MDA National
Support Protect Promote

16 August 2018

The Executive Officer
Medical
AHPRA
GPO Box 9958
MELBOURNE VIC 3000

By Email: medboardconsultation@ahpra.gov.au

Dear Sir/Madam

Draft revised Good medical practice: A code of conduct for doctors in Australia

Thank you for the opportunity to provide feedback on the draft revised code of conduct, *Good medical practice: A code of conduct for doctors in Australia.*

Established in 1925, MDA National is one of Australia's leading providers of medical defence and medico-legal advocacy services. With over 52,000 Members and insureds, it works in close partnership with the medical profession on a wide range of issues which impact on medical practice.

MDA National provides the following comments in response to the draft revised code of conduct, *Good medical practice: A code of conduct for doctors in Australia* ('The code').

1. **From your perspective, how is the current code working?**

   MDA National considers that the current code required revision. Changes regarding professional boundaries, professional behavior and working with other healthcare professionals required revision.

2. **Is the content and structure of the draft revised code helpful, clear, relevant and more workable than the current code?**

   Yes, MDA National supports a number of the proposed changes in the revised code, particularly 10.4 Vexatious complaints and 5 Respectful culture. The draft revised code provides more guidance for practitioners and further clarity on dealing with Adverse events and the principles of Open Disclosure which are supported by MDA National.

   MDA National is also supports the addition of advising medical practitioners to seek guidance from their professional indemnity insurer.

3. **Is there any content that needs to be changed or deleted in the revised code?**

   Yes, see attached pdf noting additions, highlighted in yellow and deletions marked in the document in red. Also attached is marked up word document of the revised code.

4. **Is there anything missing that needs to be added to the draft revised code?**

Yes, see attached pdf and word document noting additions, highlighted in yellow.

In relation to 4.4 Confidentiality and privacy, specifically 4.4.6: MDA National submits that the Boards advertising guidelines also be referenced.

In relation to 4.5 Informed consent, specifically 4.5.4: MDA National submits the addition of: *' or planning to perform surgery'.* Informed financial consent should be obtained when any surgery is being considered or planned not just when referring a patient for investigation or treatment.

In relation to 4.15 Personal relationships: *'..... In particular, medical practitioners must not prescribe schedule 8 and/or psychotropic medication or provide elective surgery (such as cosmetic surgery), to anyone with whom they have a close personal relationship.'*

MDA National submits that this proposed addition is prescriptive and may not always be in patients 'best interests' e.g. palliative care patient living in a remote area.' MDA National submits that a proviso be added: *'unless in exceptional circumstances.'*

In relation to 5.4 Discrimination, bullying and sexual harassment, MDA National submits the addition of:

' 5.4.10 Providing or directing those involved to appropriate support services.'

In relation to 8.3 Doctors' performance - you and your colleagues, specifically 8.3.3 MDA National submits that the assessment of harm should reflect the test in the National Law, we suggest change to *'...risk of substantial harm.'*

In relation to 10.4 Vexatious complaints MDA National welcomes this addition and suggests adding:

'Such complaints are not made in 'good faith'.'

In relation to 10.5 Medical records, MDA National submits the following should be added which reflects best practice and ensures continuity of care:

'10.5.4. Only abbreviations or expressions which are generally understood in the medical community should be used'.

In relation to the transfer of information, MDA National submits that 10.5.8 now 10.5.9 be amended to include release of health information to third parties'.

'10.5.9 Promptly facilitating the transfer of health information when requested by the patient <u>or third party with the requisite authority'.</u>

Medical practitioners frequently receive requests for health information from third parties who have the appropriate authority to act on behalf of the patient, whether the patient is alive or deceased.

In relation to 10.7 Advertising, MDA National submits the addition of *'....therapeutic goods legislation'.* This addition accords with the requirements of the Board's advertising guidelines.

In relation to 11 Ensuring doctors' health, MDA National submits that 11.2.5 be deleted and the following be included which is referenced from the current Code of Conduct.

'11.2.5 Complying with the legislation in your state and territory in relation to self-prescribing.'

In relation to 13 Undertaking research. MDA National submits adding the following:

5. **Do you have any other comments on the draft revised code?**

MDA National submits the changes in 11.3 Other doctors' health, 11.3.2 requiring notification to the Medical Board of Australia in circumstances where:

'... a doctor who is treating a doctor whose ability to practice is impaired or has placed, or may place patients at risk.'

is too broad. We suggest some alternative wording in the attached document.

