Te Kaunihera Rata o Aotearoa | Medical Council of New Zealand

Good Medical Practice
Doctors survey

September 2025

Prepared by

PERCEPTIVE

Contents

01

About the survey

Introduction

- Te Kaunihera Ratao Aotearoa |The Medical Council of New Zealand (MCNZ) is reviewing its current Good Medical Practice statement, which sets out the standards and principles that guide how doctors should practice medicine in Aotearoa New Zealand.
- This research seeks to understand from the public and doctors what ‘good medical practice’ means to them in the context of the doctor-patient relationship, ensuring that Council’s standards reflect contemporary expectations and needs.
- **The Doctors Survey** focuses on registered doctors practicing in New Zealand and their perspectives on the Good Medical Practice statement. It seeks to understand their experiences with the current statement and views on what good medical practice means in today’s healthcare environment.

Methodology (I)

- A survey invitation was distributed by Medical Council of New Zealand to approximately 20,000 registered doctors seeking their participation in an online survey.
- A total of n=441 doctors responded to the survey.
- The survey was undertaken from 28th July to 15th August 2025 with an average completion time of 12 minutes.
- A link to the current Good Medical Practice statement was provided in the survey introduction for reference.
- All responses were collected anonymously in accordance with the Privacy Act 2020.
- Respondents were informed that a summary of survey results would be published and to indicate consent to their responses being used as anonymised quotes. The quotes in this report represent those of the respondents who gave consent.

Methodology (II)

- The survey questionnaire was designed in partnership with research agency, Perceptive. It included 27 questions, with a mix of closed response questions and open-ended questions. The questions covered the following topics:
  - Familiarity with Good Medical Practice (GMP)
  - Views on the current structure
  - Priorities for GMP
  - What would encourage use
  - Demographics
- *Quantitative Analysis:* Closed response questions were compulsory to ensure complete datasets, with 'don't know' or 'prefer not to say' options provided. Statistical analysis was conducted to calculate frequencies and percentages for each question. Statistical testing was performed to identify and comment on statistically significant findings at the 95% confidence level.
- *Qualitative Analysis:* Six open-ended questions were included for doctors to describe their thoughts on GMP, including aspects that needed better guidance, improvements, and what needed to be removed, changed or added. These questions were optional so that doctors could easily progress through the survey if they did not have feedback to specific questions.
- Verbatim comments were systematically coded or categorised into recurring themes. The analysis focused on identifying the most frequently mentioned themes with frequency counts used to prioritise reporting. Representative quotes were selected to illustrate each theme and provide contextual meaning.

Executive summary

- Positively, the existing Good Medical Practice (GMP) is viewed as a useful guide, with only 9% saying it is not very helpful and does not support them. However, it is worth revising GMP to ensure it remains current with contemporary medical practice while being more accessible to encourage greater use among doctors.
- Overall, feedback from doctors suggest that an updated GMP clearly and succinctly demonstrates its value and relevance to doctors (e.g., how it supports their decisions, protects their practice, offers practical guidance, meets professional standards and supports career development).
- There is a valuable opportunity for increased engagement with GMP among doctors aged 25-34 years. This could be achieved through designing it as a medical training tool aimed at senior doctors in managerial or supervisory roles to encourage its use when they train doctors.
- Related to this is further integrating GMP with continuing education frameworks and emphasising how it builds upon existing education and addresses specific gaps, emerging ethical challenges, and current professional standards. This would alleviate a common barrier of doctors relying on past medical training for good practice standards rather than referring to GMP.
- GMP is most importantly viewed as a guide for doctors' ethical and professional behaviour, such as ensuring they act with professional integrity and honesty, maintain patient confidentiality and privacy, and effectively communicate with patients. While areas such as providing care in resource-constrained environments, and doctor wellbeing and support, are not rated as importantly, they are commonly mentioned as areas needing better guidance.
- Doctors are reasonably happy with the structure and organisation of GMP. The calls for improvement here align with document format preferences, namely, to make the content more succinct and improve navigation. This could be achieved with either (or both) a website or PDF format that is well indexed, searchable and hyperlinked.
- Aiming to make GMP content more succinct should be an underlying design principle as time constrained doctors find it challenging to refer to GMP and there is a perception that the statement is too long and complex.
- A key area for supplementary guidance is emerging technologies (e.g., digital and telehealth, AI, and social media), raised throughout the survey, alongside more practical examples/case studies in general. Links to legislation/regulations and additional resources and support are common suggestions for supplementary guidance and to make GMP a more practical guide.

