



Proposed Changes to Medical Code of Conduct

1. The Australian Doctors Federation (ADF) has considered the Public Consultation Paper dated June 2018, entitled “**Draft Revised Good Medical Practice: A Code of Conduct for doctors in Australia**”.
2. The ADF understands there are **2 options offered** by the Medical Board of Australia (MBA) in relation to the Code of Conduct (CoC). Namely, Option 1 to maintain the status quo or Option 2, accept the draft with the changes. **The ADF supports option 1 (maintain the existing CoC) for the following reasons:**
 - a. The ADF has major concerns **that the Section 2.1** (being a new section under Professionalism) **is capable of broad interpretation in a way that may infringe the rights of doctors** to speak as citizens and advocates for their patients.
 - b. The ADF maintains that the **existing code at 4.2.3 and 8.6.1 covers social media publication and professional relationships** in a clear and concise manner.
 - c. The ADF is concerned at the **lack of quantifiable evidence to justify changes** to the current CoC. We are simply told that ‘changes to the Code have been made in the context of 2 reviews.’
 - d. Whilst the draft acknowledges the requirement for ‘**wide ranging consultation on a proposed code under the National Law**’, the ADF maintains that the **proposed changes are not widely known across the profession** and the time period being offered for such a substantial change, namely June and July 2018, is not sufficient for serious consideration of the substantial details contained in the draft.
 - e. The ADF draws the Board’s attention to the **well-publicised case of Toowoomba GP, Dr Van Gend**. This case highlights the **need for regulators to proceed with extreme caution** when venturing into the private and personal affairs of medical practitioners and their views and beliefs.
 - f. **The ADF maintains that the CoC should not be changed unless there is some compelling reason.** The Code will only become familiar to medical practitioners if it is established and settled. Re-writing and expanding the code adds to complexity and confusion over interpretation.
 - g. It must be emphasised that the CoC is but one document in a cluster of codes, ethical guidelines, legislative directives, regulations, contract obligations and most importantly a legal duty of care to patients. **The professional conduct of doctors is already heavily regulated and the MBA has substantial powers to investigate professional behaviour of medical professionals under the existing National Law.**
3. The ADF supports a code of practice that encourages medical practitioners to achieve standards of excellence in all aspects of their professional life. We do not believe that Option 2 with the changes as proposed, adds any significant benefit towards this goal and in fact it creates a number of potential hazards to individual rights of free speech.
4. **Conclusion – The ADF supports Option 1 to maintain the existing CoC.**

Mr Stephen Milgate
CEO
Australian Doctors' Federation

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