Yours sincerely

[redacted]

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MDA National
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Encl

Medical Board of Australia

Public consultation paper

June 2018

Draft revised *Good medical practice: A code of conduct for doctors in Australia*

Summary

This public consultation paper seeks feedback on a draft revised code of conduct, *Good medical practice: A code of conduct for doctors in Australia.*

The National Law[1] empowers the National Boards to develop and approve codes and guidelines to provide guidance to registered health practitioners. The National Law requires National Boards to ensure there is wide-ranging consultation on the content of any proposed registration standard, code or guideline.

The Medical Board of Australia (the Board) is inviting comments on the draft revised code of conduct. There are also specific questions which you may wish to address in your response.

Making a submission

Please provide written submissions by email, marked: 'Public consultation on *Good medical practice*' to medboardconsultation@ahpra.gov.au by close of business on **3 August 2018.**

Submissions for publication on the Board's website should be sent in Word format or equivalent.[2]

Submissions by post should be addressed to the Executive Officer, Medical, AHPRA, GPO Box 9958, Melbourne 3001.

Publication of submissions

The Board publishes submissions at its discretion. The Board generally publishes submissions on its website to encourage discussion and inform the community and stakeholders. Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential.

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[1] Health Practitioner Regulation National Law, as in force in each state and territory

[2] You are welcome to supply a PDF file of your feedback in addition to the word (or equivalent) file, however we request that you supply a text or word file. As part of an effort to meet international website accessibility guidelines, AHPRA and National Boards are striving to publish documents in accessible formats (such as word), in addition to PDFs. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally-identifying information from submissions, including contact details.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence.

Published submissions will include the names of the individuals and/or the organisations that made the submission, unless confidentiality is requested.

Background

Under section 39 of the National Law, the National Boards may develop and approve codes and guidelines to provide guidance to registered health practitioners about matters relevant to the exercise of the National Board's functions.
An approved registration standard, code or guideline is admissible in proceedings under the National Law or the law of a co-regulatory jurisdiction regarding a medical practitioner as evidence of what constitutes appropriate professional conduct or practice of the profession.
The Board's current code of conduct came into effect on 17 March 2014. The current code is due for review and in keeping with good regulatory practice the Board is reviewing the code and has developed a draft revised code for consultation.

Both the current and draft revised code describe what is expected of all doctors registered to practise medicine in Australia. They set out the principles that characterise good medical practice and make explicit the standards of ethical and professional conduct expected of doctors by their professional peers and the community.

Proposed changes

The Board is not proposing significant changes to the current code.
Changes to the code have been made in the context of two reviews:

1. The Board made a commitment to strengthen *Good medical practice* in relation to bullying and harassment and vexatious complaints. (The Senate Community Affairs References Committee inquiry into the medical complaints process in Australia looked into bullying and harassment in the medical profession.)
2. In response to a recommendation in the Victorian review, *A review of hospital safety and quality assurance in Victoria*, that 'AHPRA to work with the National Boards to develop clear guidance, linked to the existing 'codes of practice' for registered professionals working in governance roles'.

The current section on culturally safe and sensitive practice has been revised (including changing the title to 'Culturally safe and respectful practice') to ensure that doctors understand their responsibility to provide care that is culturally safe and respectful and support the health of Aboriginal and Torres Strait Islander Peoples. The Board has proposed content in this section that mirrors the Nursing and Midwifery Board of Australia's recently revised *Code of conduct for nurses* and *Code of conduct for midwives*, noting the benefits of consistent guidance across the regulated health professions.

The proposed changes include:

- Expanded sections on:
  - professionalism
  - culturally safe and respectful practice
  - patient safety including guidance on clinical governance responsibilities
  - discrimination, bullying and sexual harassment (currently included under 'Teamwork' and proposed to be moved to a new section).
- New guidance on:
  - career transitions, linking with existing guidance in the code on continuing professional development
  - vexatious complaints, linking with existing guidance in the code on professional behaviour.

Editorial changes are also proposed, as well as a re-ordering of sections to improve readability.

A table providing further details on where changes have been made is at Attachment B.

Options

The Board has identified two options in developing this proposal.

Option 1 - Retain the status quo

Option 1 is to continue with the current code.

Option 2 – Proposed revised code

Option 2 is to consult on proposed changes to the Board's *Good medical practice: A code of conduct for doctors in Australia.* Under this option, the revised code will continue to provide guidance to medical practitioners and will make explicit the standards of ethical and professional conduct expected of doctors by their professional peers and the community. The proposed revisions expand on and link with existing guidance. Other revisions are mostly editorial in nature to make the Board's expectations clearer.

