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ISSUE 64: September 2016

NEWSLETTER OF THE MEDICAL COUNCIL OF NEW ZEALAND

CHAIRMAN'S FOREWORD

Keeping up to date on Council statements and publications

As you may know, Council's statements are often used by the Health Practitioners Disciplinary Tribunal, Professional Conduct Committees and the Health and Disability Commissioner as a standard by which to measure professional conduct.

Quick links to all Council statements

- Good medical practice
- Medical care
- Good prescribing practice
- Communication and informed consent
- Cultural competence
- Management
- Professionalism
- Patients
- Health and Disability Commissioner
- Health Practitioners Disciplinary Tribunal
- Medical Council of New Zealand

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Looking at the numbers

As part of ensuring that the Council continues to meet its primary role, we undertook research with doctors, stakeholders and health consumers in 2007, 2010 and again in 2015.

Establishing the state of medical professionalism in New Zealand and awareness and attitudes towards the Medical Council

This research replicated a survey undertaken with doctors by the Medical Council of Ireland in order to establish the state of medical professionalism in New Zealand and to identify levels of awareness of and attitudes towards the Council among New Zealand doctors.

Small steps, big benefits

In September 2015 the Medical Council released a discussion paper I wrote entitled *'Cultural Competence, Partnership and Health Equity: Professional Obligations Towards Māori Health Improvement.'*

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DEAR COLLEAGUE

Keeping up to date on Council statements and publications

As you may know, Council's statements are often used by the Health Practitioners Disciplinary Tribunal, Professional Conduct Committees and the Health and Disability Commissioner as a standard by which to measure professional conduct.

It is imperative that you keep up to date with Council's statements to ensure that you are practising within Council's standards. Council will assist you with this by emailing updates when changes are made or new statements are released. However, in addition to this, you also have an ongoing obligation to ensure that you keep up to date with Council's statements.

In particular, the Council has recently proposed a number of changes to its *Statement on providing care to yourself and those close to you.* Please take the time to read what changes have been proposed and familiarise yourself with this statement when we publish it.

This issue of *Medical Council News* includes links to all current Council statements and publications. I would urge you to take the time to have a look at them and bring yourself up to date on their subject matter.

Research

The other story of interest is a summary of the research many of you participated in last year, and I would like to thank you for your comments and participation.

The broad purpose of the research was to explore perceptions of the Council's objectives and performance, including (but not limited to) identifying key audiences' understanding of the role and functions of the Council, exploring attitudes towards the Council and evaluating the effectiveness of Council communications, including Council publications and the Council website.

Cultural competence

I have also included an article – *Small steps, big benefits* – I wrote for *New Zealand Doctor* in June in which I outline the reasons why Council decided that cultural competence, partnership and health equity should be one of Council's strategic directions.

Our bottom line is that Council sees health inequities as unacceptable and that doctors have a professional and moral obligation to help address this inequity.

As always, I would value any feedback on the issues I have raised in this newsletter, which may be sent to me at chair@mcnz.org.nz

Andrew Connolly
Chair
Medical Council of New Zealand

KEEPING UP TO DATE ON COUNCIL STATEMENTS AND PUBLICATIONS

Our statements outline the standards expected of doctors. They aim to assist doctors to provide good medical practice and may be used by the Health Practitioners Disciplinary Tribunal, the Medical Council of New Zealand and the Health and Disability Commissioner as a standard by which doctors' conduct can be measured.

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LOOKING AT THE NUMBERS

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The broad purpose of the research was to explore perceptions of the Council's objectives and performance, including (but not limited to) identifying key audiences' understanding of the role and functions of the Council, exploring attitudes towards the Council and evaluating the effectiveness of Council communications, including Council publications and the Council website.

The consumer research also included questions regarding attitudes towards doctors in New Zealand as well as perceptions of professionalism and trustworthiness.

Overall objectives

The key overall objectives of the 2015 research were to:

- describe the public's views regarding trust in and experience of doctors
- describe doctors' views on professional values and behaviours
- compare the New Zealand doctors' results with those in other jurisdictions such as the United Kingdom and Ireland
- generate discussion about the state of medical professionalism in New Zealand.

Based on these objectives, we undertook three research projects:

- Establishing the state of medical professionalism in New Zealand and awareness and attitudes towards the Medical Council.
- Consumer attitudes towards experiences with doctors in New Zealand and awareness of the Medical Council.
- Qualitative research with key stakeholders.

The 2015 research was undertaken by Mobius Research and Strategy Limited, an Auckland-based research company.

SMALL STEPS, BIG BENEFITS

Tēnā koutou, tēnā koutou, tēnā koutou katoa

In September 2015 the Medical Council released a discussion paper I wrote entitled 'Cultural Competence, Partnership and Health Equity: Professional Obligations Towards Māori Health Improvement.'

At that time I said:

> 'Cultural competence and genuine partnership with Māori are important aspects of achieving excellence in medical practice.
>
> Both cultural competence and partnership improve our understanding and knowledge of our patients and allow us to consider inequities in patient care and patient outcomes and inform ways to address these.
>
> In doing so we improve the care we provide and therefore improve patient and population health outcomes.'

The paper reinforced Council's previously stated expectations that all doctors will be culturally competent (as a key component of overall clinical competence).

Through our role as the medical regulator we are responsible for professional standards and ensuring doctors' competence. We strongly believe we can play a part in improving Māori health outcomes and reducing health inequity.

At its planning day in March this year, in a discussion led by Council member Dr Curtis Walker, Council considered the issue of cultural competence and its importance in the work of the profession and Council.

A significant and positive outcome of Council's discussions was that cultural competence, partnership and health equity became one of Council's strategic directions.

Our bottom line is that Council sees health inequities as unacceptable and from this arise professional and moral obligations to help to address inequity.

Cultural competence is not discretionary

Council is clear that cultural competence is not discretionary.

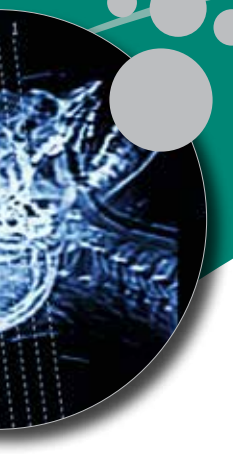
It is a standard that Council is required to establish by statute and has done so. Very simply, we expect that all doctors will be culturally competent.

Council believes:

> 'Cultural competence requires an awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds. Cultural competence means a doctor has the attitudes, skills and knowledge needed to achieve this. A culturally competent doctor will acknowledge:
>
> 1 That New Zealand has a culturally diverse population.
>
> 2 That a doctor's culture and belief systems influence his or her interactions with patients and accepts this may impact on the doctor-patient relationship.
>
> 3 That a positive patient outcome is achieved when a doctor and a patient have mutual respect and understanding.'

Looking forward

Although the early emphasis of our push to improve the cultural competence of all doctors will initially be on the inequities in Māori health, it will in time extend to Pasifika peoples and other ethnic groups. To



achieve this objective we will encourage doctors and health organisations to establish and strengthen their partnerships with Māori organisations, with the aim of including greater Māori participation within their governance structures. Inequity can be found in various parts of the health system, including access to care through to the outcomes of various treatments. As doctors we may be able to positively influence some of the causes of inequity. It is only by increasing our understanding of the issues underlying health inequity that we can begin to reduce the disparities.

Since September, I have found tremendous goodwill and a willingness by the medical colleges to address the issues of cultural competence and health inequity. Some colleges are already strong advocates of Māori fellowship, governance and decision making; others are taking their first steps.

It's our intention to work collaboratively and share the knowledge we have with all medical colleges to ensure that cultural competence is an expectation embedded within all vocational training and recertification programmes. But also importantly, to listen and learn from Māori doctors, Te Ohu Rata o Aotearoa (Te ORA), others in the profession and colleges on how we can improve and address Māori health inequity.

Likewise, we'll actively work with colleges and universities to improve the number of Māori medical graduates entering and completing vocational training. Perhaps one of the most significant ways we can help improve equity is by supporting Māori doctors in their advocacy and leadership roles within the profession and in the health sector. It was encouraging to see last year a major milestone ticked off; for the first time, demographic proportionality has been achieved with the number of Māori students entering medical school proportionate to the Māori population.

The challenge for us working with colleges and other stakeholders will be to ensure that this proportionality will in turn be reflected throughout the profession.

Other changes we are looking to make include:

- updating all our statements and resources on cultural competence
- amending our accreditation standards for prevocational training to include cultural competence
- reviewing our supervision and assessment processes for international medical graduates to ensure the doctor meets the required standards of cultural competence.

I see cultural competence as being an evolution over time of changing attitudes and understanding.

Realistically it will only be achieved by taking a step at a time, rather than giant strides, working in partnership with Māori through genuine representation and participation.

I hope you will join me and the Council on this journey.

Ngā mihi nui

Andrew Connolly
Chair
Medical Council of New Zealand

ESTABLISHING THE STATE OF MEDICAL PROFESSIONALISM IN NEW ZEALAND AND AWARENESS AND ATTITUDES TOWARDS THE MEDICAL COUNCIL

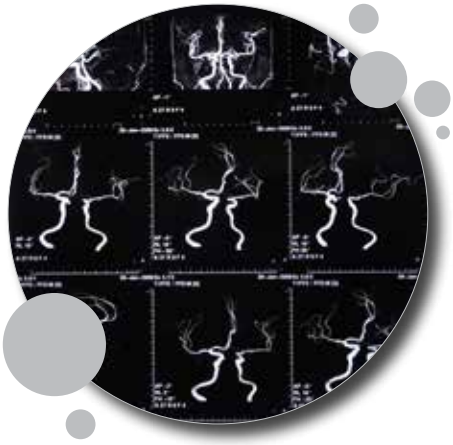
This research **replicated a survey** undertaken with doctors by the Medical Council of Ireland in order to establish the state of medical professionalism in New Zealand and to identify levels of awareness of and attitudes towards the Council among New Zealand doctors.

The survey was completed by 1,585 doctors. This is 10.8% of practising doctors (there was a total of 14,677 practising doctors at 30 June 2015). This is a very high response rate and increases reliability of the feedback. The survey had a margin of error of ±2.5%.

The New Zealand results are presented here with as much comparative data as we were able to obtain from surveys conducted in Ireland, the United Kingdom and the United States.