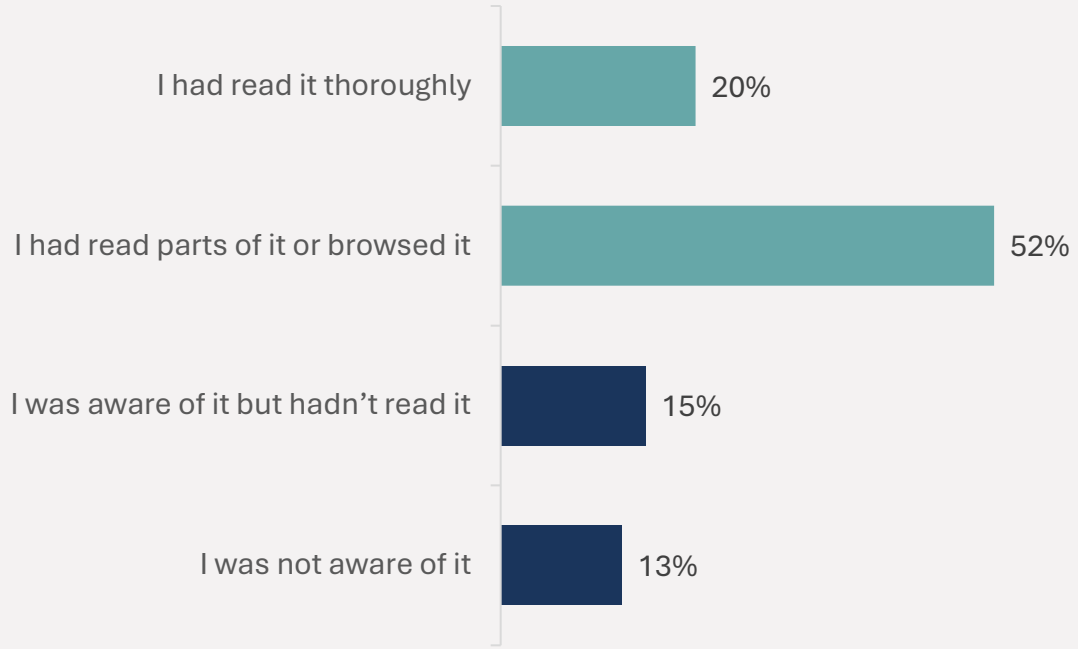
02

Familiarity and use of Good Medical Practice

Awareness and use

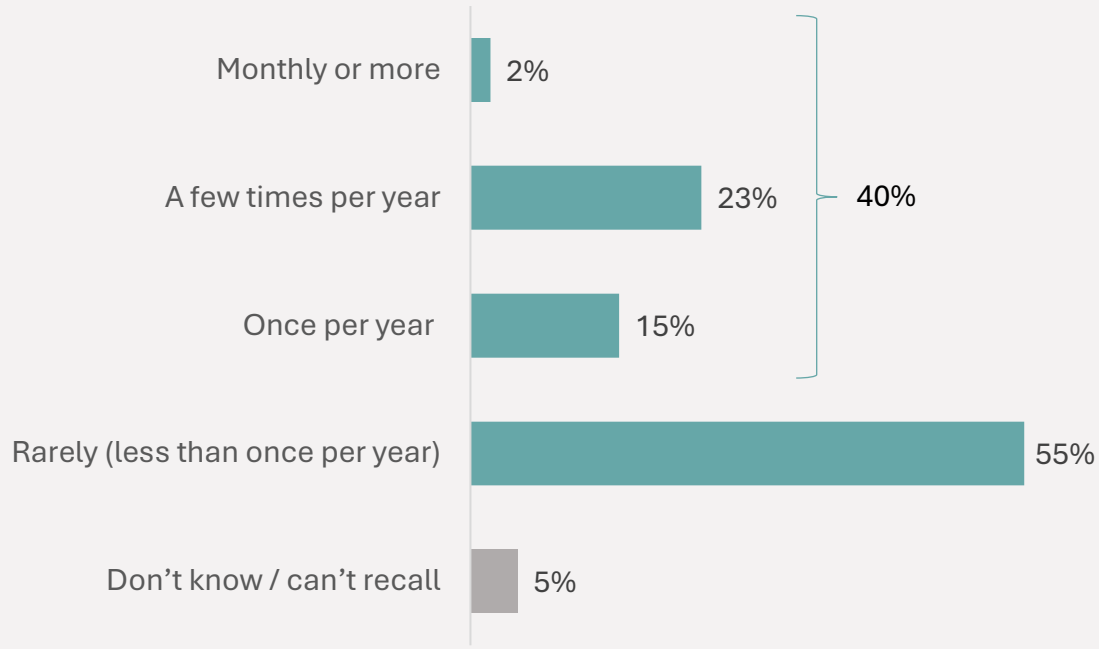
- Doctors aged 25-34 years represent a valuable opportunity for increased engagement with Good Medical Practice (GMP), with 36% not aware of GMP compared to 13% overall.
- About 40% of those who have read GMP revisit it at least once a year.

Before today, how familiar were you with the Good Medical Practice statement?



Base: All n=441

How frequently do you revisit the statement?

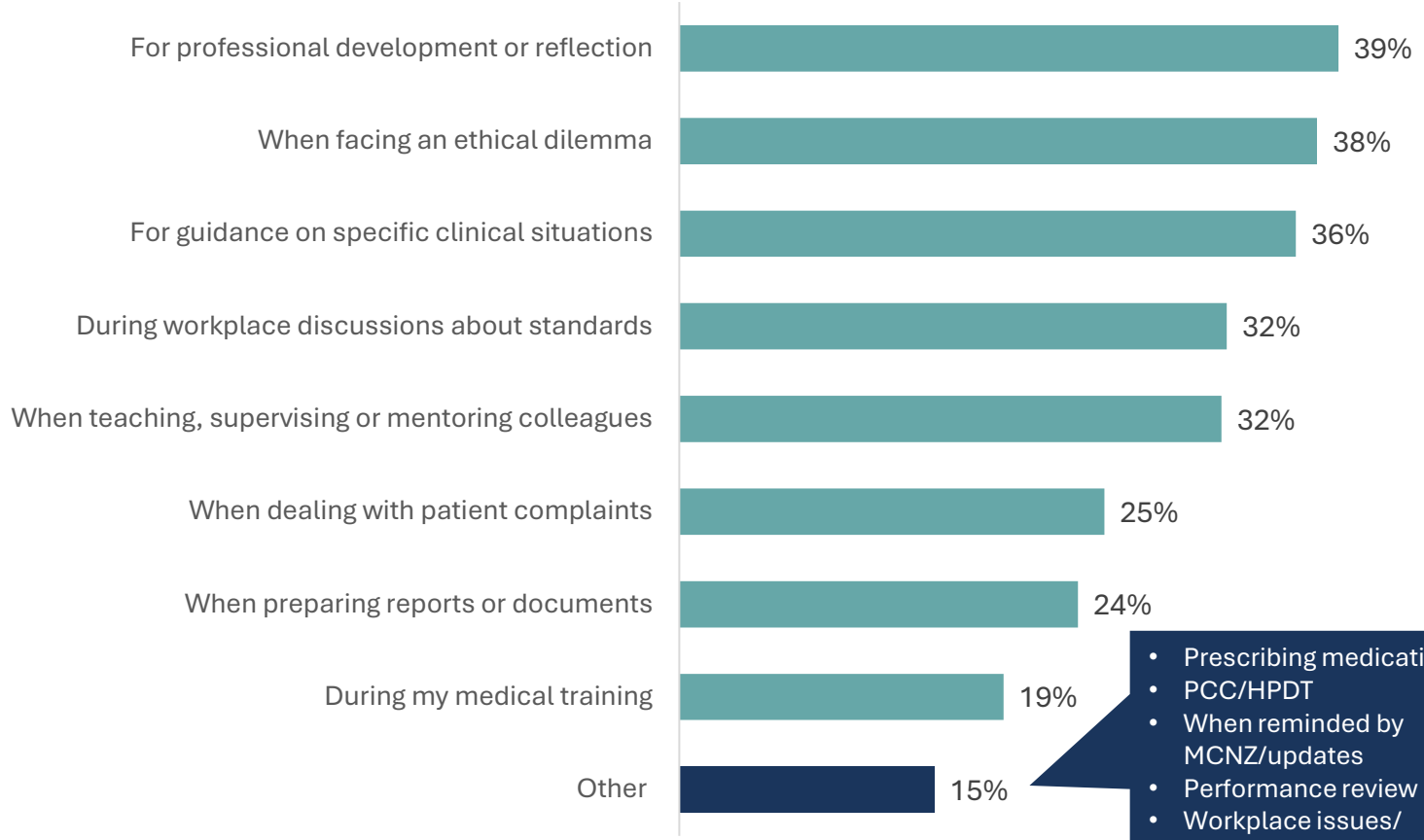


Base: Those who have read the GMP statement n=318

Reference to Good Medical Practice

- There is wide-ranging use of Good Medical Practice (GMP), but it is most referred for **professional development purposes**, when **facing an ethical dilemma**, and **specific guidance on clinical situations**.
- Overall, 19% of doctors report referral to GMP during their medical training. However, this varies significantly by age group, with much higher rates among younger doctors: 67% of those aged 25-34 years and 50% of those aged 35-44 years. This suggests that GMP is being integrated in modern medical training. However, there may be inconsistencies in training delivery or retention of GMP given that familiarity with it among doctors aged 25-34 years is variable (refer to p.9).
- Doctors who have been practicing for 21-30 years in New Zealand have increased use of GMP for teaching and supervising (46% compared to 32% overall). This suggests that those in senior roles find it beneficial to utilise GMP to aid managerial responsibilities and mentoring colleagues and students.

+ In what situations have you referred to the Good Medical Practice statement?