Preferred option

The Board prefers Option 2.

Issues for consultation

Potential benefits and costs of the proposal

The benefits of the preferred option are that the draft revised code:

1. Maintains the balance between protecting the public and the impact on medical practitioners
2. More clearly sets out the principles that characterise good medical practice and makes explicit the standards of ethical and professional conduct expected of doctors by their professional peers and the community
3. Has been revised to address specific recommendations to strengthen guidance
4. Has editorial revisions and has been re-ordered to improve readability.

The Board's preferred option does not propose significant changes to the current standards of ethical and professional conduct expected of medical practitioners. Therefore the costs of the preferred option will be minimal and limited to medical practitioners becoming familiar with the new guidelines.

Medical Board of Australia

Estimated impacts of the draft revised guidelines

The Board's proposed revisions do not significantly change the principles that characterise good medical practice. Any impact on practitioners, business and other stakeholders are expected to be minor.

Relevant sections of the National Law

The relevant sections of the National Law are sections 39, 40 and 41.

Questions for consideration

The Board is inviting general comments on the draft revised code as well as feedback on the following questions.

1. From your perspective, how is the current code working?
2. Is the content and structure of the draft revised code helpful, clear, relevant and more workable than the current code?
3. Is there any content that needs to be changed or deleted in the draft revised code?
4. Is there anything missing that needs to be added to the draft revised code?
5. Do you have any other comments on the draft revised code?

Attachments

A. Draft revised *Good medical practice: A code of conduct for doctors in Australia.*

B. Summary of changes

C. The Board's statement of assessment against AHPRA's Procedures for the development of registration standards, codes and guidelines and Council of Australian Governments (COAG) principles for best practice regulation.

The current code *Good medical practice: A code of conduct for doctors in Australia* is available on the Board's website.

Good medical practice: a code of conduct for doctors in Australia

xx 2018

Contents

1 About this code

1.1 Purpose of the code

Good medical practice (the code) describes what is expected of all doctors registered to practise medicine in Australia[1]. It sets out the principles that characterise good medical practice and makes explicit the standards of ethical and professional conduct expected of doctors by their professional peers and the community. The code was developed after wide consultation with the medical profession and the community. The code is addressed to doctors and is also intended to let the community know what they can expect from doctors. The application of the code will vary according to individual circumstances, but the principles should not be compromised.

This code complements the Australian Medical Association *Code of ethics*[2] and is aligned with its values, and is also consistent with the *Declaration of Geneva*[3] and the *International code of medical ethics*[4], issued by the World Medical Association.

This code does not set new standards. It brings together, into a single Australian code, standards that have long been at the core of medical practice.

From time to time to support good medical practice, the Board issues guidance on a range of issues to the profession under Section 39 of the National Law,[5] including:[6]

- *Sexual boundaries: guidelines for doctors*
- *Guidelines for mandatory notifications*
- *Guidelines for technology based patient consultations*
- *Guidelines for advertising regulated health services*
- *Guidelines for registered medical practitioners who perform cosmetic medical and surgical procedures*
- *Guidelines - Supervised practice for international medical graduates*
- *Social media policy*

The practice of medicine is challenging and rewarding. No code or set of guidelines can ever encompass every situation or replace the insight and professional judgment of good doctors. Good medical practice means using this judgement to try to practise in a way that would meet the standards expected of you by your peers and the community.

1.2 Use of the code

Doctors have a professional responsibility to be familiar with *Good medical practice* and to apply the guidance it contains.

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[1] The Medical Board of Australia has defined 'practice' in its registration standards available at: www.medicalboard.gov.au

[2] AMA (2017) *Code of ethics* ama.com.au/position-statement/code-ethics-2004-editorially-revised-2006-revised-2016

[3] WMA (2017) *Declaration of Geneva* www.wma.net/policies-post/wma-declaration-of-geneva/

[4] WMA (2006) *International code of medical ethics* www.wma.net/policies-post/wma-international-code-of-medical-ethics/

[5] The Health Practitioner Regulation National Law, as in force in each state and territory.

