NZMA
New Zealand Medical Association

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Dr Lynley Anderson
Faculty of Medicine
University of Otago
PO Box 913
Dunedin
By email: lynley.anderson@otago.ac.nz

Code of Professional Conduct for Medical Students

Dear Lynley

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback on the draft Code of Professional Conduct for Medical Students as part of a joint review by the Universities of Auckland and Otago.

1. The NZMA is New Zealand's largest medical organisation, with more than 5,500 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. Our submission has been informed by feedback by our Advisory Councils, Ethics Committee and Board.

2. We welcome the work that is being done on the development and revision of this Code. We understand that earlier iterations have been in use for a number of years at Otago, and it has recently been adopted at Auckland. In general, we consider the draft revised Code to be a good and all encompassing document. Nevertheless, we do have a number of general suggestions as well as specific suggested wording amendments that we believe would improve the Code and its value to medical students.

Part I: General Comments

3. We believe that the Code needs to significantly expand on the rights of medical students in the workplace and the supportive networks available to them. While this information may exist in other resources, we suggest that the Code should provide guidance beyond placing the onus on students to simply recognise and seek help. This is important for several reasons. Firstly, medical students are exposed to many sad and emotionally harrowing circumstances, exacerbated by busyness and sleep deprivation. Secondly, those students needing help the most are often the least able/likely to seek it. Thirdly, there is a power imbalance (and consequent vulnerability) between medical students and senior colleagues. Fourthly, medical students on placements (eg, during 5th year or TI year) are away from their usual GP, counsellor and/or peer support. We provide some specific suggestions for wording amendments (and references to additional resources) in Part II of our submission. We also suggest that the Code advise students that it is beneficial to have a mentor (or preferably, a formal supervisor) during their hospital attachments, though we appreciate that funding could be an issue with respect to formal supervision.

4. We suggest that guidance on the use of electronic communications requires expansion. While we welcome the inclusion of note 1, we suggest that the Code would benefit from greater guidance on the sharing of clinical information (eg, taking and sharing photographs of a patient's signs, text messaging patient updates). The reality is that medical students are already being asked for this material by their senior colleagues. The Code needs to reflect existing practice, including expectations by senior colleagues, and focus on how to best ensure patient information is protected. We also suggest that the Code elaborate on the brief caution on sharing personal information on social networking sites. Medical students need to be made explicitly aware of their professional image online. We welcome the link to the resource *'Social Media and the Medical Profession'* but note that the link to the actual resource from the NZMSA website is broken.

5. We recommend that the Code include some Te Reo Māori, if only in the title. We also suggest that it would be useful to have the entire document replicated in Te Reo Māori. We consider the Code to be a foundation document. As such, it would be useful to replicate it in all New Zealand's official languages, in keeping with New Zealand's constitutional and cultural traditions under Te Tiriti o Waitangi.

Part II: Specific Comments

Introduction

6. We believe that the Code should explicitly link to the URLs of all the key documents stated at the beginning in note 4 – the NZMA Code of Ethics,[1] the Code of Health and Disability Services Consumers' Rights (1996),[2] and the Health Information Privacy Code (1994).[3] In addition, we recommended that the Code add (and link to) the MCNZ's Coles Medical Practice in New Zealand,[4] as well as the Health Practitioners Competence Assurance Act 2003.[5]

Paragraph 3: Obtaining informed consent for your interaction with patients

7. We suggest that the paragraph on informed consent would benefit from specific mention of people in a "substituted decision" role such as those with guardianship or enduring power of

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[1] Available from http://www.nzma.org.nz/publications/code-of-ethics
[2] Available from http://www.hdc.org.nz/the-act--code/the-code-of-rights
[3] Available from https://privacy.org.nz/the-privacy-act-and-codes/codes-of-practice/health-information-privacy-code/
[4] Available from https://www.mcnz.org.nz/news-and-publications/cole-s-medical-practice-in-new-zealand/
[5] Available from http://www.health.govt.nz/our-work/regulation-health-and-disability-system/health-practitioners-competence-assurance-act

attorney. We suggest that the Code make explicit reference to the Consensus Statement on Medical Students and Informed Consent.[6] We note that this consensus statement has an entire section on patients who are incompetent to make an informed decision.

Paragraph 5: Maintaining patient confidentiality

8. We consider that responsibilities relating to maintaining confidentially apply to patients as well as their family/whānau. Accordingly, we suggest that it would be useful to make specific mention to information relating to the patient's family and whānau in this section.

9. Given the importance of issues relating to electronic communications, we suggest that it may be useful to reiterate that all the points in paragraph 5 apply when using electronic communications (as per the introductory note 1).

10. We propose a minor wording amendment to point 5.1 such that it reads: *"Hold all patient information in confidence, including **after** patients have ended treatment or died".* We also propose adding "or required" to the end of point 5.5 such that it reads: *"Become aware of the limited circumstances in which breaches of confidentiality may be justified **or required**".* This is in light of requirements for reporting of child abuse within some DHBs (though not yet mandated by statute).

Paragraph 7: Maintaining personal integrity and well being

11. We believe that this section needs to be considerably expanded. We recommend that it provide guidance on how students can seek appropriate assistance. We suggest making reference to the NZMA DiTC Health and Wellbeing website,[7] which includes a link to the publication 'Keeping Your Grass Greener: A wellbeing guide for medical students'. [8] We also suggest the addition of wording to cover the following points:

> *"From time to time, as a medical student and as a doctor, experiences with patients may trigger strong emotional experiences. I will acknowledge that this may impact on my interactions with other people and take appropriate steps to debrief and take time to reflect on the situation".*
>
> *7.5. Remain aware of the wellbeing of my colleagues, and support them, to the extent that I am able, to seek help when needed.*
>
> *7.6. Expect the universities and workplaces to provide me with an emotionally safe team environment.*

Paragraph 8: Respecting staff and colleagues

12. We recommend addition of the word "constructive" before criticism in the first sentence. We also suggest the addition of specific wording to cover a student's expectations relating to bullying and the right to receive teaching. This could take the form of the following additional points:

> *8.6. Expect respect from others, and take a zero tolerance approach to abusive behaviour, including by me and/or in those around me, alerting relevant members of the health care team as far as is possible.*

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[6] Bagg W, et al. Medical Students and informed consent: A consensus statement prepared by the Faculties of Medical and Health Science of the Universities of Auckland and Otago, Chief Medical Officers of District Health Boards, New Zealand Medical Students' Association and the Medical Council of New Zealand. N Z Med J. 2015 May 15;128(1414):27–35.

[7] This page is under development. The interim page is available at http://www.nzma.org.nz/about-nzma/nzma-structure-and-representatives/councils/dit-council/health-and-wellbeing

[8] Available from http://mentalhealth.amsa.org.au/wp-content/uploads/2014/08/KYGGWebVersion.pdf

8.7. Expect to receive teaching by my senior colleagues, in accordance with their professional and ethical responsibilities.[9]

Paragraph 10: Accepting wider professional responsibilities:

13. We suggest the addition of a new point relating to membership of professional organisations:

10. Consider joining professional organisations that will support me during my time as a medical student (eg, the New Zealand Medical Students Association).

We hope that our feedback is helpful and look forward to seeing the finalised Code.

Yours sincerely

Dr Stephen Child
NZMA Chair

[9] Point 84 in Coles Medical Practice and Point 54 in the NZMA Code of Ethics contain wording relating to the professional responsibility of teaching.