The survey covered:

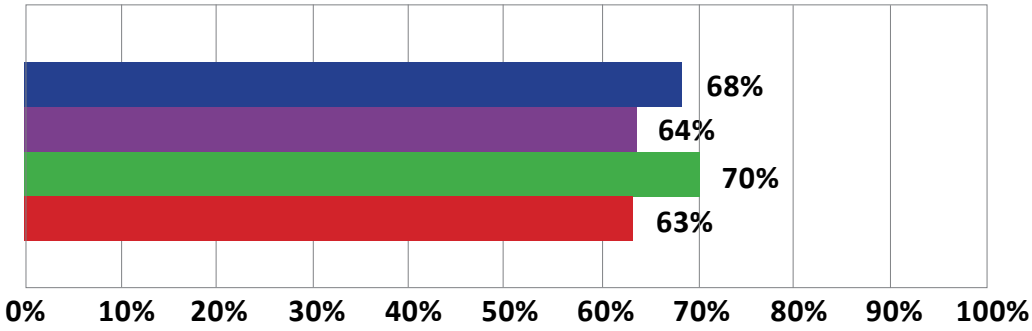
- attitudes and behaviours related to medical professionalism
- doctors impaired or incompetent to practise
- professional competence and attitudes towards recertification or CPD
- attitudes towards multisource feedback
- understanding of the roles of the Medical Council.



KEY FINDINGS

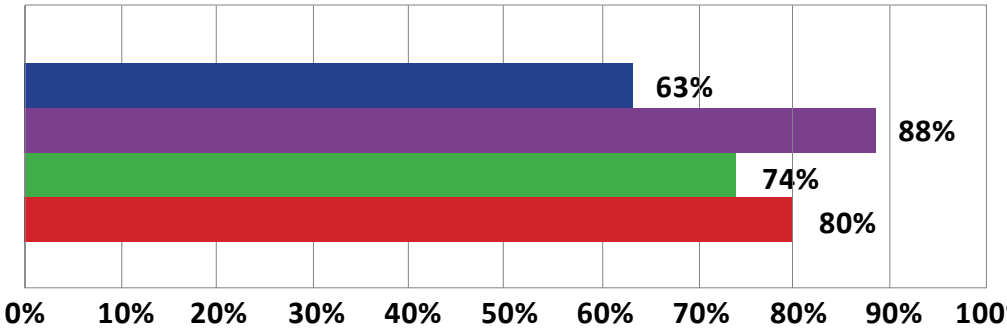
The survey asked to what extent doctors completely agree that all doctors should take certain actions.

DISCLOSE ALL SIGNIFICANT MEDICAL ERRORS TO PATIENTS WHO HAVE BEEN AFFECTED.



Although New Zealand doctors' responses are comparable with the United States of America (USA), the United Kingdom (UK) and Ireland, they are lower than desirable for such an important issue.

FULLY INFORM ALL PATIENTS OF THE BENEFITS AND RISKS OF A PROCEDURE OR COURSE OF TREATMENT



New Zealand | United States | United Kingdom | Ireland

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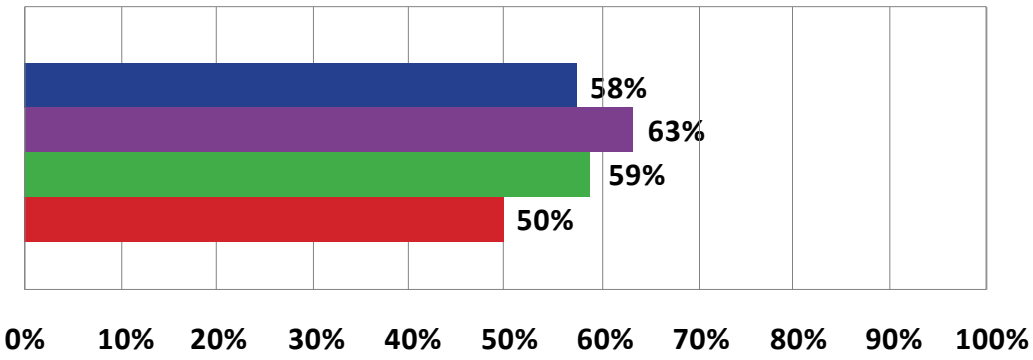
The agree rate for New Zealand doctors is significantly lower than the USA, UK and Ireland. Both the Council and the Health and Disability Commissioner (through the Code of Health and Disability Services Consumers' Rights) place significant emphasis on informed consent.

One doctor commented:

"I think we should acknowledge it is impossible to provide fully informed consent and stop pretending this is possible and a realistic expectation. I believe we should provide good information of risks and benefits but to pretend this constitutes fully informed consent is setting ourselves up."

REPORT ALL INSTANCES OF SIGNIFICANTLY IMPAIRED OR INCOMPETENT COLLEAGUES TO THE MEDICAL COUNCIL OF NEW ZEALAND



Although 35% of New Zealand doctors somewhat agree, 7% disagree. Again, the responses are comparable with the USA, UK and Ireland.

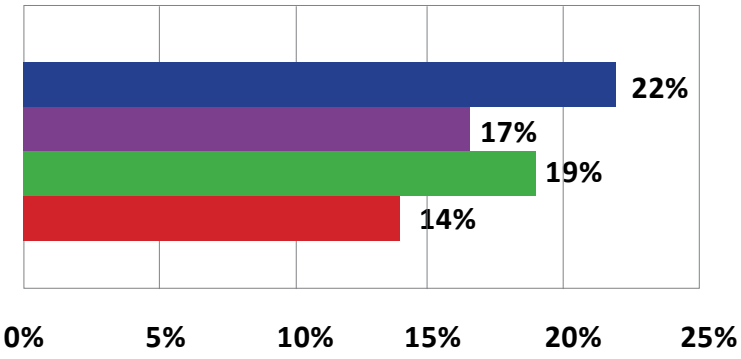
Further information on what doctors have done when a colleague is significantly impaired or incompetent includes:

- stop referring patients to that doctor
- have a personal discussion with that doctor
- report that doctor to the Medical Council
- refer the issue to senior management.

New Zealand United States United Kingdom Ireland

22% of New Zealand doctors have had direct personal knowledge of a doctor who was impaired or incompetent to practise in their hospital or practice in the last three years.

IN THE LAST 3 YEARS HAVE YOU HAD DIRECT PERSONAL KNOWLEDGE OF A DOCTOR WHO WAS IMPAIRED OR INCOMPETENT TO PRACTISE IN YOUR HOSPITAL OR PRACTICE?



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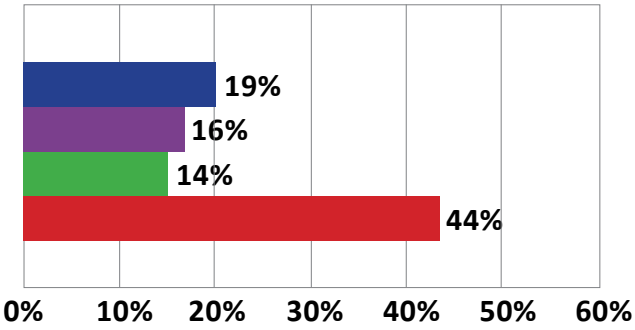
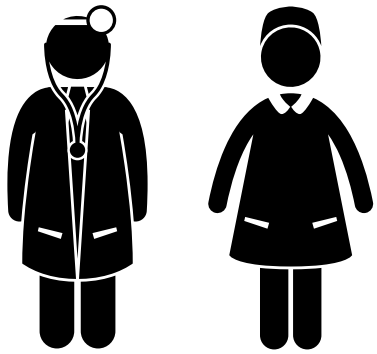
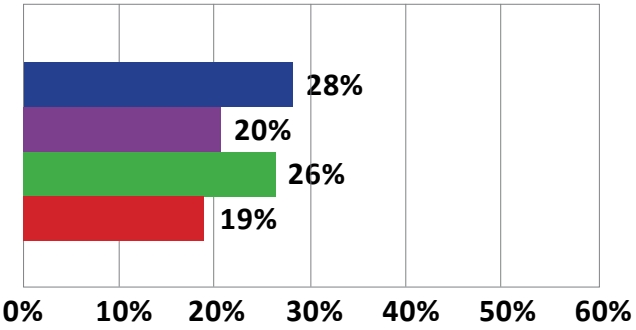
24% of doctors have decided not to report another doctor who was impaired or incompetent to practise medicine to the Council. Main reasons provided for not referring were:

YOU BELIEVED NOTHING WOULD HAPPEN AS A RESULT OF REPORTING IT

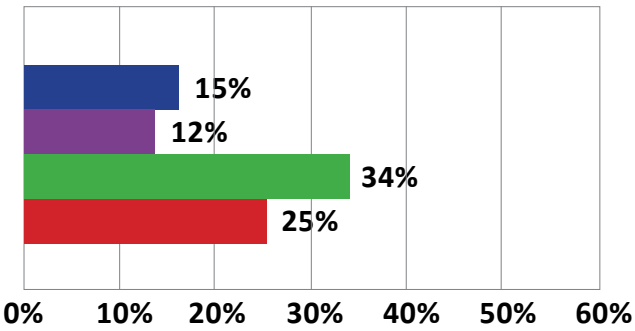


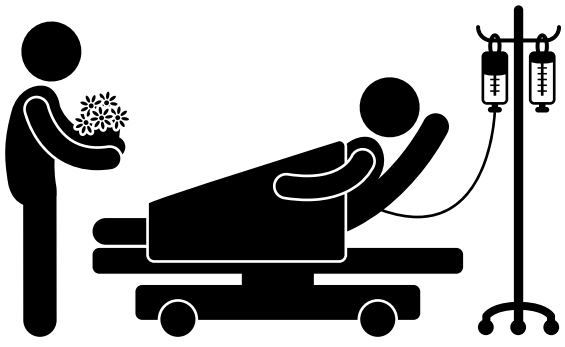


YOU THOUGHT SOMEONE ELSE WAS TAKING CARE OF THE PROBLEM



YOU WERE AFRAID OF RETRIBUTION





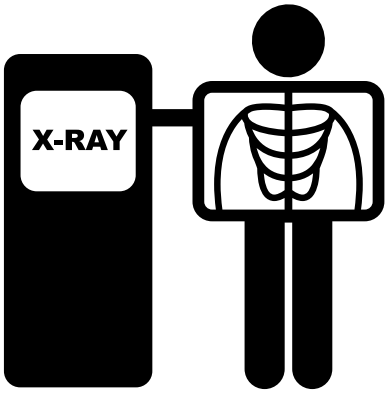
OTHER RESPONSES:

Not my responsibility (11%)

Thought punishment would be excessive (8%)

