From:	Bernard Kelly
To:	medboardconsultation
Subject:	Proposed code of conduct
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It is axiomatic in safety science that systemic problems, especially those in unsafe, complex adaptive industries like healthcare, cannot be fixed by targeting and over regulating the behaviour of frontline workers, particularly those already highly skilled and motivated.(Reason,J Dekker, S Rasmussen,J etc). In particular, increasing complexity can have highly unpredictable negative consequences.
I have included a few of many possible examples that I believe exist in the new code of conduct.

1. Increasing the length of and complexity of the code of conduct will significantly increase compliance costs.

2 In many areas it refers to ill defined constructs such as cultural sensitivity and cultural safety without providing definitions or boundaries of these constructs

3.It has areas where a competent practitioner could not reasonably know that they are in breach of the code of conduct. For example 4.8.1. "Only the patient and/or their family can determine whether or not care is culturally safe and respectful" means that a yardstick or metric for determining culpability in misconduct hearing would be : 1. Undefined 2. Vague 3. Unaccessible 4. Subjective and 5.Retrospective

4. Requirements of section 4.15 may be feasible in a well resourced city centric practice, but could make life miserable and a practice untenable for solo (or indeed low number) practices, possibly leading to even more practitioners leaving small towns and rural areas.

No evidence has been provided in terms of improved patient outcome, i.e. these changes do not appear to be evidenced base. Diverting scarce resources decreases resources to front-line services
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Practitioners will likely become more risk adverse and avoid areas were ambiguous and contradictory requirements create a perceived unsafe environment for clinical practice. It is possible that this will lead to further over servicing and over investigations in well resourced areas.

There will likely be an increase in complaints to HCCC and AHPRA, already struggling to deal with vexatious and unjustified complaints. (AHPRA report Nov 2017 Morris, Canaway and Bismarck) Even knowing a complaint is false does not diminish the enormous stress and indeed increases the risk of harm to practitioners having to deal with unacceptable delays in resolution of complaints

In my opinion this will be an inefficient use of resources. There are a number of other examples of regulatory reform that could be addressed that would increase patient safety. Drug and alcohol testing, fatigue management plans and medical certification have yielded considerable and measurable gains in all other safety critical industries.

I strongly urge that consideration be given to more consultation with frontline practitioners and the Medical Board allow more time for this to occur.

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