[6] Medical Board of Australia guidelines are available at: www.medicalboard.gov.au/Codes-Guidelines-Policies

This code will be used:

- to support individual doctors in the challenging task of providing good medical care and fulfilling their professional roles, and to provide a framework to guide professional judgement
- to assist the Medical Board of Australia in its role of protecting the public, by setting and maintaining standards of medical practice against which a doctor's professional conduct can be evaluated. If your professional conduct varies significantly from this standard, you should be prepared to explain and justify your decisions and actions. Serious or repeated failure to meet these standards may have consequences for your medical registration
- as an additional resource for a range of uses that aim to improve the culture of medicine and support medical professionalism in the Australian health system.

Other uses for the code include in medical education; orientation, induction and supervision of junior doctors and international medical graduates; and by administrators and policy makers in hospitals, health services and other institutions.

The code applies in all settings. It is valid for technology-based patient consultations (including online/remote prescribing), for traditional face-to-face consultations and applies to how doctors use social media. To guide doctors further, the Medical Board of Australia has issued *Guidelines for technology-based patient consultations*[7] and a *Social media policy*[8].

1.3 What the code does not do

This code is not a substitute for the provisions of legislation and case law. If there is any conflict between this code and the law, the law takes precedence.

This code is not an exhaustive study of medical ethics or an ethics textbook. It does not address in detail the standards of practice within particular medical disciplines; these are found in the policies and guidelines issued by medical colleges and other professional bodies.

While good medical practice respects patients' rights, this code is not a charter of rights.[9]

1.4 Substitute decision-makers

In this code, reference to the term 'patient' also includes substitute decision makers for patients who do not have the capacity to make their own decisions. This can be the parents, or a legally appointed decision- maker. If in doubt, seek advice from the relevant guardianship authority or from your professional indemnity insurer.

1.5 Australia and Australian medicine

Australia is culturally and linguistically diverse. We inhabit a land that, for many ages, was held and cared for by Aboriginal and Torres Strait Islander Peoples, whose history and culture have uniquely shaped our nation. Our society is further enriched by the contribution of people from many nations who have made Australia their home.

Doctors in Australia reflect the cultural diversity of our society and this diversity strengthens our profession.

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[7] *Guidelines for technology-based patient consultations* issued by the Medical Board of Australia available at: www.medicalboard.gov.au.

[8] *Social media policy* issued by the Medical Board of Australia available at: www.medicalboard.gov.au.

[9] The Australian Commission on Safety and Quality in Health Care (2008) *Australian charter of healthcare rights* www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/.

There are many ways to practise medicine in Australia. The core tasks of medicine are caring for people who are unwell and seeking to keep people well. This code focuses primarily on these core tasks. For the doctors who undertake roles that have little or no patient contact, not all of this code may be relevant, but the principles underpinning it will still apply.

2 Professionalism

2.1 Professional values and qualities of doctors

While individual doctors have their own personal beliefs and values, there are certain professional values that underpin good medical practice.

Doctors have a duty to make the care of patients their first concern and to practise medicine safely and effectively. They must be honest, ethical and trustworthy and comply with relevant laws.

Patients trust their doctors because they believe that, in addition to being competent, their doctor will not take advantage of them and will display qualities such as integrity, truthfulness, dependability and compassion. Patients also rely on their doctors to protect their confidentiality.

Community trust in the medical profession is essential. Every doctor has a responsibility to behave ethically to justify this trust. The boundary between a doctor's personal and public profile can be blurred. As a doctor, you need to acknowledge and consider the effect of your comments and actions outside work, including online, on your professional standing and on the reputation of the profession. If making public comment, you should acknowledge the profession's generally accepted views and indicate when your personal opinion differs. Behaviour which could undermine community trust in the profession is at odds with good medical practice and may be considered unprofessional.

Doctors have a responsibility to protect and promote the health of individuals and the community.

Good medical practice is patient-centred. It involves understanding that each patient is unique, working in partnership with them and adapting what you do to address their needs and reasonable expectations. This includes culturally safe and respectful practice: being aware of your own culture and beliefs and respectful of the beliefs and cultures of others; and recognising that these cultural differences may impact on the doctor–patient relationship and on the delivery of health services.

Good communication underpins every aspect of good medical practice.

Professionalism is the set of values (respect, care, responsibility, accountability, self-awareness, integrity and commitment to clinical competence), expressed as behaviours that justify the trust placed in doctors by patients, team members and the community.[10]

Professionalism includes self-reflection. Good medical practice requires doctors to reflect regularly on their practice and its effectiveness, to consider what is happening in their relationships with patients and colleagues and on their own health and wellbeing. It requires doctors to learn from what has gone well and what hasn't. Doctors have a duty to keep their skills and knowledge up to date, to develop and refine their clinical judgement as they gain experience, contribute to their profession and act in a way that justifies community trust.