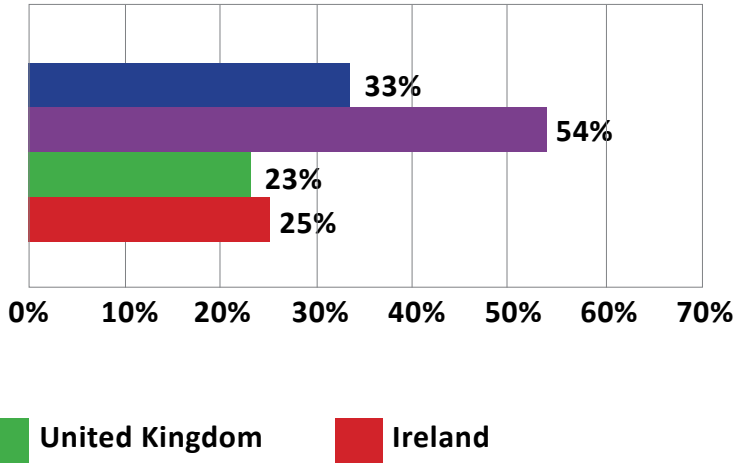
Unsure who to report it to (10%)

Felt it could easily happen to you (6%)



Recertification is also an area where there was a significant level of disagreement:

UNDERGO PERIODIC RECERTIFICATION THROUGHOUT THEIR CAREER



The complete agreement of 33% of New Zealand doctors (24% disagree) is very low. Agreement from doctors is significantly lower than the USA but higher than either the UK or Ireland. However, 98% of New Zealand doctors are aware of the types and amounts of activities they are required to do to maintain their professional competence.

Doctors provided comments explaining why they lack confidence in their and colleagues' abilities to maintain competence:

"Dear Medical Council, just to give an advice to you – NZ has high quality professionals and NZ patients receive high quality care compared to Australia and other Western World with relatively low expense. Please do not MICROMANAGE Doctors."

"The requirements assume we all work 40 hours per week at least in clinical practice. The requirements are not pro-rata (like our pay,) and the reason we chose to work part time is not so we can spend more time doing our CME."

"… learning that it IS acceptable to challenge people who can't justify their practice with evidence (rather than eminence)."

"I need formal guidance as to what fields are changing etc. in the form of teaching as well as personally guided learning. With both of these things in place I feel able to maintain competence."

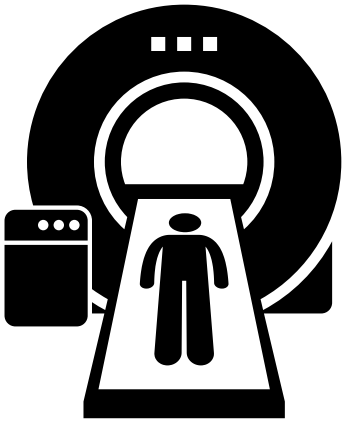
"Because I have colleagues who are old, and set in their ways, and no longer able to recognise their limitations, or to keep up with the latest developments in their fields."

"My ability to judge my own educational needs. My ability to assess beforehand the relevance of a learning opportunity."

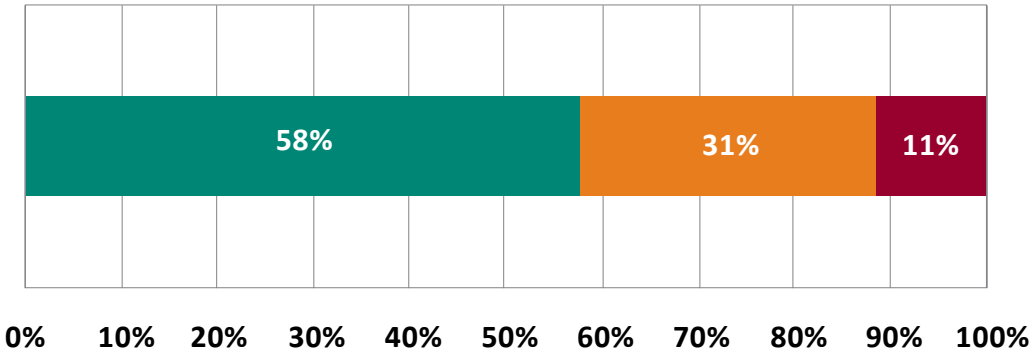
"As a GP my professional competence assurance is via the GP college. Some of their requirements do not make good sense in terms of my clinical practice. It would be good to have some choice of agency through which to achieve the certification."

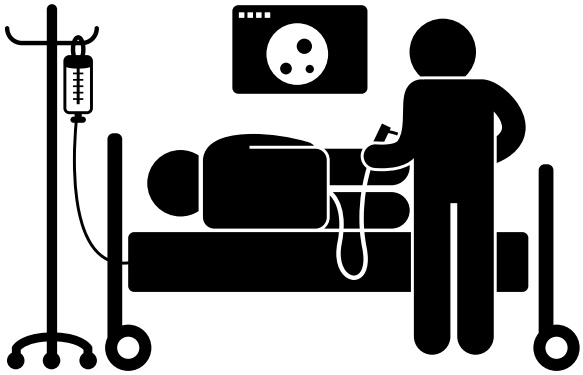
"One of the issues that bothers me most is maintaining my cognitive competence - as a nearly 70 year old still in practice I believe some assessment of my ongoing cognitive awareness/competence is more important than anything else. Last year I did have a practice visit/assessment but that was not very useful in assessing/commenting on my maintenance of cognitive competence."

PROFESSIONAL COMPETENCE ARRANGEMENTS ARE RELEVANT TO MY DAY TO DAY PRACTISE



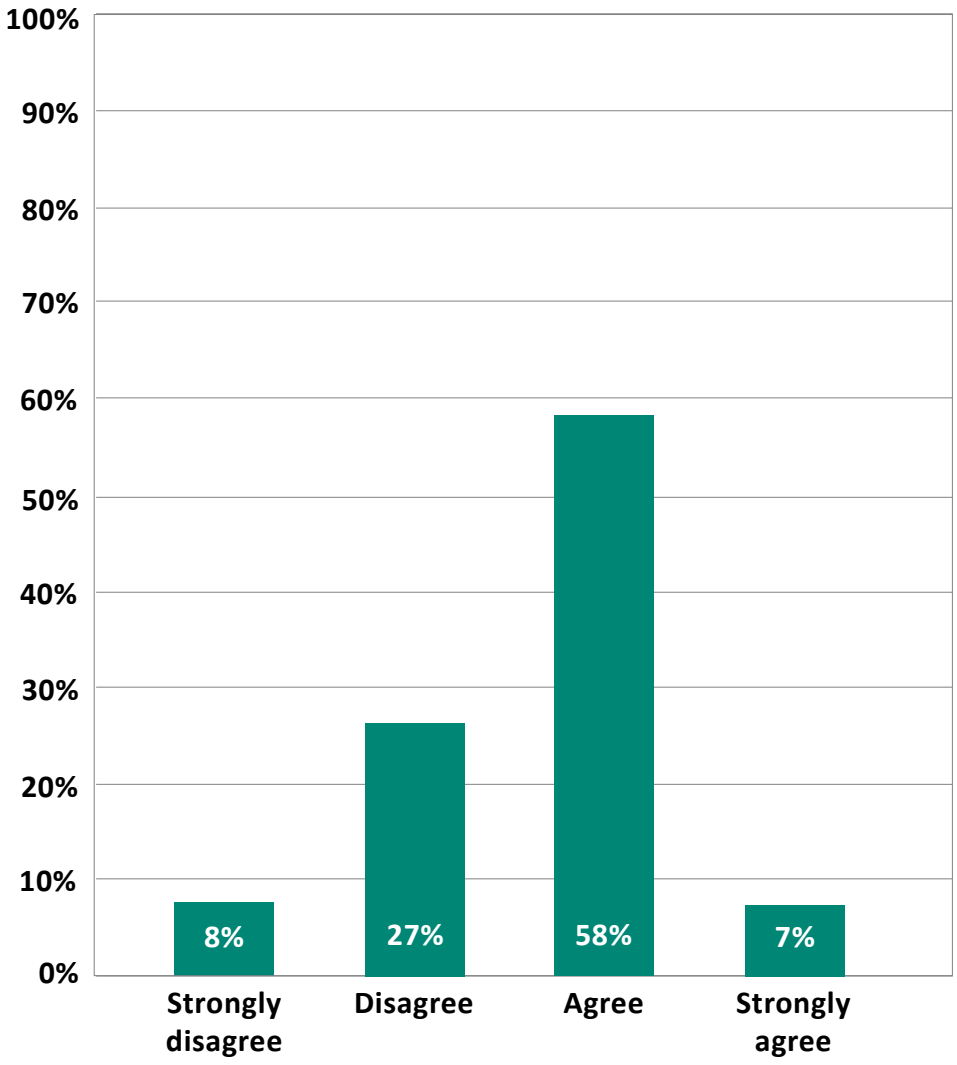
PROFESSIONAL COMPETENCE REQUIREMENTS ARE STRAIGHT FORWARD





Multisource feedback (MSF) was also included in the survey.

65% of doctors agree that MSF is useful in helping them to identify their strengths and professional development needs – 35% disagree.



Some points of consideration for Council:

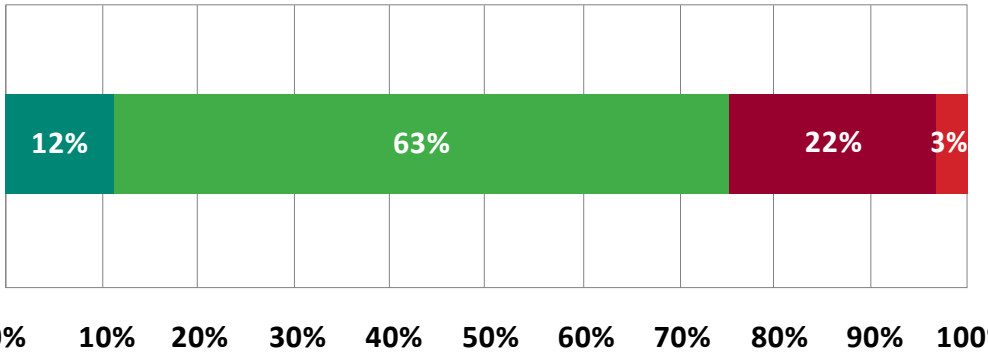
- As long as an organisation can meet the relevant accreditation standards and pays the costs of the assessment, should the provision of CPD be competitive?
- Does the role and performance of colleges need to be improved? Whilst the Council sets the framework for CPD, it does not set what is relevant to each scope of practice.
- Should Council make MSF a compulsory CPD tool for all doctors? Would this be of greater benefit than audit of medical practice? MSF is currently used for all PACs and VPAs. It is also being extended to the prevocational years.

