as the spread of information that is detrimental to public health.

The RACP strongly suggests that the Statement include specific guidance on notifying the Medical Council when there are concerns about individual level racism and/or bias by another doctor. While concerns about personal racism or bias could fall under concerns about competence and/or professionalism, we strongly support separate detail on this as a specific issue.

The RACP supports a vision for a health and disability system which has ended all forms of discrimination and bias which can cause people to disengage with health services<sup>1</sup>. The Waitangi Tribunal's WAI 2575 report found that personal racism or bias is still a feature of the primary care system. Personal racism is distinct from institutional racism and impacts in its own way on both the both the determinants of health and on access to and outcome from health care itself<sup>2</sup>. Experience of racism by health professionals has been shown to be higher among Māori, Pasifika and Asian groups compared to European/Other groups in Aotearoa New Zealand<sup>3</sup>. Research has shown that Māori receive fewer referrals, fewer diagnostic tests, and less effective treatment plans from their doctors than do non-Māori patients, they are interviewed for less time by their doctors and are offered treatments at substantially decreased rates<sup>4,5,6,7,8</sup>. Individual level racism from health professionals is disproportionately reported by Māori<sup>3</sup>, with evidence of health provider implicit and explicit racial/ethnic bias against Māori in clinical-decision-making<sup>9</sup>.

The RACP Māori Health Committee has called for organisations working within the health sector to act and instate explicit pro-equity and anti-racism policies, stating that it is the duty of *“all those working within the health sector to take action and to challenge the prevailing substructure of power*

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<sup>1</sup> Royal Australasian College of Physicians. Submission to the Health and Disability System Review [Internet]. Wellington: Royal Australasian College of Physicians; May 2019. Available from: [racp-nz-submission-to-the-health-and-disability-system-review.pdf](#) Accessed 19 October 2021.

<sup>2</sup> Waitangi Tribunal. HAUORA: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry - WAI 2575. Wellington: New Zealand Ministry of Justice; 2019. Available from: [Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry \(justice.govt.nz\)](#) Accessed 19 October 2021.

<sup>3</sup> Harris R, Cormack D, Stanley J. Experience of racism and associations with unmet need and healthcare satisfaction: the 2011/12 adult New Zealand Health Survey. Aust NZ Journal Public Health. 2019;43(1):75-80. Available from: [Experience of racism and associations with unmet need and healthcare satisfaction: the 2011/12 adult New Zealand Health Survey \(apo.org.au\)](#) Accessed 19 October 2021.

<sup>4</sup> Tukuitonga CF and Bindman AB. Ethnic and gender differences in the use of coronary artery revascularisation procedures in New Zealand. NZMJ 2002;115:179–82. Available from: [Ethnic and gender differences in the use of coronary artery revascularisation procedures in New Zealand | Request PDF \(researchgate.net\)](#) Accessed 19 October 2021.

<sup>5</sup> Westbrooke I, Baxter J, Hogan J. Are Māori underserved for cardiac interventions? NZMJ 2001;114(1143):484–87. Available from: [Are Maori under-served for cardiac interventions? - PubMed \(nih.gov\)](#) Accessed 19 October 2021.

<sup>6</sup> Crengle S, Lay-Yee R, Davis P, Pearson J. A comparison of Māori and non-Māori patient visits to doctors, NatMedCaReport 6. Wellington: Ministry of Health; 2006. Available from: [A Comparison of Māori and Non-Māori Patient Visits to Doctors \(moh.govt.nz\)](#) Accessed 19 October 2021.

<sup>7</sup> Arroll B, Goodyear-Smith, Lloyd T. Depression in patients in an Auckland general practice. NZMJ 2002;115(1152):176–9. [Depression in patients in an Auckland general practice - PubMed \(nih.gov\)](#) Accessed 19 October 2021.

<sup>8</sup> Ministry of Health. Māori providers: Primary health care delivered by doctors and nurses: The National Primary Medical Care Survey (NatMedCa): 2001/02 Report 3. Wellington: Ministry of Health; June 2004. [Māori Providers: Primary health care delivered by doctors and nurses](#) Accessed 19 October 2021.

<sup>9</sup> Harris R, Cormack D, Stanley J, Curtis E, Jones, Lacey C. Ethnic bias and clinical decision-making among New Zealand medical students: an observational study. BMC Med Educ (2018)18:18. Available from: [Ethnic bias and clinical decision-making among New Zealand medical students: an observational study \(nih.gov\)](#) Accessed 19 October 2021.

*and culture that exists beneath the surface*<sup>10</sup>. The College acknowledges Council's commitment to seeking health equity for all through culturally safe medical practice in Aotearoa New Zealand which involves reflecting on one's own personal biases, power and privilege<sup>11,12</sup>.