[10] Adapted from the Australian Medical Council

3 Providing good care

3.1 Introduction

In clinical practice, the care of your patient is your primary concern. Providing good patient care includes:

3.1.1 Assessing the patient, taking into account the history, the patient's views, and an appropriate physical examination. The history includes relevant psychological, social and cultural aspects.

3.1.2 Formulating and implementing a suitable management plan (including arranging investigations and providing information, treatment and advice).

3.1.3 Facilitating coordination and continuity of care.

3.1.4 Referring a patient to another practitioner when this is in the patient's best interests.

3.1.5 Recognising and respecting patients' rights to make their own decisions.

3.2 Good patient care

Maintaining a high level of medical competence and professional conduct is essential for good patient care. Good medical practice involves:

3.2.1 Recognising and working within the limits of your competence and scope of practice.

3.2.2 Ensuring that you have adequate knowledge and skills to provide safe clinical care.

3.2.3 Maintaining adequate records (see Section 10.5).

3.2.4 Considering the balance of benefit and harm in all clinical-management decisions.

3.2.5 Communicating effectively with patients (see Section 4.3).

3.2.6 Providing treatment options based on the best available information.

3.2.7 Only recommending treatments when there is an identified therapeutic need and a reasonable expectation or goal of clinical efficacy and benefit for the patient.

3.2.8 Acknowledging the profession's generally accepted views and informing your patient when your personal opinion and practice does not align with these.

3.2.9 Taking steps to alleviate patient symptoms and distress, whether or not a cure is possible.

3.2.10 Supporting the patient's right to seek a second opinion.

3.2.11 Consulting and taking advice from colleagues, when appropriate.

3.2.12 Making responsible and effective use of the resources available to you (see Section 7.2).

3.2.13 Encouraging patients to take interest in, and responsibility for, the management of their health, and supporting them in this.

3.2.14 Ensuring that your personal views do not adversely affect the care of your patient.

3.3 Shared decision-making

Making decisions about healthcare is the shared responsibility of the doctor and the patient. Patients may wish to involve their family, carer or others. See Section 1.4 on substitute decision-makers.

3.4 Decisions about access to medical care

Your decisions about patients' access to medical care must be free from bias and discrimination. Good medical practice involves:

3.4.1 Treating your patients with respect at all times.

3.4.2 Not prejudicing your patient's care because you believe that a patient's behaviour has contributed to their condition.

3.4.3 Upholding your duty to your patient and not discriminating on medically irrelevant grounds, including race, religion, sex, gender identity, sexual orientation, disability or other grounds, as described in anti-discrimination legislation.[11]

3.4.4 Giving priority to investigating and treating patients on the basis of clinical need and effectiveness of the proposed investigations or treatment.

3.4.5 Keeping yourself and your staff safe when caring for patients. If a patient poses a risk to your health and safety or that of your staff, take action to protect against that risk. Such a patient should not be denied care, if reasonable steps can be taken to keep you and your staff safe.

3.4.6 Being aware of your right to not provide or directly participate in treatments to which you conscientiously object, informing your patients and, if relevant, colleagues, of your objection, and not using your objection to impede access to treatments that are legal.

3.4.7 Not allowing your moral or religious views to deny patients access to medical care, recognising that you are free to decline to personally provide or participate in that care.

3.5 Treatment in emergencies

Treating patients in emergencies requires doctors to consider a range of issues, in addition to the patient's best care. Good medical practice involves offering assistance in an emergency that takes account of your own safety, your skills, the availability of other options and the impact on any other patients under your care; and continuing to provide that assistance until your services are no longer required.

[11] Australian Human Rights Commission (2014), *A quick guide to Australian discrimination laws* http://humanrights.gov.au/info_for_employers/law/index.html.

4 Working with patients

4.1 Introduction

Relationships based on respect, openness, trust and good communication will enable you to work in partnership with your patients.

4.2 Doctor–patient partnership

A good doctor–patient partnership requires high standards of professional conduct. This involves:

4.2.1 Being courteous, respectful, compassionate and honest.

4.2.2 Treating each patient as an individual.

4.2.3 Protecting patients' privacy and right to confidentiality, unless release of information is required by law or by public-interest considerations.

4.2.4 Encouraging and supporting patients and, when relevant, their carer or family, in caring for themselves and managing their health.

4.2.5 Encouraging and supporting patients to be well informed about their health and to use this information wisely when they are making decisions.