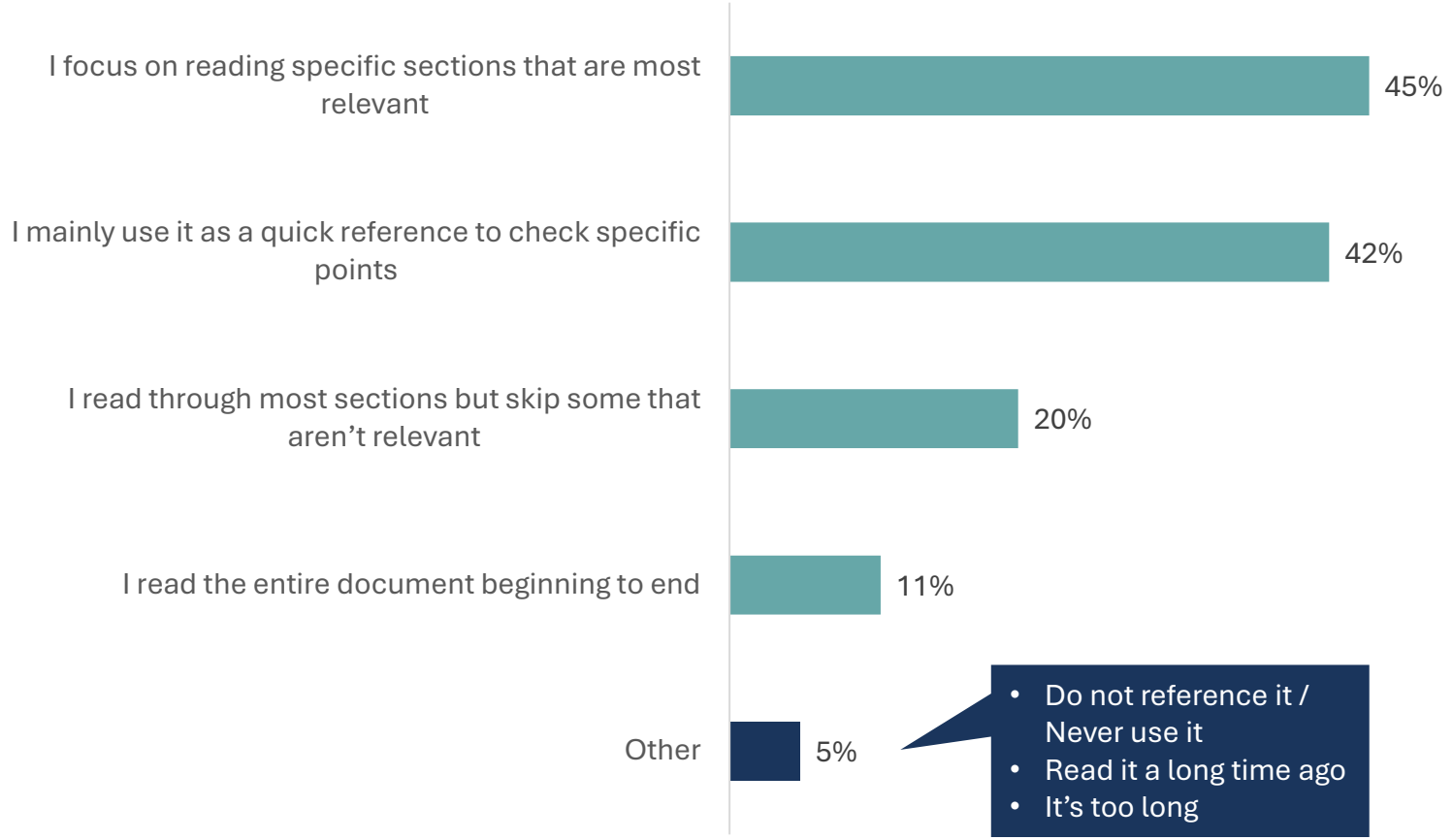


Base: Those who have read the GMP statement n=318

Use of Good Medical Practice

- Most doctors focus on specific sections of Good Medical Practice (GMP) and use it as a quick reference guide, rather than reading the entire document.
- This highlights the importance of concise, accessible and useable design principles being critical to GMP. When doctors are facing time-sensitive clinical decisions or need immediate guidance on professional conduct issues, they require information that can be rapidly located, quickly understood, and immediately applied.

+ Which of the following best describe your use of the Good Medical Practice statement?



Base: Those who have read the GMP statement n=318

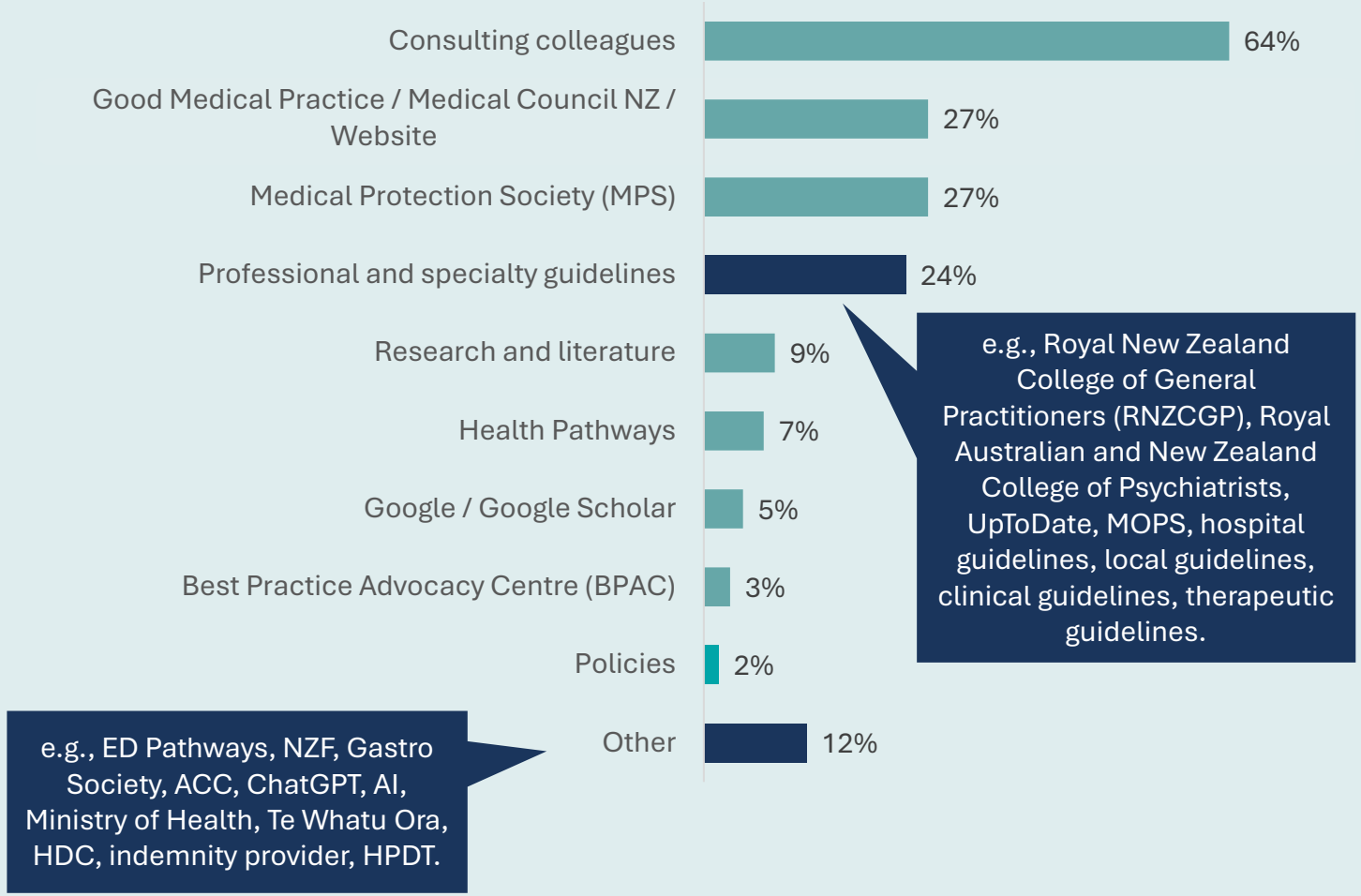
Reasons for not reading Good Medical Practice

- Only 15% of all doctors were aware but had not read Good Medical Practice (GMP) prior to the survey.
- A third of these doctors rely on their medical training for good practice standards and this includes junior and senior doctors. Approaches to encourage use could further integrate GMP with continuing education and emphasise how GMP builds upon existing education and addresses specific gaps.
- Time constraints are another key reason for not reading GMP. Related to this is a perception that the statement is too long and complex.

+ Which of the following best describes why you haven't read the Good Medical Practice statement before today?

Base: Those aware of the GMP statement but hadn't read it n=67

Where do you currently look for guidance, if you're unsure about the best course of action in your medical practice?



Base: All n=441

- When unsure about the best course of action, most doctors turn to their colleagues for advice and guidance. This includes discussing with close colleagues, senior colleagues, and peers in their department or practice.
- The Medical Council of New Zealand is one of the top organisations referenced by these doctors, alongside the Medical Protection Society (MPS). MPS is referenced more by doctors in general practices (38%) compared to those in public hospitals (19%), likely due to institutional risk profiles and indemnity structures.
- Doctors working in general practices refer to Health Pathways more than those in public hospitals (16% vs 2%), being a system that was primarily designed to improve primary care.