We encourage Council to further support this kaupapa and include detail explicitly aimed at supporting doctors to take collective responsibility and raise concerns about another doctor's practice or behaviours that pose a risk to public safety from personal racism or bias. We draw your attention to the recent cancellation of a nurse's registration following a Health Practitioners Disciplinary Tribunal hearing for derogatory comments against Māori on a social media site. This case followed complaints to the Nursing Council by another nurse and sets a new benchmark for serious misconduct involving risk to public safety from racism and provides health regulators with an evidence-based platform for change<sup>13</sup>. The case also highlights the need to lift our capability and capacity to respond to Māori to realise the promises of Te Tiriti o Waitangi and achieve health equity for all.

The RACP also recommends the statement covers concerns about information that is detrimental to public health. Recent concerns about doctors who have undermined the public's confidence in COVID-19 vaccinations sparked the need for formation of Doctors Stand Up For Vaccination, a grassroots initiative by a group of doctors aimed at countering these doctor's messages and supporting vaccination<sup>14</sup>. Formation of this group reinforces the need for a section in the Statement that encompasses this kind of issue, which relates to both competence and professionalism.

## **5. Are there any changes we should make to the section on 'Raising concerns with the Health and Disability Commissioner'?**

To improve this section, we suggest including the responsibilities of doctors to people using the health care system. Guidance on doctors' responsibility to clearly communicate to people using the health care system about their right to raise concerns about a doctor would address the inherent power imbalance between doctors and patients and whānau<sup>15</sup> and align with Council's goal to safeguard the public.

The Statement recognises the role of the HDC to promote and protect the rights of consumers (line 30), the need for doctors to consider the patient's wishes and how they would like to address concerns (line 31), as well as the patient's right to complain (line 32). We recommend this section is strengthened to embed doctors' responsibility to encourage and support people and whānau to report any concerns. This could involve making explicit the duties of doctors (as providers) under the HDC's [Code of Health and Disability Services Consumers' Rights](#) to take action to "inform consumers of their

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<sup>10</sup> Hotu C, Hotu S, Adair D, De Lore D, Kerrison C, Laking G, et al. Letter on an iceberg. NZ Medical Journal. 2021;134(1536):134-35. Available from: [Letter on an iceberg | OPEN ACCESS \(nzma.org.nz\)](#) Accessed 18 October 2021.

<sup>11</sup> Te Kaunihera Rata o Aotearoa Medical Council of New Zealand. Statement on cultural safety [Internet]. Wellington: Medical Council of New Zealand; 2019. Available from [Statement-on-cultural-safety.pdf \(mcnz.org.nz\)](#) Accessed 18 October 2021.

<sup>12</sup> Te Kaunihera Rata o Aotearoa Medical Council of New Zealand. He Ara Hauora Māori: A Pathway to Māori Health Equity. Wellington: Medical Council of New Zealand; 2019. Available from <https://www.mcnz.org.nz/assets/standards/6c2ece58e8/He-Ara-Hauora-Maori-A-Pathway-to-Maori-Health-Equity.pdf>. Accessed 18 October 2021.

<sup>13</sup> Manchester, A. Case points the way to the future. Kai Tiaki Nursing New Zealand. December 2020/ January 2021. 26(11):10-11. Available from [Kai Tiaki Nursing New Zealand December 2020/January 2021 by New Zealand Nurses Organisation - issuu](#) Accessed 20 October 2021.

<sup>14</sup> Bonning, J. Doctors band together to stand up for vaccination [Internet]. Stuff NZ, 19 Sept 2021. Available from: [Doctors band together to stand up for vaccination | Stuff.co.nz](#) Accessed 20 October 2021.

<sup>15</sup> Joseph-Williams N, Edwards A, Elwyn G. Power imbalance prevents shared decision making. BMJ. 2014;348g3178. Available from: [Power imbalance prevents shared decision making | The BMJ](#) Accessed 14 October 2021.

rights and enable consumers to exercise their rights”<sup>16</sup>. We are of the view that the standards should guide doctors to support people and whānau recognise the standards of medical practice to which doctors are held. When these standards are not being met, patients and whānau must have the support and knowledge that they are entitled to make complaints, and have the right to raise these complaints openly and safely (either by approaching their doctor or seeking support from the HDC when issues cannot be resolved at the health service level).

The RACP notes that the rights and expectations of patients and whānau will be more explicit in the design and implementation of the new Aotearoa New Zealand health system. This will include greater lived experience and patient voice at in the system design levels, as well as a new structure incorporating a national Health Consumer Forum or similar. Online and soft versions of the Statement should be amended with a brief disclaimer to account for any significant systemic updates outside Council’s established review timeframes for Statements.

#### **6. Are there any changes we should make to the section ‘Support for doctors going through an inquiry’?**

We do not have suggestions for changes to this section.

### **Conclusion**

The RACP thanks the Medical Council of New Zealand 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](mailto:policy@racp.org.nz).

Nāku noa, nā



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**Royal Australasian College of Physicians**

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<sup>16</sup> Health and Disability Commissioner. Code of Health and Disability Services Consumer’ Rights. Auckland: Health and Disability Commissioner; July 2012. Available from: [Code of Health and Disability Services Consumers’ Rights - Health and Disability Commissioner \(hdc.org.nz\)](https://www.hdc.org.nz/Code-of-Health-and-Disability-Services-Consumers-Rights) Accessed 14 October 2021.