4.2.6 Recognising that there is a power imbalance in the doctor–patient relationship, and not exploiting patients physically, emotionally, sexually or financially.

4.3 Effective communication

Effective communication is an important part of the doctor–patient relationship. This involves:

4.3.1 Listening to patients, asking for and respecting their views about their health, and responding to their concerns and preferences.

4.3.2 Encouraging patients to tell you about their condition and how they are currently managing it, including any other health advice they have received, any prescriptions or other medication they have been prescribed and any other conventional, complementary or alternative therapies they are using.

4.3.3 Informing patients of the nature of, and need for, all aspects of their clinical management, including examination and investigations, and giving them adequate opportunity to question or refuse intervention and treatment.

4.3.4 Discussing with patients their condition and the available management options, including their potential benefit and harm.

4.3.5 Endeavouring to confirm that your patient understands what you have said.

4.3.6 Ensuring that patients are informed of the material risks associated with any part of the proposed management plan.

4.3.7 Responding to patients' questions and keeping them informed about their clinical progress.

4.3.8 Taking all reasonable practical steps to ensure that arrangements are made to meet patients' specific language, cultural and communication needs, and being aware of how these needs affect patients' understanding.

4.3.9 Familiarising yourself with, and using whenever necessary, qualified language interpreters to help you to meet patients' communication needs. Information about government-funded interpreter services is available on the Australian Government Department of Home Affairs website.[12]

4.4 Confidentiality and privacy

Patients have a right to expect that doctors and their staff will hold information about them in confidence, unless release of information is required by law or public interest considerations. Good medical practice involves:

4.4.1 Treating information about patients as confidential.

4.4.2 Appropriately sharing information about patients for their health care, consistent with privacy law and professional guidelines about confidentiality.

4.4.3 Accessing an individual's medical record only when there is a legitimate need.

4.4.4 Using consent processes, including forms if required, for the release and exchange of health information.

4.4.5 Being aware that there are complex issues related to genetic information and seeking appropriate advice about its disclosure.

4.4.6 Ensuring that your use of digital communications (e.g. email and text messages) and social media is consistent with your ethical and legal obligations to protect patient confidentiality and privacy and the Board's *Social media policy*.[13] and advertising guidelines.

4.5 Informed consent

Informed consent is a person's voluntary decision about medical care that is made with knowledge and understanding of the benefits and risks involved. Good medical practice involves:

4.5.1 Providing information to patients in a way that they can understand before asking for their consent.

4.5.2 Obtaining informed consent or other valid authority (such as a medical power of attorney) and taking into account any known advanced care directive (or equivalent) before you undertake any examination, investigation or provide treatment (except in an emergency), or before involving patients in teaching or research.

4.5.3 Ensuring that your patients are informed about your fees and charges.

4.5.4 When referring a patient for investigation or treatment, or planning to perform surgery, advising the patient that there may be additional costs, which patients may wish to clarify before proceeding.

4.6 Children and young people

Caring for children and young people brings additional responsibilities and challenges for doctors. Good medical practice involves:

4.6.1 Placing the interests and wellbeing of the child or young person first.

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[12] The Australian Government Department of Home Affairs Translating and Interpreting Service (TIS) can be contacted on 131 450, or via the website: www.tisnational.gov.au/. Aboriginal language services are available through state based services (fees apply), e.g. Northern Territory Aboriginal Interpreter Service and Western Australia Kimberley Interpreting Service.

[13] *Social media policy* issued by the Medical Board of Australia (available at: www.medicalboard.gov.au).

4.6.2 Ensuring that you consider young people's capacity for decision-making and consent.

4.6.3 Ensuring that, when communicating with a child or young person, you:

- treat them with respect and listen to their views
- encourage questions and answer their questions to the best of your ability
- provide information in a way that they can understand
- recognise the role of parents or guardians and when appropriate, encourage the young person to involve their parents or guardians in decisions about their care.

4.6.4 Being alert to children and young people who may be at risk, and notifying appropriate authorities, as required by law.

4.7 Aboriginal and Torres Strait Islander Peoples' health

Australia has always been a culturally and linguistically diverse nation. Aboriginal and Torres Strait Islander Peoples have inhabited and cared for the land as the first peoples of Australia for millennia, and their histories and cultures have uniquely shaped our nation. Understanding and acknowledging historic factors such as colonisation and its impact on Aboriginal and Torres Strait Islander Peoples' health, helps inform care. In particular, Aboriginal and Torres Strait Islander Peoples bear the burden of gross social, cultural and health inequity. In supporting the health of Aboriginal and Torres Strait Islander Peoples, good medical practice involves:

4.7.1 Providing care that is holistic, free of bias and racism, challenges belief based upon assumption and is culturally safe and respectful for Aboriginal and Torres Strait Islander Peoples.