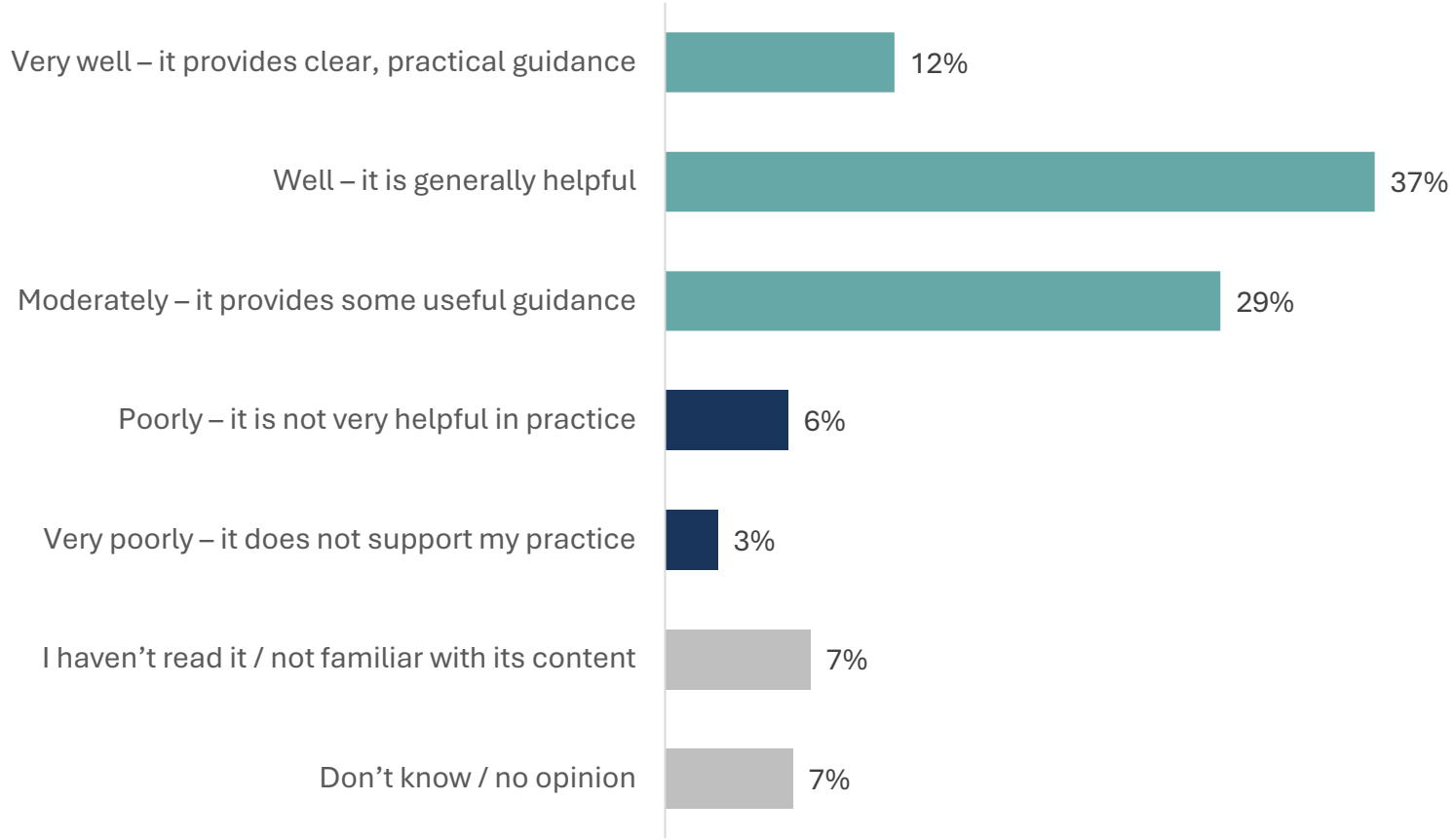
03

Doctors' views of the current Good Medical Practice Statement

Supporting practice

- About 50% feel that GMP does well (or very well) with supporting them. This increases to 64% of those who have read it thoroughly.
- Less than 10% say that GMP is not very helpful and does not support them.
- Of those who were not aware of GMP before the survey, there are 20% who say it is not helpful/does not support them. These doctors are likely reading or browsing GMP for the first time and forming judgements on initial exposure. They may also feel this way because they have not needed to refer to it in the past.
- This finding suggests that an updated GMP statement should clearly and succinctly demonstrate its value and relevance to doctors (how it supports their decisions, protects their practice, offers practical guidance, meets professional standards, and supports career development).

+ How well does the current Good Medical Practice statement support you in your practice?



Base: All n=441

What aspects need better guidance or are missing from the Good Medical Practice statement?

Resource constraints

- The need for guidance on managing care with limited resources and addressing the impact of resource limitations on patient care.
- Related to this, are **workplace constraints**, systemic issues related to corporate and political involvement in medical practice.

Doctor wellbeing

- Addressing issues of burnout, workload pressures, bullying and harassment, and conflict between colleagues and patients.

Use of technology and artificial intelligence (AI)

- Guidance in the areas of telehealth, AI, decision support tools, digital messaging, and social media use.

Cultural safety and inclusivity

- Guidance on best cultural safety practice and applying Te Tiriti principles in consultations.

Practical scenarios and real-world examples

- Integrating examples and practical advice on handling real-world ethical dilemmas.

What aspects do you think need better guidance or are missing from the Good Medical Practice statement?

- **Resource constraints**: Many comments point out the challenges of practicing in a resource-constrained environment. They suggest the need for guidance on managing care with limited resources and addressing the impact of resource limitations on patient care.

> *It needs expanding regarding practicing in a time of personal and financial restraint where you are prevented from acting in the best interests of your patient i.e., boundaries of advocacy and public debate.*

> *Need to ensure you address severe difficulties in practicing in the public health system when the public's expectations surpass what the government is willing or able to fund; a burnt-out workforce; and staff shortages.*

> *While not incorrect most sections are broad, better covered in other legislation and protocols, and offer minimal guidance for the current resource-constrained environment.*

> *I think that the section on Care in an Environment of Constrained Resources could be expanded to be clearer about our health resource stewardship obligations and of our obligations to the wider community over the individual patients and our own interests.*

> *On reflection, it does feel a bit removed from the daily life of a doctor in NZ. I get that it's nice to have generalised, all-encompassing statements re medical practice, but it's be nice to have some examples, say, comparing gold standard (when well staffed and funded, etc.) and how this might be best achieved when the situation is less than ideal. Might be nice to go through HDC cases or work with MPS for guidance on when these have gone well, and when they haven't (and the doctor wasn't aware).*

> *There is mention of an external document about practicing in a resource limited environment, however this is such a common issue nowadays that there should be a section in the main statement about this (e.g., patients unable to access care through the public system that would have been normal care 5 years ago, or patients being treated differently because of resource limitations, e.g., daily codeine/tramadol use for patients with bone on bone knee arthritis that have already been on the waiting list for 18 months).*

> *Issues around how to respond in issues of resource limitation need more "beef". What do I do when I feel like I am constantly providing substandard care and my employer does not meaningfully respond? Allied, by different, are issues around the role of freedom of conscience in many aspects of care (end of life issues, research, pharmaceutical influence, alcohol and drug policy). Exercising a reasonable and informed conscience is critical to safe practice - but is increasing buried under a rules and defensive practice.*

Base: 197 comments in total

What aspects do you think need better guidance or are missing from the Good Medical Practice statement?

- **Workplace constraint**: Some doctors face systemic issues related to corporate and political involvement in their practice that impacts their ability to provide optimal patient care.