Doctors were also asked for their feedback on their understanding of the functions of the Council, on our effectiveness in communicating proactively with doctors and on our efficiency.

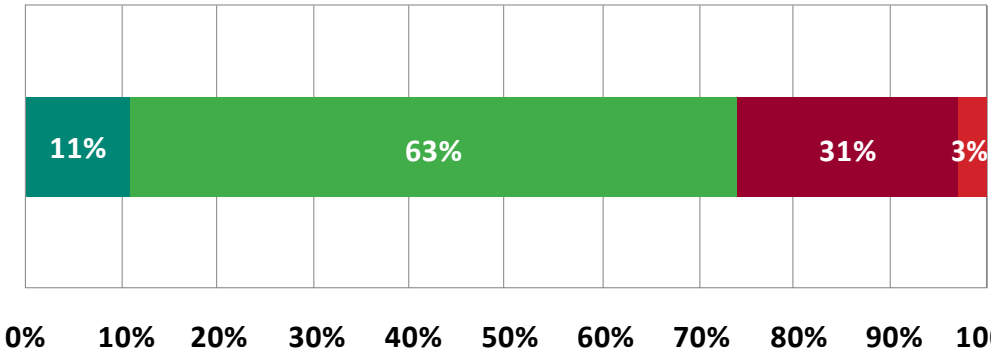
Understanding of the functions was reasonable but also indicates a need for the Council to be more proactive in our communications.

The survey asked how well do doctors understand these functions of the Medical Council:

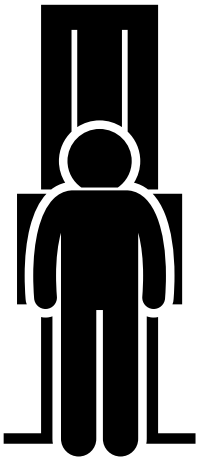
TAKING APPROPRIATE ACTION TO PROTECT THE PUBLIC WHERE STANDARDS ARE NOT MET BY INDIVIDUAL DOCTORS, FOR EXAMPLE TAKING DISCIPLINARY ACTION AGAINST DOCTORS WHEN APPROPRIATE

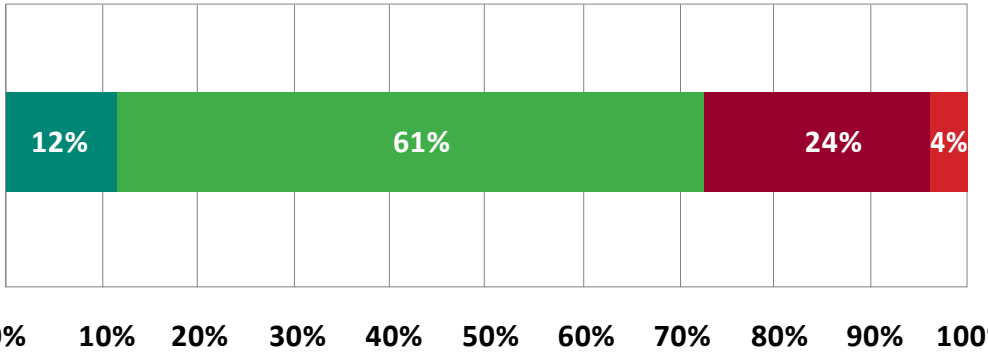


SETTING AND MONITORING STANDARDS FOR THE MAINTENANCE OF PROFESSIONAL CONDUCT

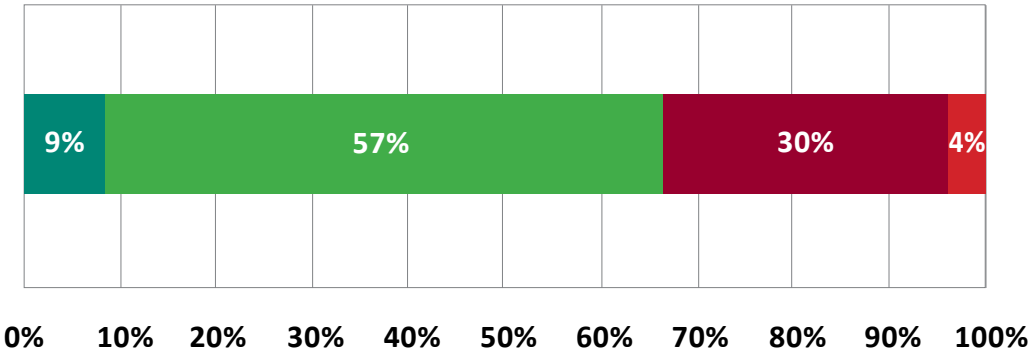


FACILITATING DOCTORS IN ATTAINING AND MAINTAINING THEIR REGISTRATION

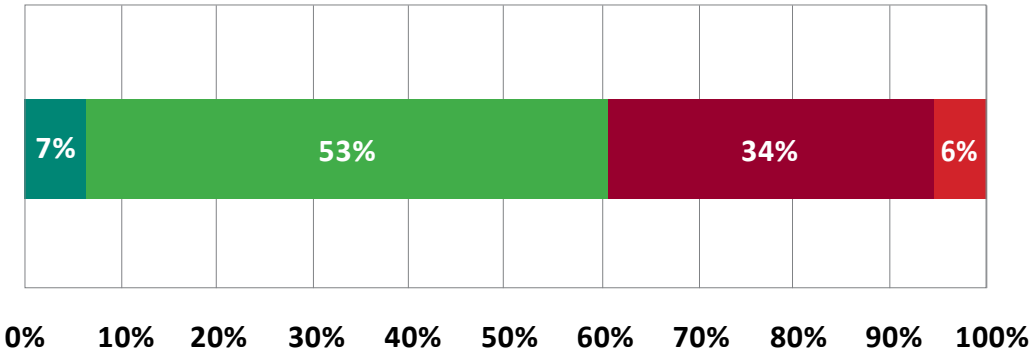


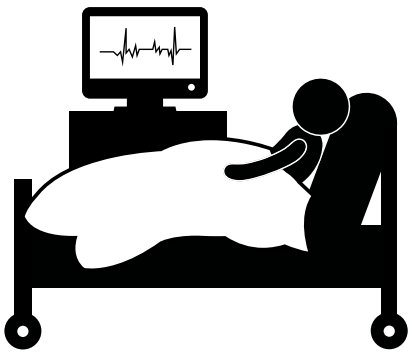


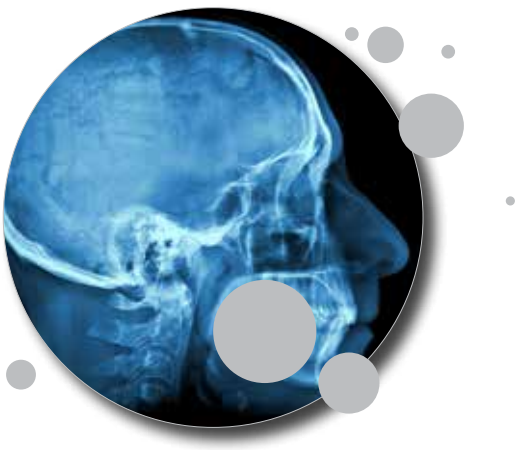
SETTING AND MONITORING STANDARDS FOR MEDICAL EDUCATION, TRAINING, CONDUCT AND ETHICS



COMMUNICATING PROACTIVELY WITH THE PROFESSION, THE PUBLIC AND OTHER STAKEHOLDERS







Very well | Well | Not well | Not at all well

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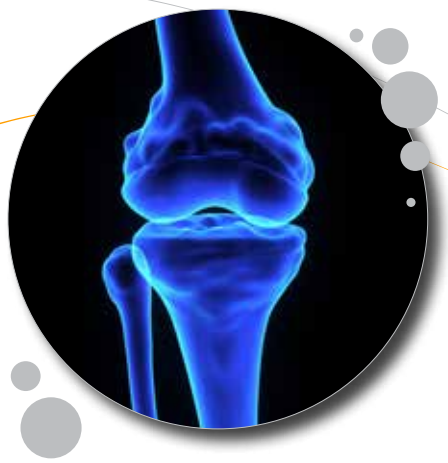
"I believe specialist training and competence assessment should be the realm of the relevant Colleges. Not the Medical Council."

"The Medical Council fails to collect ethnicity data accurately and appropriately within the annual practising certificate workforce survey. Please rectify and align the question to the current Census question. This is gold standard and it is appalling that the Medical Council fails to ensure excellence in this regard despite advice on this issue over many years. Workforce monitoring by ethnicity becomes questionable when incorrect ethnicity question wording is used and undermines accurate monitoring of indigenous Māori and Pacific health workforce inequities."

