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Medical Board of Australia
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Feedback for the draft revised
***Good medical practice*: A code of conduct for doctors in Australia**

Introduction

The Royal Australasian College of Medical Administrators welcomes the opportunity to provide feedback on the "Draft revised Good medical practice: A code of conduct for doctors in Australia."

On consultation with our members, we agree that the Code of Conduct is well written and succinct. The Code is an excellent tool to provide doctors with sound guidance and standards in contemporary practice. It is clear, helpful, relevant and more helpful than the current code.

We would recommend that this Code of Conduct, if it is not already included, to be included in undergraduate medical school curriculum. This would introduce medical students with the expectations of registered medical practitioners, to the relationship of medical administration (as covered in some of the code's sections).

We certainly feel that the general public would appreciate the transparency of the revised code and regard it as an excellent resource. We acknowledge and understand that it is impossible to write a code that can cover every foreseeable circumstance, however we feel it would be beneficial that the code of conduct is supplemented by the Medical Board and health service policies and procedures.

Feedback for consideration

After initial consultation with our all members which include medical executives, trainees and Fellows, who are all registered medical practitioners, we submit the following feedback for consideration by the Medical Board:

Clause 3.2.1 (Page 8)

There should be wording which includes, where doctors must actively seek out other multi-disciplinary, multi-specialty opinions when treating complex patients. An example of this is where there is a conflict of opinion regarding who a treating doctor should be in a hospital setting. Specialists should work pro-actively and collegially with other specialty colleagues to ensure patients are managed appropriately when there is a healthcare team environment.

Clause 3.4.3 (Page 9)

We recommend also including socio-economic status. This includes being in adverse circumstances and/or medical conditions for patients in correctional facilities, those who are drug and alcohol affected/dependent patients, homeless patients etc.

Clause 4.2.6 (Page 10)

Please consider: exploiting patients for personal marketing, branding or promotional purposes."

Clause 4.8 (Page 12)

Members agree that Culturally safe and respectful practice is important, however safe medical practice is also very important for medical practitioners'. Whilst we all endorse and wish to practice in a culturally safe & respectful way, this does raise the possibility that well-meaning doctors could inadvertently, do something which wasn't regarded as culturally safe/respectful by the patient or family, even though it was medically safe and secure for the patient. Doctors could find themselves in breach of this Code. From RACMA's perspective, we need to be mindful that culture should not determine what 'proper medical care' is defined as being, rather it should complement it, and be determined by the evidence, not by 'culture'.

Accordingly, we note for the medical board's consideration that the code of conduct did not set out any guidelines, where a conflict arises between safe medical practice and culturally safe and respectful practice.

Clause 6.3.4 (Page 18)

We would recommend including that handover must be formally documented in the patient's clinical record.

Clause 7.2 (Page 19)

We would recommend that wording should include contemporary and evidence-based practice e.g. Hospital in the Home, Integrated Care etc.

Clause 10.10.2 (Page 24)

Wording should refer to medical registration, conditions, suspension, cancellation of registration.

Clause 10.13.1 (Page 25)

We would recommend that this statement be expanded to include "lack of medical knowledge or knowledge of services provided by public or private health systems".

SUMMARY

In summary, the Royal Australasian College of Medical Administrators supports and endorses the revised code of conduct. We believe that the content and structure of the revised code is helpful, clear, relevant and more workable than the current code.

We believe from a medical administration viewpoint that it is very important that every effort is made by the Medical Board of Australia, to ensure that the final document is disseminated and publicised to the medical fraternity in a robust and effective manner for its rollout and implementation. The more familiar medical practitioners and the fraternity are with the final code of conduct, the higher the outcomes will be for healthcare and its administration.

We thank the board for inviting RACMA to provide a submission and trust that our contribution assists with the revision process.

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President RACMA