> *Something that is not easily covered, and not easy to resolve is the situation where 'The Dr' is not in charge of the situation. For example, there are now several practices which are run by an entity other than a doctor. These include:- a commercial business..., and these practices are primarily looking to somehow 'meet a need' and / or 'make a financial gain'. This can lead to significant difficulties for the doctor and patient. I am aware of situations where a practice may run with a series of 'locums' or other short-term doctors. This creates a significant difficulty with continuity of care. It also leads to the practice enrolling patients but then not having the capacity to care for those patients appropriately. In fact, under the current system there is a financial incentive to enrol patients and then offer them no care at all, or a very poor standard of care which the 'locum' is then more or less 'forced' to cooperate with, perhaps against their better judgement, leading to a higher 'churn' of doctors. I do not believe this situation is adequately addressed in the statement.*

> *I sense a problem and mismatch relating to how much Corporate involvement there may now be in NZ medicine...*

> *I struggle with working in a corporate practice that is not focused on putting the patient first and marrying that as an employee with different standards. Are there potential guides for how one should work when they are an employee.*

> *GMP statement tries to be far too comprehensive. Medical school and day to day practice teaches most doctors a great deal. An occasional update might be useful but reading this ridiculously long document did not help me or my patients. It also does not do nearly enough to protect doctors from poor senior management and dangerous working conditions that are allowed to continue forever.*

> *I think there needs to be acknowledgment that health funding/politics can restrict our ability to follow best practice. Also, there is no way of covering off all that is outlined in the statement in a 15-minute consult and that there has to be an element of trust that comes with the doctor/patient relationship.*

Base: 197 comments in total

What aspects do you think need better guidance or are missing from the Good Medical Practice statement?

- **Doctor wellbeing**: Comments emphasise the importance of addressing doctor wellbeing, including managing burnout, workload pressures, dealing with bullying and harassment in the workplace, and conflict between colleagues and patients.

> *How to deal with bullying by colleagues or managers in professional way.*

> *There needs to be improvement in working with colleagues' section to incorporate more on bullying, discrimination, harassment and undermining behaviours.*

> *I think there should be a section on where practitioners can turn to for support in their professional life.*

> *Missing - good medical practice involves self care of the Dr and it's not part of the statement. Dr can have burnout, compassion fatigue and this is not even mentioned.*

> *When peers or practice owners attempt to bully a doctor, it highlights the need for clearer guidance in the Good Medical Practice statement on protecting doctors' wellbeing and addressing workplace bullying with stronger accountability measures.*

> *When problems arose about a colleague what to do.*

> *Doctor Wellbeing and Safe Workplaces*
> *GMP focuses heavily on duties to patients but gives little attention to: Burnout and workload pressures, Bullying, harassment, or unsafe environments. Suggestion: Include guidance or reference support systems for doctors' own health and safety.*

> *I'm not sure if it fits in here, but this seems very heavily biased towards clinicians treating patients with respect, shared decision-making etc. There doesn't seem to be anything protecting doctors from patients who are rude, abusive, have unsafe expectations around care etc.*

> *More emphasis professional conduct/managing bullying & harassment in the workplace, recognition that it occurs & steps to take to mitigate the damage caused by the perpetrator. This has effects on the target of the bullying, their professional confidence, mental health & wellbeing and is usually not addressed adequately at the time..."*

> *In the section for working in partnership with patients and colleagues, no statement about ensuring a psychologically safe workplace, or how colleague behaviour can affect patient* care.

Base: 197 comments in total

What aspects do you think need better guidance or are missing from the Good Medical Practice statement?

- **Use of technology and artificial intelligence (AI)**: There are numerous requests for more guidance on the use of technology and AI in medical practice. This includes telehealth, AI record-keeping, decision support tools, digital patient messages, and social media.

> *Record keeping via AI needs to be covered.*

> *Use of AI in healthcare and accountability for autonomous models.*

> *Use of technology and digital health*
> *Lacks practical advice on: Telehealth boundaries (privacy, documentation), AI/decision support tools and managing patient messages via portals.*
> *Suggestion: Include a modernised section on digital professionalism.*

> *Social media and public commentary*
> *Increasingly relevant, but GMP offers no guidance on: Maintaining professional boundaries online, handling patient contact via social media, and speaking out on public health or political issues as a doctor.*

> *Statements around telehealth are dated and not consistent with current technology e.g., requirement for in person consultation before prescribing. Some references are out of date.*

> *Statement on using AI for making notes, guidance in management*

> *Given technological advancements there may need to be some consideration into the use of social media, photography, the use of AI etc.*

> *We may need something on use of AI in practice.*

> *Probably some guidance on the use of AI tools would be helpful.*

> *How to deal with complaints and untoward effects of treatment. Doctors undertaking third-party examinations, particularly reference to other MCNZ guidance. Also section some guidance on AI.*

> *Maybe update or clarify guidance related to patient info on social media as there are many Dr social media groups where cases are discussed. Consider whether increasing use of AI worth including, or maybe that's for a different document.*

Base: 197 comments in total

What aspects do you think need better guidance or are missing from the Good Medical Practice statement?

- **Cultural safety and inclusivity**: Several comments highlight the need for more detailed guidance on cultural safety and applying Te Tiriti principles in consultations. There are also calls for more inclusivity of varying cultural perspectives.

> *Interactions with Māori patients and their families need to be more detailed.*

> *Include practical advice on what constitutes cultural safety.*

> *Cultural safety in practice*
> *While cultural safety is acknowledged, practical guidance is limited.*
> *Suggestion: Include more specific examples/scenarios on engaging with Māori and Pacific patients, working with whānau, and applying Te Tiriti principles in consultations.*

> *More information on meeting Māori cultural needs. How do I do this?*

> *Respecting patients and particularly cultural competency/Te Tiriti obligations need to be detailed further, particularly in light of the current government's stance on race-based differences in care.*

> *Cultural safety, it's too brief and it should be at the top of the statement.*

> *I think it should have a cultural perspective.*

> *Specific Te Tiriti obligations.*

> *There seems to be more emphasis on 'cultural safety' than on actual ethical issues or evidence-based medical practice.*

> *I know MCNZ keeps going on about cultural safety which is all about Māori and Pacific Island cultures which is not as relevant in my practice as dealing with Indian and Asian cultures. These cultures are much more important in the areas I serve in. Please be cognisant of the multi-cultural society of NZ as we don't all live in Auckland or the North Island!*

> *In relation to Treaty of Waitangi, Good Practice statement says to uphold "the principles of partnership, participation and protection". The principle of the Treaty of Waitangi is that all peoples of New Zealand will be treated as equal. The Good Medical Practice needs to explain what is meant by this statement of partnership.*

Base: 197 comments in total

What aspects do you think need better guidance or are missing from the Good Medical Practice statement?

- **Practical scenarios and real-world examples**: Many comments suggested integrating examples and practical advice on handling real-world ethical dilemmas. This includes managing conflicts with patients and colleagues, dealing with complaints, dual relationships and practicing cultural safety.

> *To improve the utility of the Good Medical Practice statement, I recommend integrating scenario-based learning examples. Providing realistic situations that frequently arise in clinical practice, along with clear directives on appropriate doctor conduct and an in-depth explanation of the reasoning behind those actions, would transform the document from a theoretical guide into a highly practical resource. This approach would address the current challenge where purely narrative guidance, especially on intricate matters, can be difficult to interpret and apply in real-time.*

> *Sensible stuff - this is meant to help you. Do not view this as a rod meant to rap you over the knuckles but a 'what to do to prevent problems/complaints and if there is a problem or complaint'. View as part of the recipe for the whole 'cake' of general practice. Therefore, like a recipe it needs to be short, brief and to the point - preferably one page with mostly bullet points if you want doctors to read and follow it.*

> *Examples - case situations or 'learn from mistakes'.*

> *It is a very nice statement of idea goals. It is generally common sense and is good in this regards. However, it does not provide specifics for the trickier, nuanced situations which arise frequently in medical practice and among colleagues.*

> *Real-world ethical dilemmas. Scenarios like: Managing care when patients refuse best-practice treatment, boundaries with colleagues or former patients, managing dual relationships in small communities. Suggestion: More applied examples or decision-making frameworks would be useful.*

> *Guidance on advising patients pursuing treatment for which there is limited evidence; guidance on how to advise families who are against immunisation of their children.*

Base: 197 comments in total

What aspects do you think need better guidance or are missing from the Good Medical Practice statement?

- **Other themes**: There are reoccurring comments regarding prescribing for self, family and friends (particularly in rural settings); ethical dilemmas and conduct; the use of locums; supervision of staff; shortening and summarising the statement.