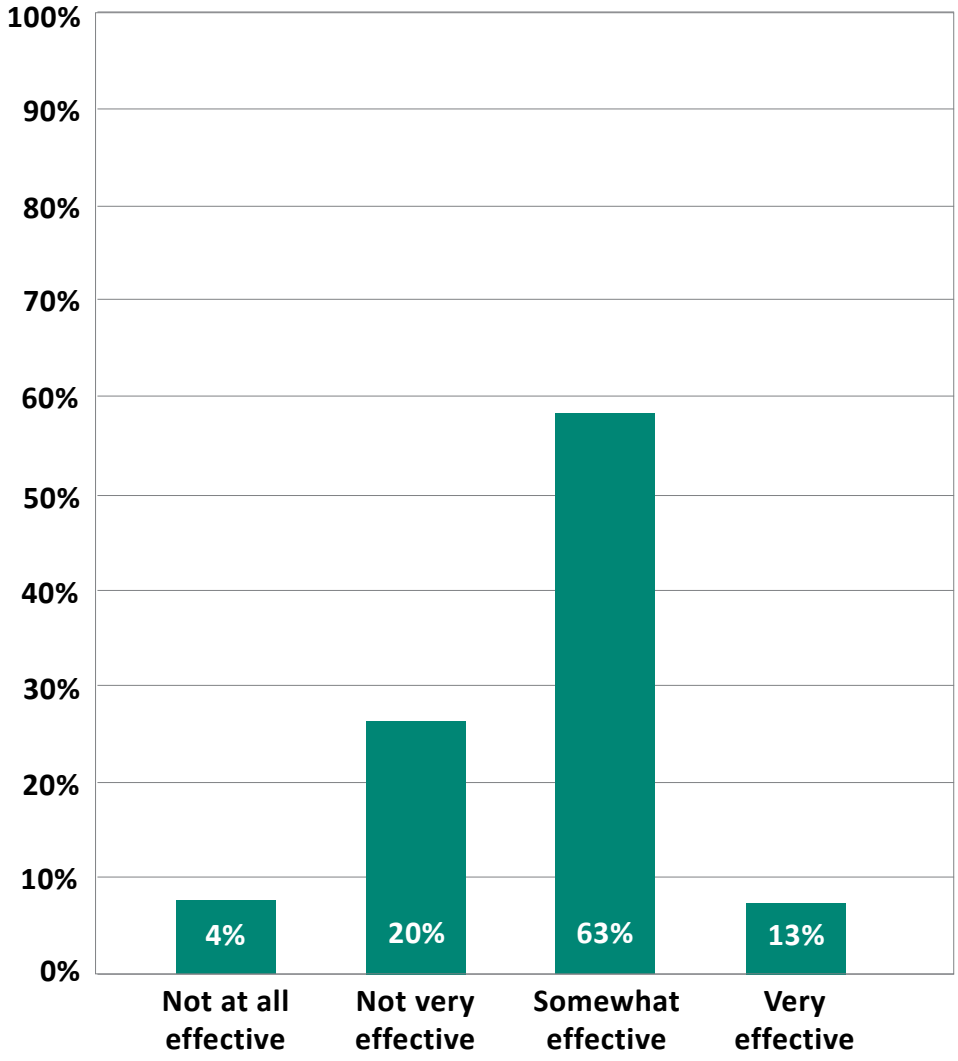
"Some of the info that is received is not relevant to my practice or just a detailed booklet that I'm not interested in. I think some of the function should be [devolved] to the specialist associations that means the info received is relevant to that medical community. Then the uptake of the info will be higher. It's a bit like the Medsafe/Pharmac medication booklets go straight in the bin."

"I think they should be proactive in engaging with the public and demystify their procedures."



HOW EFFECTIVE IS THE MEDICAL COUNCIL IN COMMUNICATING PROACTIVELY WITH DOCTORS?

24% not effective **76% effective**



How satisfied were doctors with the Council's efficiency?

15% not satisfied **85% satisfied**

CONSUMER ATTITUDES TOWARDS EXPERIENCES WITH DOCTORS IN NEW ZEALAND AND AWARENESS OF THE MEDICAL COUNCIL

A total of 593 consumers completed the survey. The survey covered:

- attitudes towards regular doctors
- perceptions of doctors in general including international medical graduates
- awareness of the Medical Council and of the HDC
- complaint experiences
- consumer behaviour and the behaviour of doctors – about chaperones and the level of information provided.

Most feedback was positive – both about doctors and also awareness of the Medical Council.

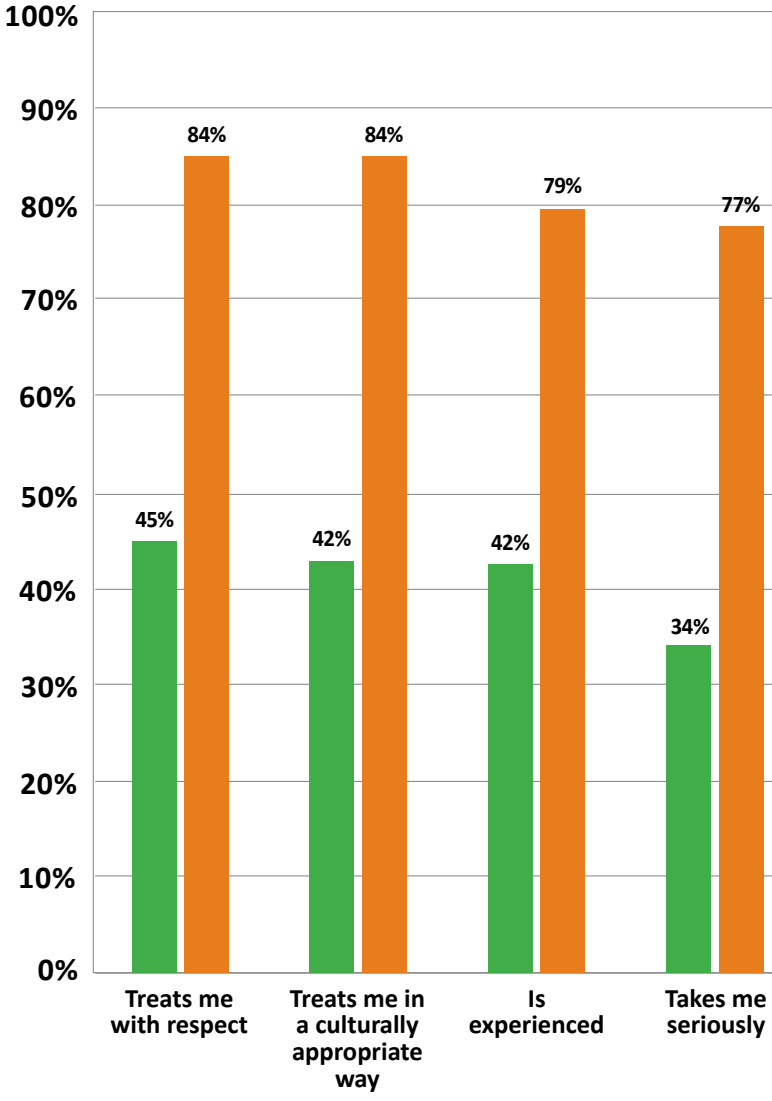
The survey had a margin of error of ±4%.

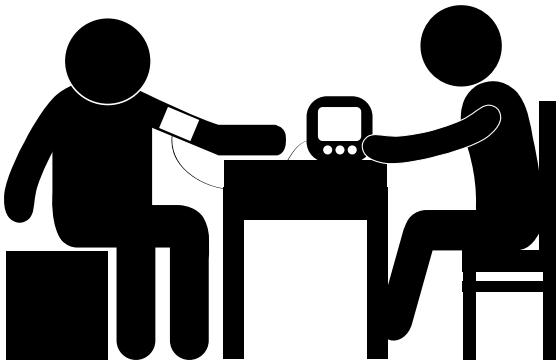
As in previous surveys (2007 and 2010), there are significant differences in consumer attitudes about a regular doctor compared to doctors in general and IMGs in particular. Council may wish to discuss whether it has a role in educating the public about the quality of the medical workforce – both New Zealand and overseas-trained doctors.

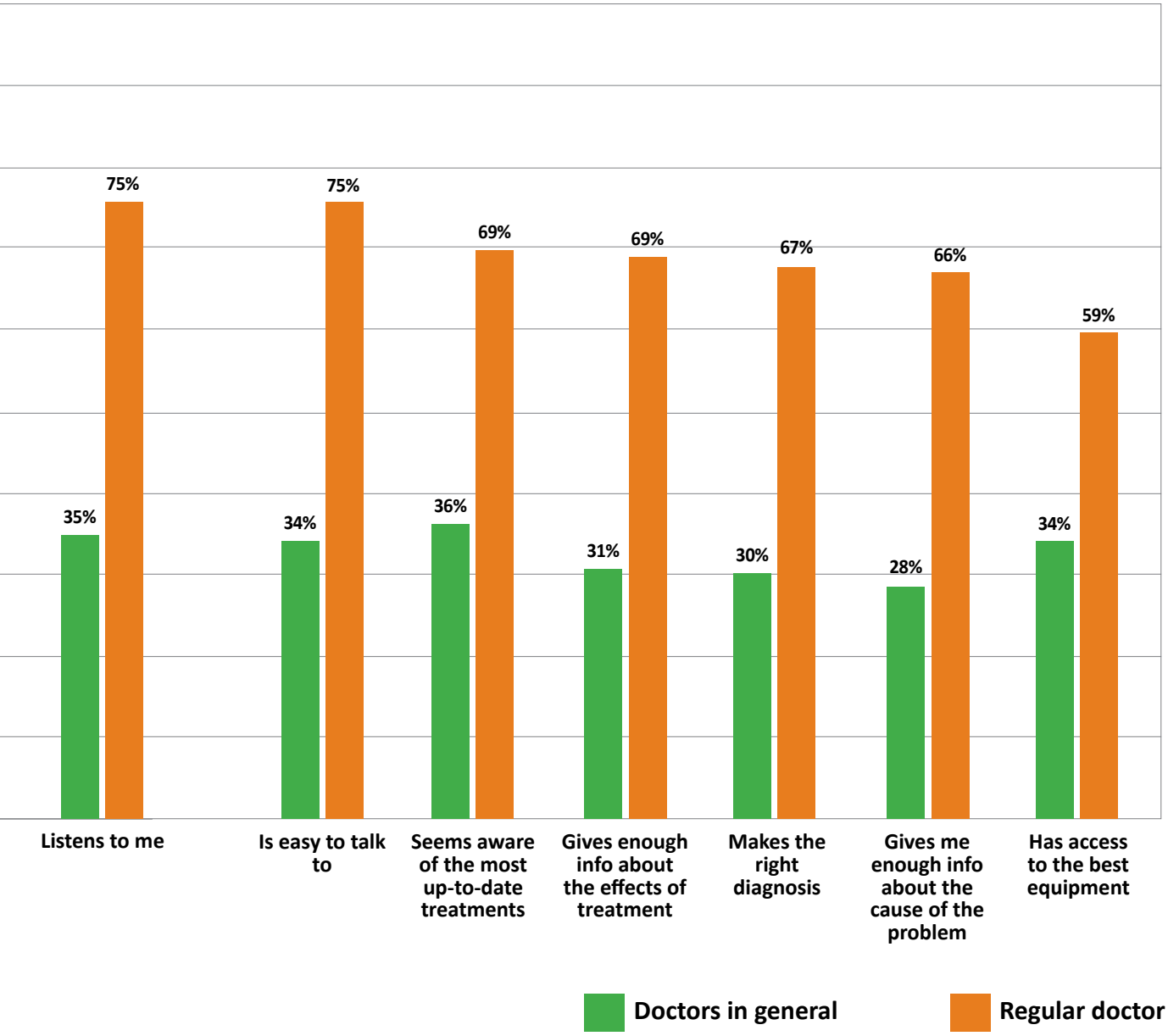
Other areas Council may wish to discuss include:

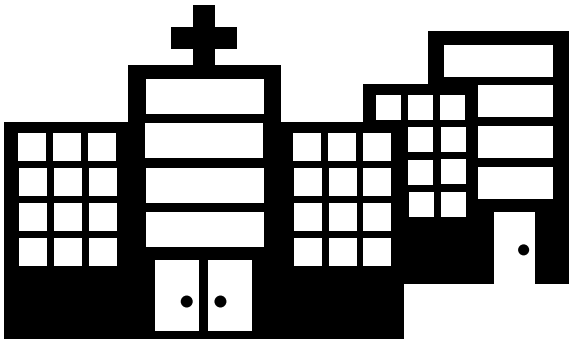
- the level of consumers (18%) who have considered making a complaint but did not do so
- the level of consumers who do not get offered a chaperone, even when they are having an intimate examination.

