



20 October 2021

Our ref: BB21-221

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via email: consultation@mcnz.org.nz

Tēnā koe Kani

Consultation – Medical Council of New Zealand Statement - *What to do when you have concerns about another doctor*

The Royal New Zealand College of General Practitioners (RNZCGP) is pleased to provide comment on the Medical Council of New Zealand Statement – *What to do when you have concerns about another doctor*.

RNZCGP is the largest medical college in New Zealand. Our membership of 5,675 general practitioners comprises almost 40 percent of New Zealand's specialist medical workforce. The Rural Division of Hospital Medicine also sits within the College's academic remit of vocational training of doctors working in rural hospitals. Our members cover both urban and rural settings, funded through capitation and co-payment, and work either as business owners or community corporate trusts. Our kaupapa is to set and maintain education and quality standards for general practice, and to support our members to provide competent and equitable patient care.

The RNZCGP notes work by MCNZ to ensure doctors are competent to practice has increased accountability, transparency, and raised expectations of the overall standard of doctor performance. Its ongoing work to reduce variation is an important indicator for public safety. We consider that the revised 2021 version is a significant improvement on the 2010 Statement, and the rationale for reporting doctors to reduce harm better supports the intent.

Key issues that we would like to highlight in relation to the MCNZ Statement:

1. Does the summary box provide an accurate overview of the statement and what changes should we make?

We note the change of emphasis in the new version highlights the role of MCNZ in protecting the public¹ and its responsibility to improve performance across the breadth of professional practice. While the challenge is to put processes in place to discover the approximately one percent of doctors, 'not serious enough to be identified by current processes, and the five percent considered not good enough to practice'², initiatives to address any source of potential harm is important to safer clinical practice.

We recommend:

- That the summary box includes a short introduction to provide context and raise the profile of MCNZ role in improving public safety.

¹ New Zealand Government. The Health Practitioners Competence Assurance Act 2003.
<https://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html>

² Paterson R. The Good Doctor, What Patients Want.

2. **Does the amended title reflect what the statement is about?**

- RNZCGP supports the change from 'colleague to another doctor'.

3. **Are there any changes that we should make to the section on clarifying the process involved in raising concerns about another doctor?**

- GPs are often unsure about the threshold at which a notification would be required. Although the statement discussed the process for reporting concerns, we consider additional guidance may be needed to inform doctors with a decision to escalate a concern.

- When doctors feel that they cannot,

(a) *raise concerns directly with the doctor involved*, they need guidance on how best to approach that doctor.

MCNZ could consider integrating a proactive early warning system to capture emerging trends, to proactively manage potential for risk, or to validate concerns.

We recommend:

That MCNZ explore how to support doctors to understand when to escalate early concerns

4. **When you should notify the Medical Council**

- RNZCGP supports the changes in this section.

Conclusion

Thank you for the opportunity to provide comment. The intent and tone of the document is positive and helpful. During our process of gathering information from members we identified a need to increase understanding about how and when to report. We strongly suggest that training opportunities are developed to support doctors to 'do the right thing' when they are concerned about another doctor. We support increased awareness, and the ability to share and compare experiences within a learning environment with other doctors, would be beneficial for improving public safety.

If you require any further clarification, please contact RNZCGP Policy, Advocacy, and Insights at policy@rnzcgp.org.nz

Nāku noa, nā



Dr Bryan Betty
Medical Director | Mātanga Hauora