> *The blanket proscription for prescribing for self or family is too restrictive. The implication is that doctors are not to be trusted. Doctors are very busy, and this restriction is excessive and virtue signalling. Some pragmatism in favour of doctors would be better, even if some restrictions remained, but stopping a doctor from prescribing him/herself cardioprotective aspirin repeats or statins for example is petty and wastes doctors' time and resources.*

> *A specific area which needs to be strengthened relates to ethical conflicts or bringing of our profession into disrepute when someone is acting in an unrelated non-medical position while still remaining registered as a doctor. Absolutely clear guidance is needed on where a boundary should be set i.e., does a person who is working in a non-medical position still adhere to the ethical obligations of our profession if they are NZMC-registered (and under what circumstances they would not be).*

> *Specific information regarding obligations in abortion care, medical assistance in dying. A specific section on the doctor's obligations with regard to fatigue management and self care.*

> *Better guidance: Supervision - clarity on remote supervision. Supplementary Guidance - Arranging a Locum. Guidance when you are not responsible for arranging locum cover e.g., Working in Health NZ. Responsibilities specifically related to submitting ACC claims.*

> *In the event of a locum being employed to cover my duties in my absence, most of us have little or no influence on the appointee having the appropriate skillset, and often no locum will be available at all. It is unclear from the statement how much responsibility the organisation holds for any lack of skills or knowledge in appointees in these circumstances.*

> *Clarity on treating those close to you and in what circumstances this can be considered exceptional. This is particularly challenging in a small community including dr's extended family.*

> *I think almost everything in the guide, which I have read, is obvious common sense and could be condensed down to one page.*

Base: 197 comments in total

04

Structure and organisation

Structure and organisation

- Most doctors consider the Good Medical Practice statement to be adequately structured, many considering it well structured and clearly organised.
- Despite this, there is room for improvement, particularly around:
  - Reducing redundancy and making the content more succinct.
  - Indexing and hyperlinks to improve navigation.

+ How would you rate the overall structure and organisation of the statement?

Base: All n=441

How could the structure or organisation be improved to make it easier to navigate and use?
% of all doctors (number of comments)

33% (n=32) – More concise: Many comments suggest that the document should be shorter and more concise. This includes reducing redundancy and making the content more succinct.

25% (n=24) - Index / hyperlinks: Comments highlight the need for an index, hyperlinks or contents page to improve navigation. This includes links to external sources.

12% (n=12) - Digital and interactive features: There are suggestions to make the document more interactive and accessible in digital formats (e.g., indexed electronic PDF, web-based or mobile-friendly version, search and AI functions).

11% (n=11) - Practical examples: Including practical scenarios, case examples and further guidance on specific topics.

10% (n=10) – Formatting / layout: Improving the formatting to make the document more readable and user-friendly (e.g., clearer and more specific headings, bold key points, highlight changes, thematic sections).

9% (n=9) – Summaries: E.g., creating one-page summary, bullet main points, section summaries, quick reference tabs.

Other comments reference the need for less repetition, more promotion, wording preferences, creating a living document, and a frequently asked questions section.

> *The document could be shortened. There are too many paragraphs (84). Some can be condensed. The shorter the document, the more likely it is to be read and the important points taken on board.*

> *Shorter; bullet points; more objective. If you go straight to the point people are more likely to read it. Verbosity puts people off and diminishes the validity of the document.*

> *Make it an indexed electronic PDF i.e., don't need to scroll through entire document to find what you are looking for.*

> *Should have index related to key headings or could be an online document which can be accessed through keywords or both.*

> *Introduce phone app, make a short summary and good research engine of wording or enquiries using AI.*

> *Index that is clickable on electronic document and will take you to that section. Specific sections on areas such as End of Life should be listed in this - and probably not just in a box with supplementary information.*

> *Have a one-page summary at the beginning. Remove any mention of the NZMA since it does not exist now.*

Base: 97 comments in total

And what would you like to see removed from the Good Medical Practice statement?
% of all doctors (number of comments)

15% (n=14) - Length and complexity: Some doctors feel that the statement is too long and complex and should be made more concise.

11% (n=10) - Unrealistic statements: Some doctors find certain sections of the statement to be unrealistic (e.g., accessibility to patients, responsibility for other health practitioners, system constraints, prioritising care of patients).

9% (n=8) - Prohibition on treating family members: Feedback suggesting that the prohibition on treating family members is unrealistic. Related to this, an additional (n=2) mention guidelines on patient relations as vague and unrealistic in a rural setting.

6% (n=6) - Common-sense content: Several doctors feel that the statement includes content that is common sense and unnecessary.

6% (n=6) - Cultural safety or competence: Several doctors feel that the emphasis on cultural safety is excessive.

6% (n=6) - Treaty of Waitangi: Several doctors feel that Treaty of Waitangi reference is out of place in the statement.

5% (n=5) - Repetition: Several doctors feel that the statement includes content that is repetitive.

5% (n=5) - Vague statements or terminology: Several doctors point to the use of vague statements and terms as being unhelpful.

Other comments raise the need for the statement to be updated (e.g., removing reference to the Medical Association, acknowledge End of Life Choice Act) or updated more regularly; and to remove overly controlling guidelines, and vaccine requirements.

> *It could be reduced to 1 page. Strongly recommend this.*

> *Shorter document with only practical information.*

> *The illustrations which make the document unnecessarily long. It should read like UpToDate or a clinical guideline - short, succinct and clear.*

> *I think some careful revision of the blanket prohibition on treating oneself or one's family is warranted...*

> *"Make the care of patients your first concern." Whilst I agree that care of patients is absolutely a priority, there needs to be recognition that if a doctor does not look after themselves, they are unable to adequately care for patients.*

> *It is not so much about things being outdated it is more about choosing what is essential. Some of the material is very basic.*

> *What I have read of the statement is such common sense it goes without saying.*

Base: 93 comments in total. 23% (n=21) said nothing and 2% (n=2) didn't know.

05

Priorities for Good Medical Practice

Defining Good Medical Practice

- All attributes are seen as important (or very important) to ‘good medical practice’ to most doctors. Those considered most important are that doctors act with **professional integrity and honesty**, maintain **patient confidentiality and privacy**, and **effectively communicate with patients**.
- While ranked less important, majority of doctors consider cultural safety and diversity (81%), and respecting Te Tiriti o Waitangi principles (71%) to be important (or very important) in defining ‘good medical practice’.
- Interestingly, attributes that are not viewed as importantly tend to relate to aspects some doctors feel need better guidance in GMP (e.g., resource and workplace constraints, doctor wellbeing and managing colleague relationships, and cultural safety).

+ In defining ‘good medical practice’, how important are the following?

Base: All n=441. Don’t know/no opinion % not charted (range from1-3%).

In your view, what other important elements or principles should be included in the Good Medical Practice statement?
% of all doctors (number of comments)

9% (n=40) - Advocacy and ethics: Many doctors express the need for guidelines around advocacy for patients, doctors and the healthcare system. They also stress the importance of clear guidance on ethical and legal practice, maintaining professional boundaries and reporting procedures for breaches.

7% (n=29) - Doctor wellbeing and support: The importance of doctor self-care and peer support was frequently mentioned. Doctors highlight the need for a focus on their own health and wellbeing to ensure sustainable practice.

6% (n=28) - Workplace environment and culture: Addressing workplace bullying and creating a supportive and inclusive work environment. These doctors call for more attention to be given to these issues to ensure a healthy and respectful workplace.

5% (n=20) - AI and technology: Several doctors express the need for guidance on the ethical use of AI, data privacy, and how to handle patients who rely on online medical information.

4% (n=18) - Resource constraints: These doctors mention the need to address challenges of practicing in environments with limited resources. They highlight the importance of acknowledging these constraints and providing guidance on how to maintain standards despite these limitations.