ATTITUDES TOWARDS REGULAR DOCTOR COMPARED TO PERCEPTIONS OF DOCTORS IN GENERAL:

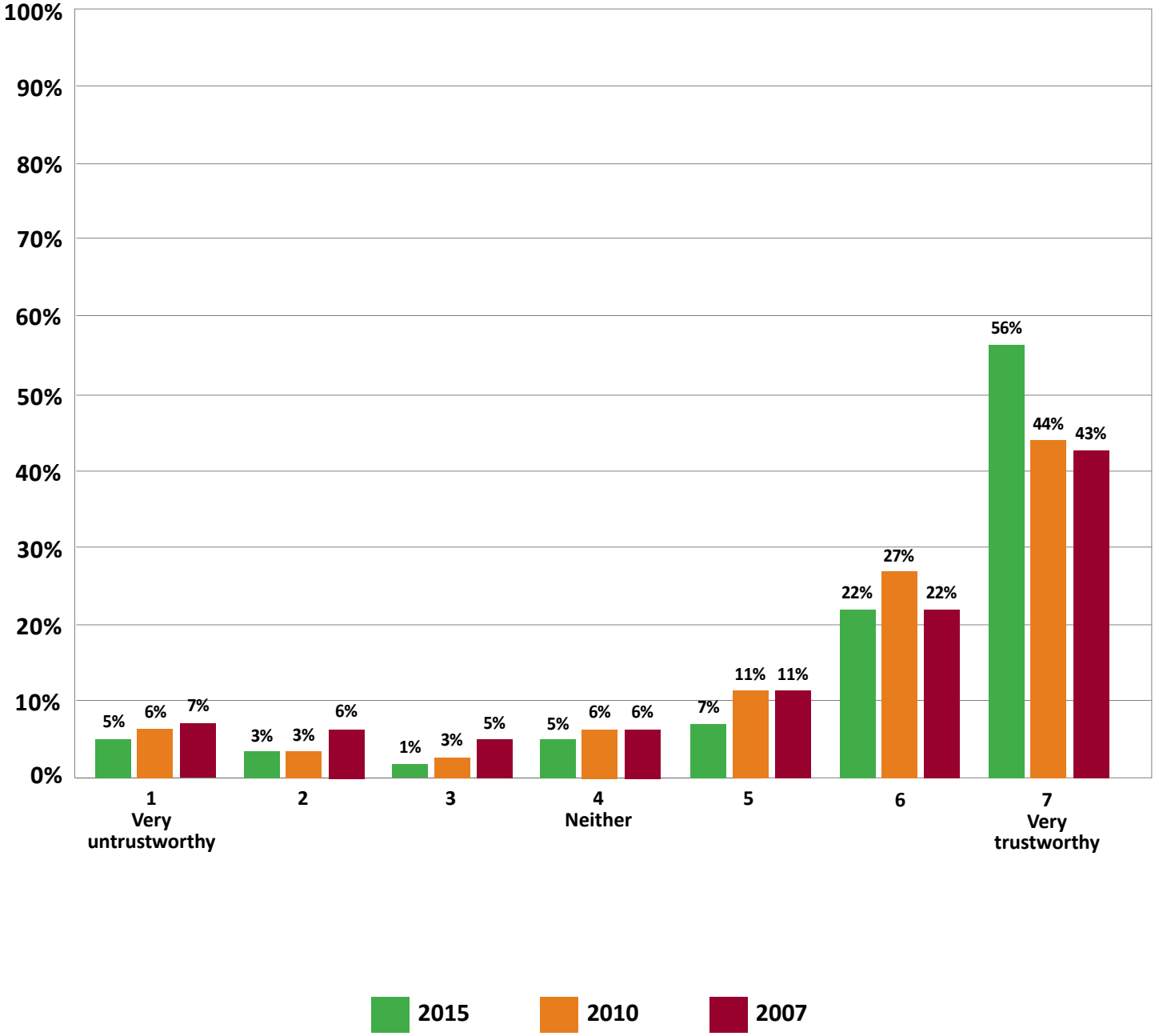


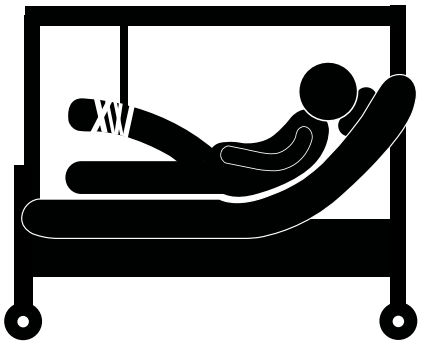



75%
75%
69%
69%
67%
66%
59%
35%
34%
36%
31%
30%
28%
34%
Listens to me
Is easy to talk to
Seems aware of the most up-to-date treatments
Gives enough info about the effects of treatment
Makes the right diagnosis
Gives me enough info about the cause of the problem
Has access to the best equipment
Doctors in general
Regular doctor

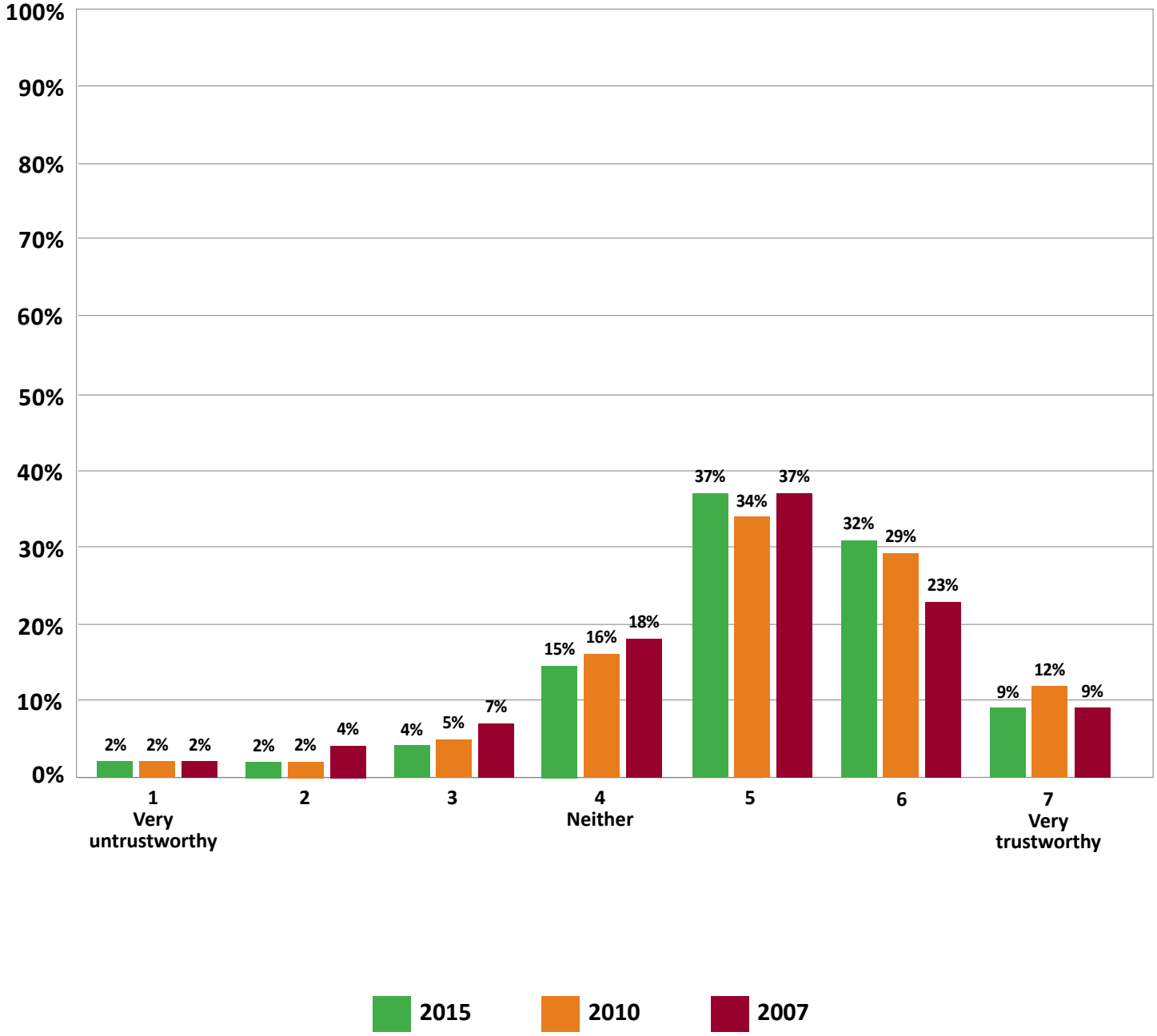


HOW TRUSTWORTHY DO CONSUMERS THINK THEIR REGULAR DOCTOR IS?





HOW TRUSTWORTHY DO CONSUMERS THINK DOCTORS IN GENERAL ARE?