4.7.2 Advocating for and acting to facilitate access to quality and culturally safe health services for Aboriginal and Torres Strait Islander Peoples.

4.7.3 Recognising the importance of family, community, partnership and collaboration in the healthcare decision-making of Aboriginal and Torres Strait Islander Peoples, for both prevention strategies and care delivery.

4.8 Culturally safe and respectful practice

Good medical practice is culturally safe and respectful. Culturally safe and respectful practice requires you to understand how your own culture, values, attitudes, assumptions and beliefs influence interactions with patients and families, the community, colleagues and team members ~~Good medical practice is culturally safe and respectful.~~ This includes:

4.8.1 Understanding that only the patient and/or their family can determine whether or not care is culturally safe and respectful.

4.8.2 Respecting diverse cultures, beliefs, gender identities, sexualities and experiences of people, including among colleagues and team members.

4.8.3 Acknowledging the social, economic, cultural, historic and behavioural factors influencing health, both at the individual, community and population levels.

4.8.4 Adopting practices that respect diversity, avoid bias, discrimination and racism, and challenge belief based on assumption (for example, based on gender, disability, race, ethnicity, religion, sexuality, age or political beliefs).

4.8.5 Supporting an inclusive environment for the safety and security of the individual patient and their family and/or significant others.

4.8.6 Creating a positive, culturally safe work environment through role modelling, and supporting the rights, dignity and safety of others, including patients, colleagues and team members.

4.9 Patients who may have additional needs

Some patients (including those with impaired decision-making capacity) have additional needs. Both capacity and needs may fluctuate over time. Good medical practice in managing the care of these patients involves:

4.9.1 Ensuring that you reassess a patient's decision-making capacity when indicated.

4.9.2 Paying particular attention to communication.

4.9.3 Being aware that increased advocacy may be necessary to ensure just access to healthcare.

4.9.4 Recognising that there may be a range of people involved in their care, such as carers, family members, a guardian or a medical agent with power of attorney, and involving them when appropriate or required by law, being mindful of privacy considerations.

4.9.5 Being aware that these patients may be at greater risk.

4.10 Relatives, carers and partners

Good medical practice involves:

4.10.1 Being considerate to relatives, carers, partners and others close to the patient, and respectful of their role in the care of the patient.

4.10.2 With appropriate consent, being responsive in providing information.

4.11 Adverse events

When adverse events occur, you have a responsibility to be open and honest in your communication with your patient, to review what has occurred and to report appropriately. When something goes wrong you should seek advice from your colleagues and from your professional indemnity insurer. Good medical practice involves:

4.11.1 Recognising what has happened.

4.11.2 Acting immediately to rectify the problem if possible, including seeking any necessary help and advice.

4.11.3 Explaining to the patient as promptly and fully as possible in accordance with open disclosure policies, what has happened and the anticipated short-term and long-term consequences.[14]

4.11.4 Acknowledging any patient distress and providing appropriate support.

4.11.5 Complying with any relevant policies, procedures and reporting requirements.

4.11.6 Reviewing and reflecting on adverse events and implementing changes to reduce the risk of recurrence (see Section 8).

4.11.7 Reporting adverse events to the relevant authority, as necessary (see Section 8).

4.11.8 Ensuring patients have access to information about the processes for making a complaint (for example, through the relevant healthcare complaints commission or medical board).

[14] Australian Commission on Safety and Quality in Health Care (2013) *The Australian Open Disclosure Framework* www.safetyandquality.gov.au/our-work/open-disclosure/the-open-disclosure-framework/.

4.12 When a complaint is made

Patients who are dissatisfied have a right to complain about their care. When a complaint is made, good medical practice involves:

4.12.1 Acknowledging the patient's right to complain.

4.12.2 Providing information about the complaints system.

4.12.3 Working with the patient to resolve the issue, locally where possible.

4.12.4 Providing a prompt, open and constructive response, including an explanation and, if appropriate, an apology.

4.12.5 Ensuring the complaint does not adversely affect the patient's care. In some cases, it may be advisable to refer the patient to another doctor.