> *Ethical complexity and professional judgement. Why it matters: Doctors regularly face complex ethical decisions without clear-cut answers. Suggested inclusion: Decision-making frameworks or reference to ethical reasoning tools. Recognition of moral distress and professional discretion in ethically ambiguous cases. Social responsibility and advocacy. Why it matters: Doctors increasingly advocate on public health, climate change, equity, and health policy. Suggested inclusion: Guidance on responsible public commentary (e.g., vaccines, misinformation). Encouragement for advocacy in the public interest, while maintaining professionalism.*

> *Encouraging wellbeing activities like peer support, professional supervision and actively working towards safe rostering practices, limits on hours.*

> *What to do when overwhelmed by workload. As a GP the workload is ever increasing and no matter what boundaries I put in place, more patients require care than I can comfortably manage and there is an increasing workload from the hospital returning care to GP for things to me hospital don't have capacity for. It scares me when I find unsolicited copies of results from the hospital with the expectation that I will notice the result I didn't request and act in it in a timely fashion.*

Base: 120 comments in total

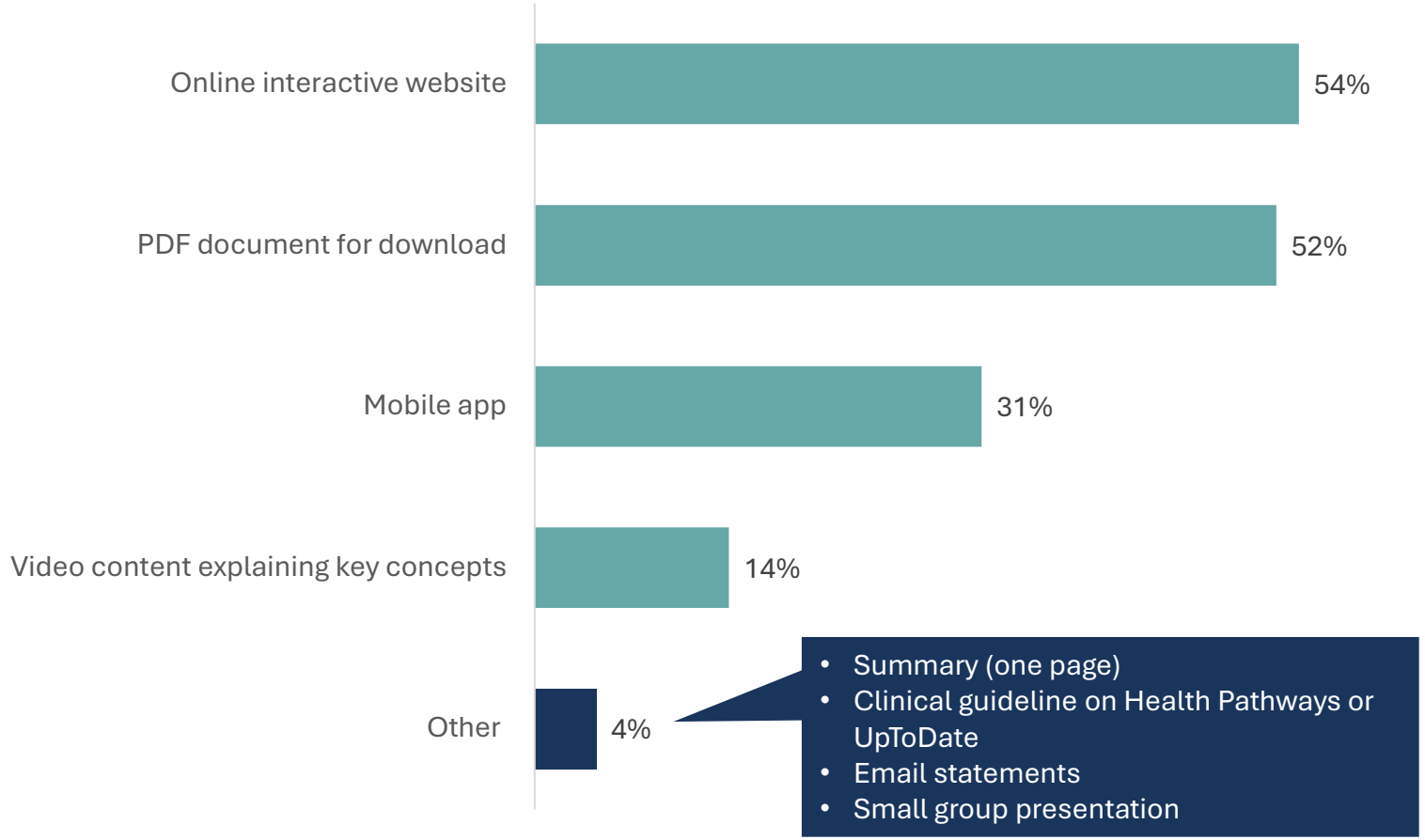
06

What would encourage use

Useful formats

- An online interactive website and/or PDF document would be the most useful formats.
- There is mention of the website needing to be well indexed and searchable. Also, that the PDF document include an index.
- Among doctors aged under 45 years, 57% found a PDF document useful, followed by 53% who favoured an online website, and 42% who indicated that a mobile app would be useful.
- Video content is not useful to most doctors and would need to be really engaging to be viewed.

+ What format would be most useful for accessing Good Medical Practice?



Base: All n=441

What else could be changed or improved to make Good Medical Practice more practical for day-to-day use and encourage you to use it more?
% of all doctors (number of comments)

8% (n=34) - Concise and clear statements: These comments emphasise the need for the document to be more concise and straightforward. Doctors suggest shortening the document; having summaries; simplifying, specifying or clarifying wording; and providing a short (one-page) executive summary.

7% (n=29) - Integration with other systems and resources: These doctors suggest integrating Good Medical Practice into existing systems and pathways, or with other resources. This includes incorporating it into medical school training/junior doctor certification, peer review sessions, webinars/seminars/focus groups, training modules for CPD points, registration or renewal of the Annual Practising Certificate (APC), 3-yearly Maintenance of Professional Standards (MOPS), and access and links to other guidelines, policy documents or organisations (e.g., therapeutic guidelines or MPS).

6% (n=27) - Accessibility and usability: These doctors suggest making the document more accessible and user-friendly. This includes creating an interactive website, a mobile app, incorporating search functionality or AI, providing a PDF with clickable links and indexing, and having it as a display poster.

3% (n=15) - Practical examples and case studies: Providing practical examples and case studies is a common suggestion. Doctors felt that real-life examples and scenario-based learning would make the principles more relatable and easier to apply in day-to-day practice.

3% (n=15) - Regular updates and reminders: These doctors suggest regular updates and reminders to keep Good Medical Practice fresh in their minds. This could be done through short bite-sized email updates, an annual refresh reminder and general promotion of the statement.

> *Interactive website is a great idea. Short sections, topics nestled into sections, real examples, quotes from patients, doctors, nurses, etc. and little videos discussing pertinent points.*

> *Simplify wording and shorten document so it can be displayed for patients to read so it can be more obvious to patients when the document has been contravened.*

> *Interactive digital platform: A dedicated website/app for easy navigation and search. Scenario-based learning: Integrate interactive case studies with clear guidance. Modular content: Provide quick summaries and expandable details. CPD integration: Link to professional development resources and self-assessments. A requirement that it is read each time APC is applied for.*

> *Live examples, collaborations like MPSs webinars, other ways that these are brought into reality e.g., HDC/MPS/Good Medical Practice further webinars based around examples. Giving us ideas for ways to self-assess or audit against some of the standards like 'respect'/partnering.*