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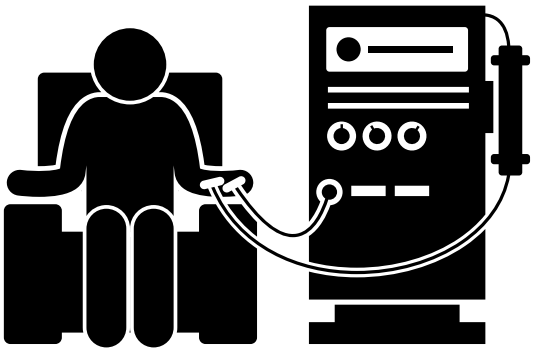
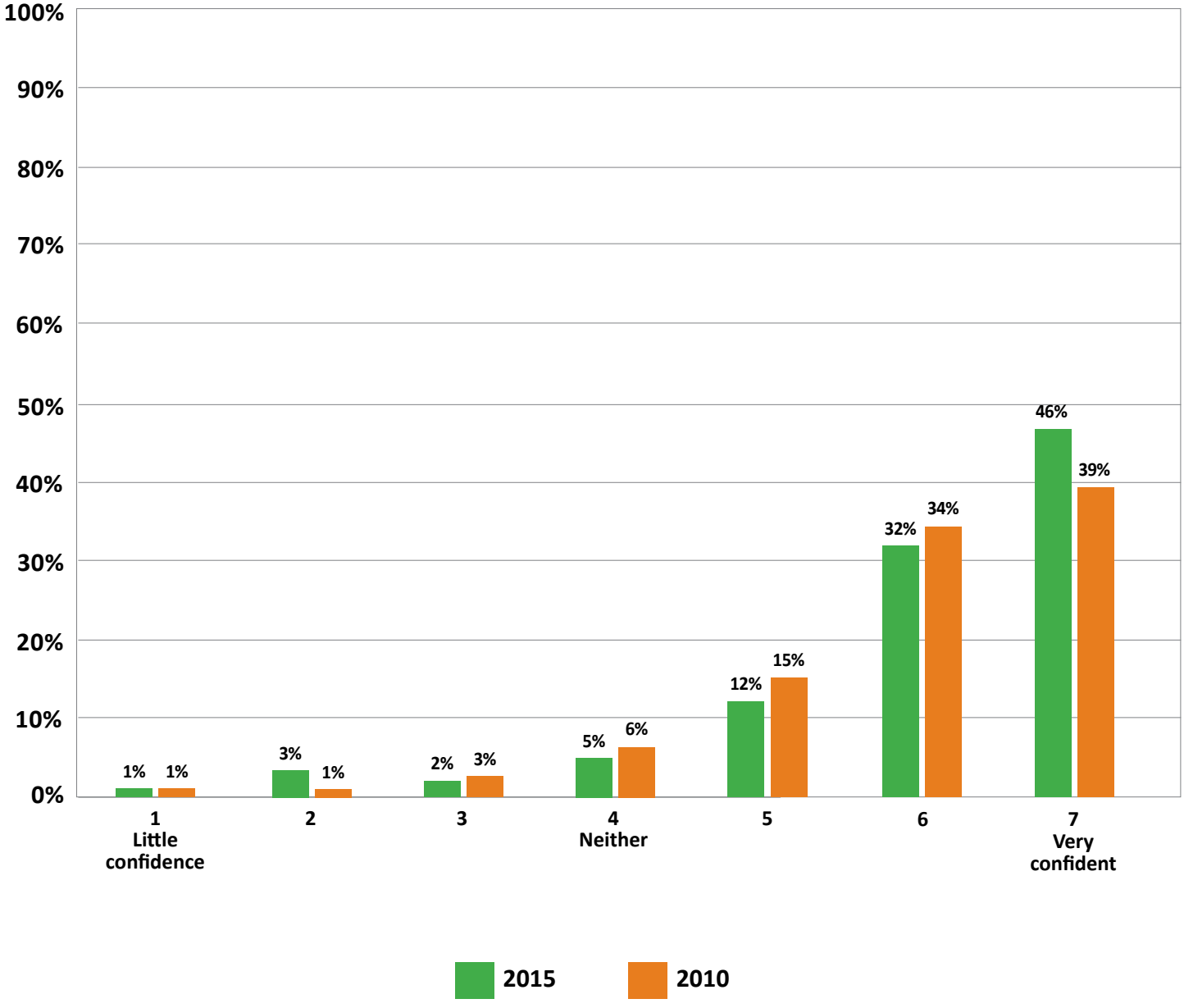
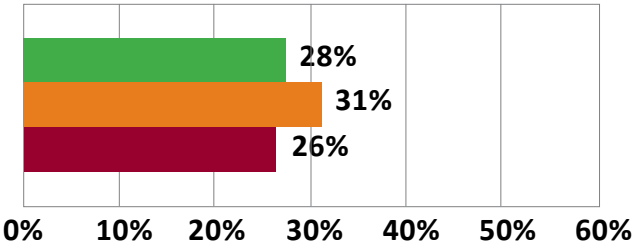


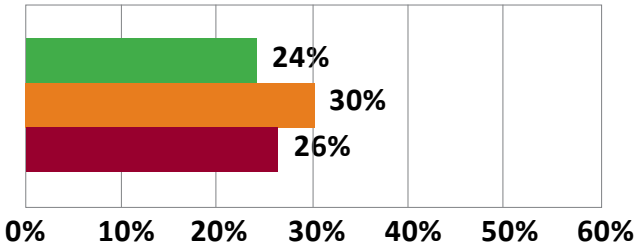
HOW CONFIDENT WERE CONSUMERS IN THE SKILLS AND KNOWLEDGE OF THE LAST DOCTOR THEY SAW?



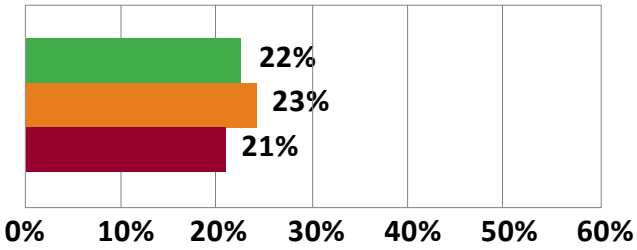
THEY TREAT PATIENTS WITH RESPECT



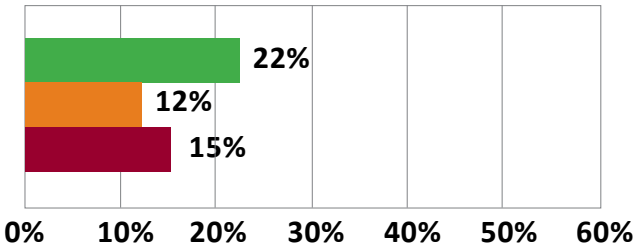
ARE EXPERIENCED AT WHAT THEY DO



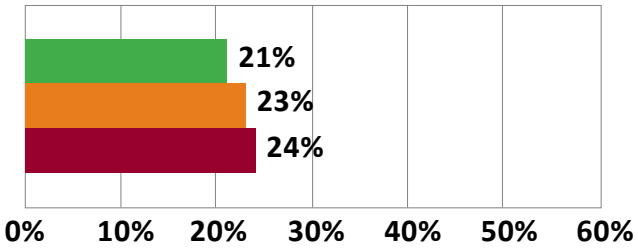
ARE WELL REGULATED IN NEW ZEALAND



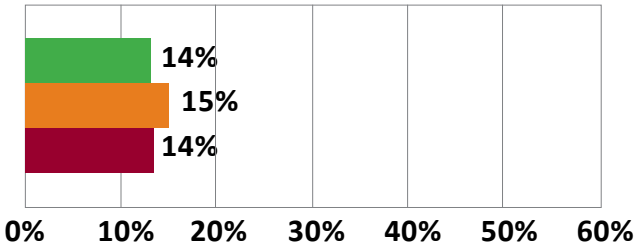
HAVE AFFECTED MY CONFIDENCE IN NEW ZEALAND DOCTORS OVERALL



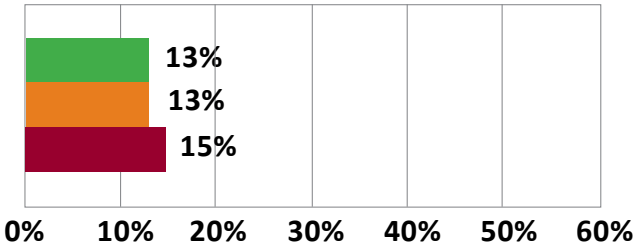
TREAT PATIENTS IN A CULTURALLY APPROPRIATE WAY



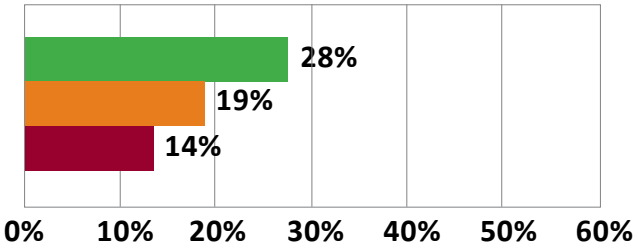
HAVE RAISED THE STANDARD OF HEALTHCARE IN NEW ZEALAND



STANDARDS OF MEDICAL TRAINING AND EDUCATION ARE GENERALLY LOWER OVERSEAS



HAVE GOOD COMMUNICATION SKILLS



2015 2010 2007

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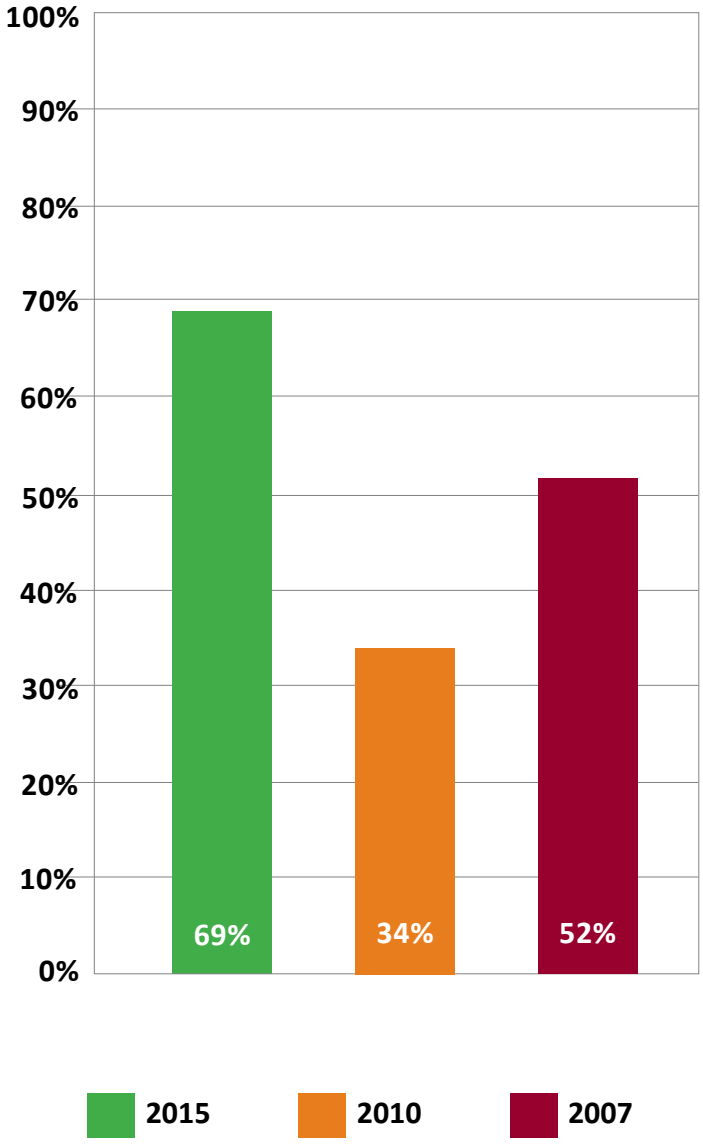
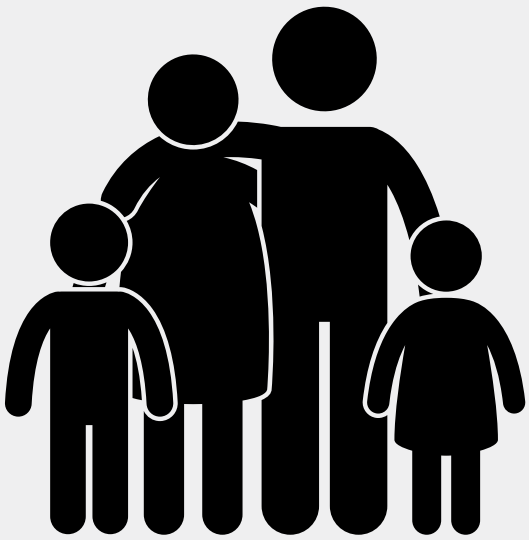
AWARENESS OF THE MEDICAL COUNCIL AND OUR ROLE HAS IMPROVED SIGNIFICANTLY:



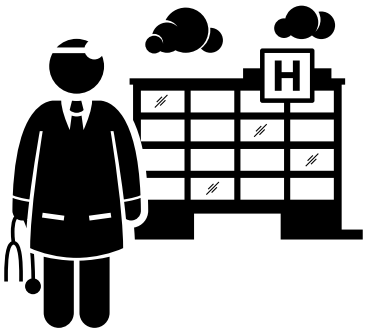
18% have thought about making a complaint but took no action. Some comments from those who thought of making a complaint but didn't:

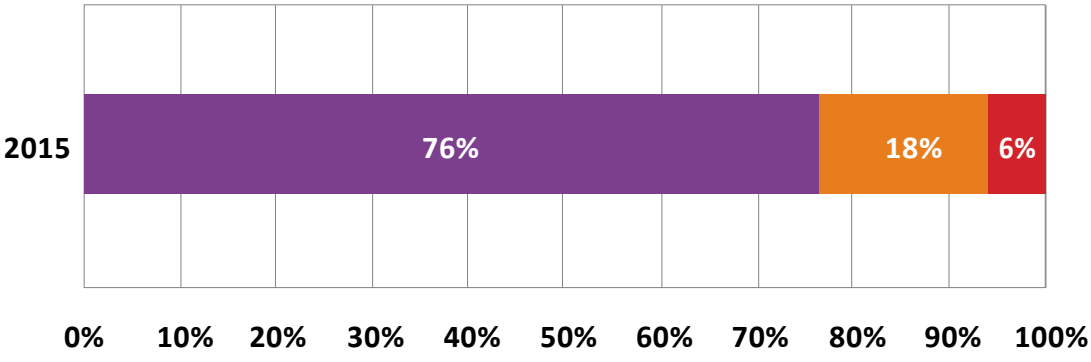
"This was a registrar who did not listen at all to me then put notes in my file that were totally untrue. For example he put down that I was a smoker when I had not smoked in a 4 year period. I told him that I was not well and that I had shingles on my back – he did not even bother to look nor were there any notes to say that I had mentioned this."

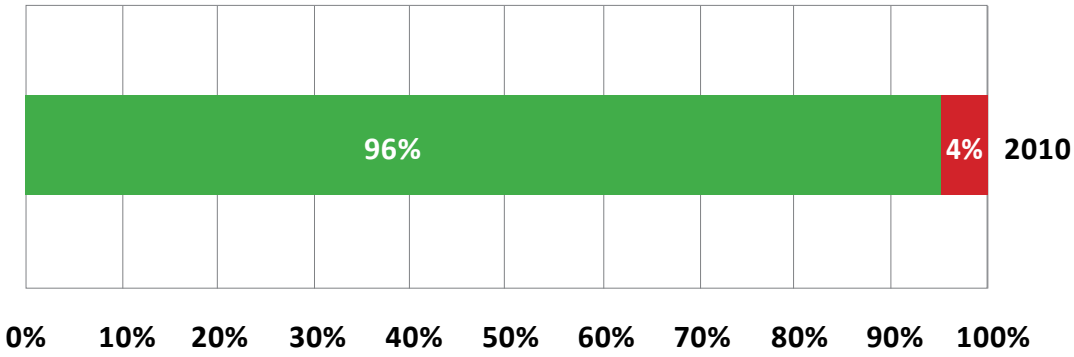
"The way I was treated, I did not feel listened to, and was made to feel as though I had done something bad. Didn't end up complaining as it was too much effort, with most likely too little results."

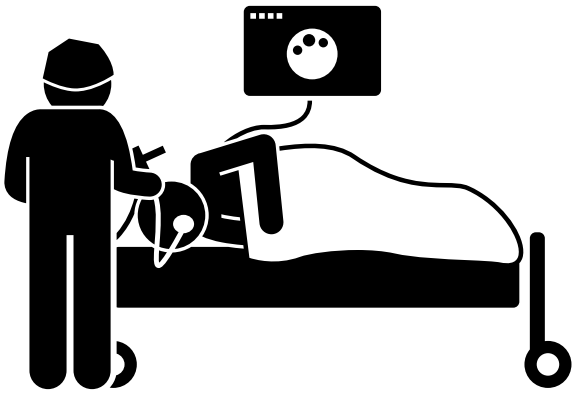


HAVE CONSUMERS MADE A COMPLAINT ABOUT A DOCTOR IN THE LAST FIVE YEARS?









Have not made a complaint about a doctor

Have neither made a complaint about a doctor nor thought about making one

Have thought about making a complaint about a doctor but not made one

Have made a complaint about a doctor

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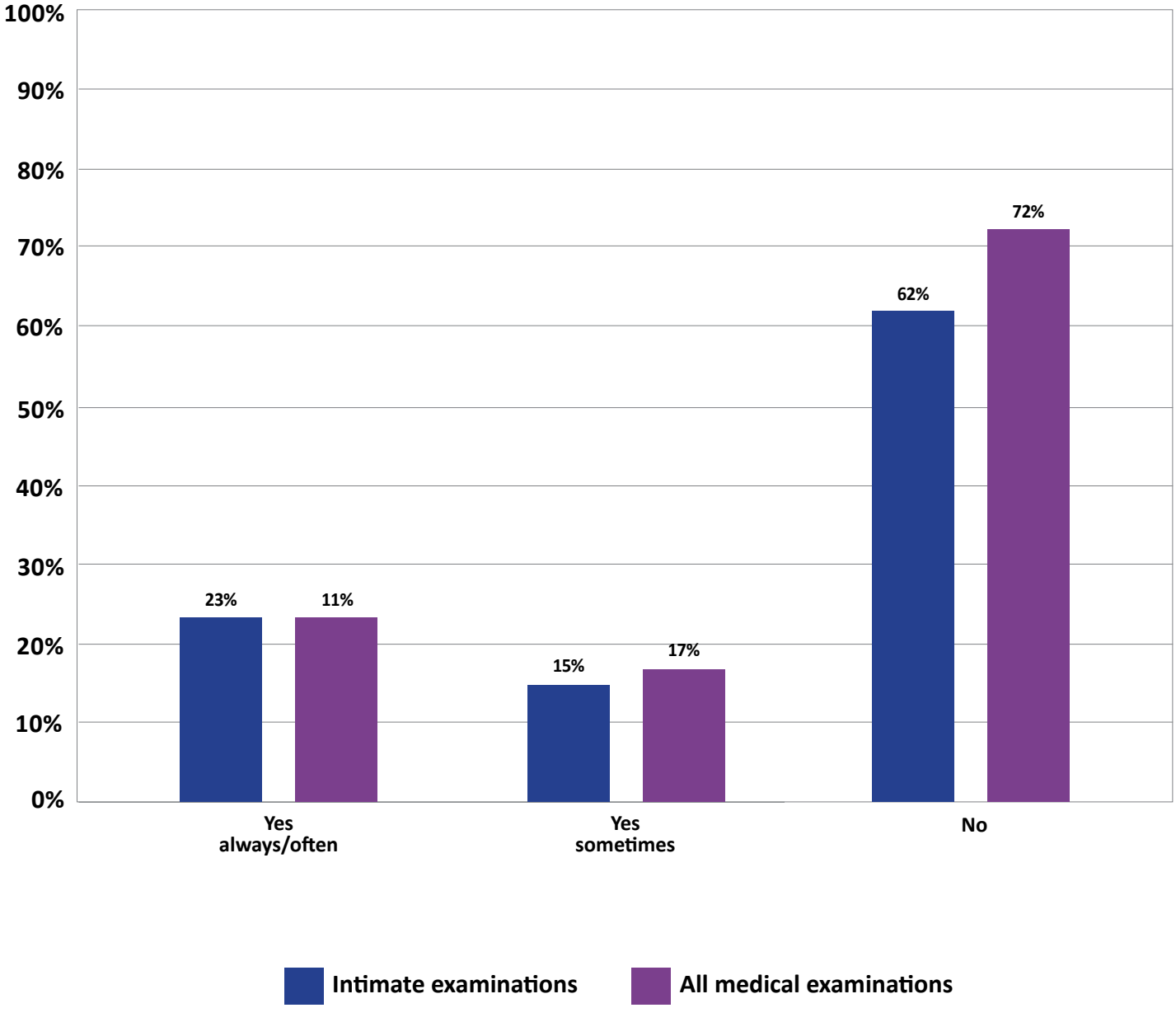
DO CONSUMERS GET OFFERED OR ASKED IF THEY WOULD LIKE A CHAPERONE OR WHĀNAU MEMBER TO BE PRESENT FOR INTIMATE EXAMINATIONS?



Quick links

- Establishing the state of medical professionalism in New Zealand and awareness and attitudes towards the Medical Council
- Consumer attitudes towards experiences with doctors in New Zealand and awareness of the Medical Council

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