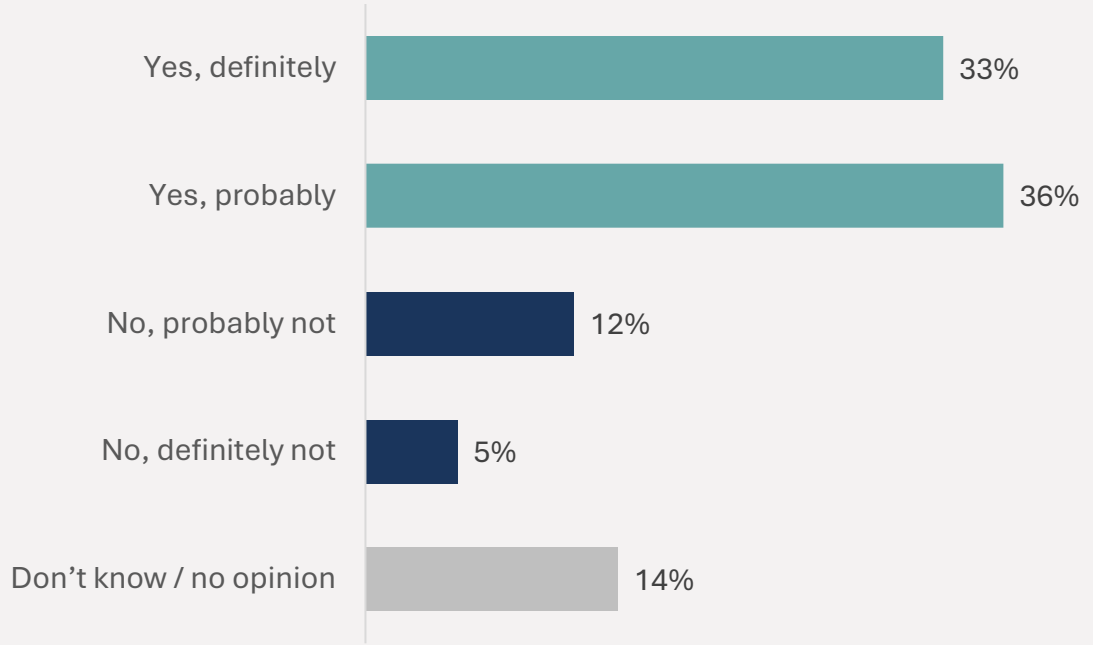
> *I like how the Goodfellow Unit sends out bite-sized Gem email updates. How about if the Good Medical Practice content was drip-fed to us in short (<200 words) emails, say, weekly? That way not only is it less intimidating and easier to process, but also we will frequently be reminded about the document's existence.*

Base: 125 comments in total, including n=7 ‘not needed for day-to-day use’, n=7 ‘nothing or don’t know’ and n=13 made other comments.

Supplementary guidance

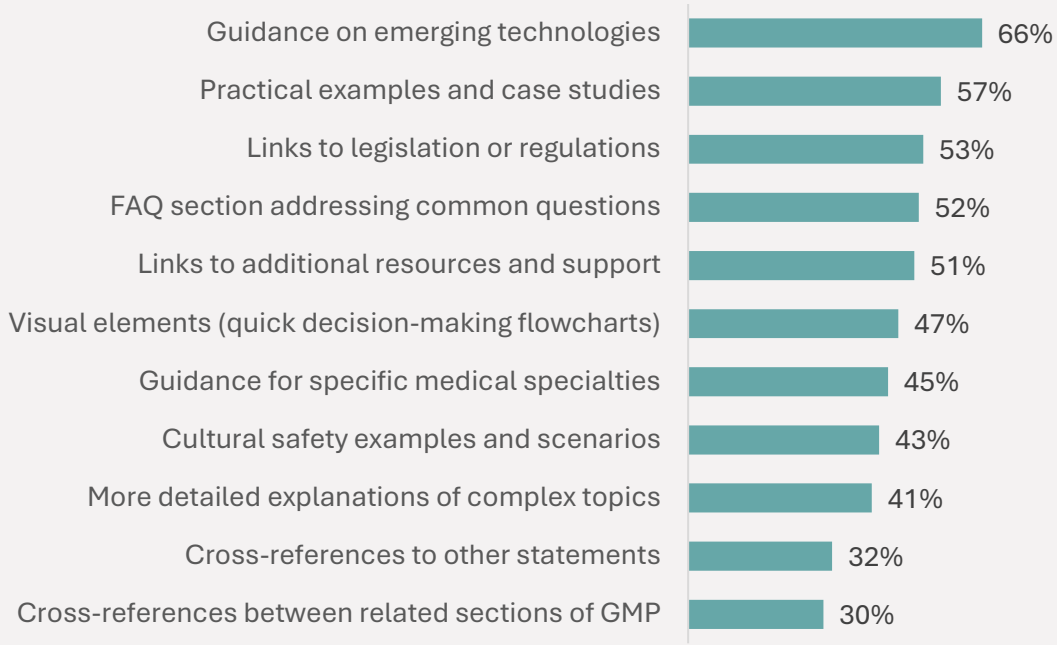
- Overall, 69% would find it useful having ‘supplementary guidance’ on the Council’s website, compared to 17% who would not.
- Many would find supplementary guidance on emerging technologies (digital health, AI, etc.) as useful. Over 50% would also find useful, practical examples/case studies, links to legislation/regulations, a FAQ section, and links to additional resources and support.

Would you find it useful for the Council to provide information like the ‘supplementary guidance’ on its website, that would sit outside Good Medical Practice and other statements?



Base: All n=441

What would you find useful as ‘supplementary guidance’ on the website?



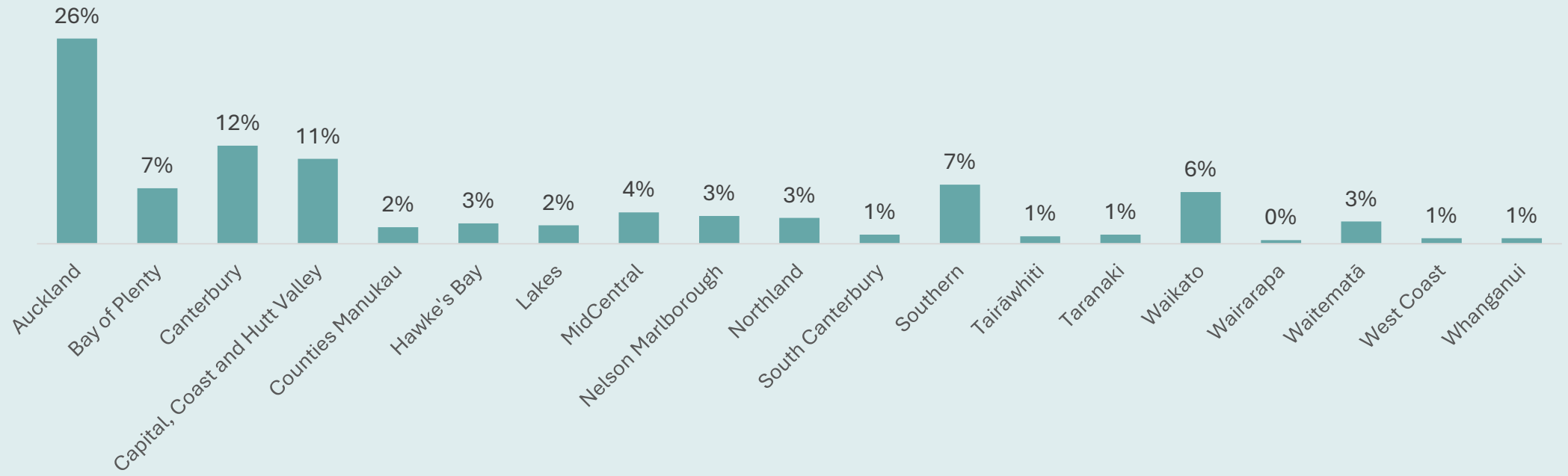
Base: Would find it useful n=303, 2% ‘Other – please specify’.

07

Participants

Participants were able to select 'prefer not to say' to all the questions below.

- 54% New Zealand and 44% international medical graduates.
- 48% had been practicing (in New Zealand or elsewhere) for more than 30 years, 26% 21-30 years, 17% 11-20 years, and 8% 10 years of less.
- 33% had been practising in New Zealand for more than 30 years, 24% 21-30 years, 21% 11-20 years, and 21% 10 years or less.
- 38% were working in a public hospital, 38% a general practice/primary care, 9% in a private specialist practice, the remaining in community health services, government/public health, private hospitals/clinics, academic/universities, hospice/palliative care, clinical research or other fields.
- There was a spread of doctors across demographic characteristics of age, gender, ethnicity and district of practice.



Base: All n=441

Thank you