4.12.6 Complying with relevant complaints law, policies and procedures.

4.12.7 Reflecting on the complaint and learning from it.

4.13 End-of-life care

Doctors have a vital role in assisting the community to deal with the reality of death and its consequences. In caring for patients towards the end of their life, good medical practice involves:

4.13.1 Taking steps to manage a patient's symptoms and concerns in a manner consistent with their values and wishes.

4.13.2 Providing or arranging appropriate palliative care, including a multi-disciplinary approach whenever possible.

4.13.3 Understanding the limits of medicine in prolonging life and recognising when efforts to prolong life may not benefit the patient.

4.13.4 Understanding that you do not have a duty to try to prolong life at all cost. However, you have a duty to know when not to initiate and when to cease attempts at prolonging life, while ensuring that your patients receive appropriate relief from distress.

4.13.5 Accepting that patients have the right to refuse medical treatment or to request the withdrawal of treatment already started.

4.13.6 Respecting different cultural practices related to death and dying.

4.13.7 Striving to communicate effectively with patients and their families so they are able to understand the outcomes that can and cannot be achieved.

4.13.8 Facilitating advance care planning including suggesting appropriate documentation such as an advance care directive (or equivalent).

4.13.9 Taking reasonable steps to ensure that support is provided to patients and their families, even when it is not possible to deliver the outcome they seek.

4.13.10 Communicating bad news to patients and their families in the most appropriate way and providing support for them while they deal with this information.

4.13.11 When your patient dies, being willing to explain, to the best of your knowledge, the circumstances of the death to appropriate members of the patient's family and carers, unless you know the patient would have objected.

4.13.12 Sensitively discussing and encouraging organ and tissue donation with the patient's family, when appropriate and consistent with accepted legislation and protocols.[15]

4.14 Ending a professional relationship

In some circumstances, the relationship between a doctor and patient may break down or become compromised (e.g. because of a conflict of interest), and you may need to end it. Good medical practice involves ensuring that the patient is adequately informed of your decision and facilitating arrangements for the continuing care of the patient, including passing on relevant clinical information.

4.15 Personal relationships

Whenever possible, avoid providing medical care to anyone with whom you have a close personal relationship. In most cases, providing care to close friends, those you work with and family members is inappropriate because of the lack of objectivity, possible discontinuity of care, and risks to the patient and doctor. In particular, medical practitioners must not prescribe schedule 8 and/or psychotropic medication or provide elective surgery (such as cosmetic surgery), to anyone with whom they have a close personal relationship. Unless in exceptional circumstances.
In some cases, providing care to those close to you is unavoidable, for example in an emergency. Whenever this is the case, good medical practice requires recognition and careful management of these issues.

4.16 Closing or relocating your practice

When closing or relocating your practice, good medical practice involves:

4.16.1 Giving advance notice when this is possible.

4.16.2 Facilitating arrangements for the continuing medical care of all your current patients, including the transfer or appropriate management of all patient records. You must follow the law governing health records in your jurisdiction.

[15] Resources are available for medical practitioners including NHMRC (2016) *Ethical guidelines for transplantation from deceased donors* www.nhmrc.gov.au/guidelines-publications/e76, Transplantation Society of Australia and New Zealand (TSANZ) (2016) *Clinical guidelines for organ transplantation from deceased donors* www.donatelife.gov.au/clinical-and-ethical-guidelines-organ-transplantation-deceased-donors and NHMRC (2010) *National protocol for donation and cardiac death* www.donatelife.gov.au/national-protocol-donation-and-cardiac-death

5 Respectful work culture

5.1 Introduction

Respectful relationships with medical colleagues, other healthcare professionals, team members and patients are essential for safe patient care.

5.2 Respect for medical colleagues and other healthcare professionals

Good patient care is enhanced when there is mutual respect and clear communication between all healthcare professionals involved in the care of the patient. Good medical practice involves:

5.2.1 Acknowledging and respecting the contribution of all healthcare professionals involved in the care of the patient.

5.2.2 Communicating clearly, effectively, courteously, respectfully and promptly with other doctors and healthcare professionals caring for the patient.

5.2.3 Behaving professionally and courteously to colleagues and other practitioners including when using social media.

5.3 Teamwork

Most doctors work closely with a wide range of healthcare professionals. The care of patients is improved when there is mutual respect and clear communication, as well as an understanding of the responsibilities, capacities, constraints and ethical codes of each other's professions. Working in a team does not diminish a doctor's personal accountability for professional conduct and the care provided. When working in a team, good medical practice involves:

5.3.1 Understanding your particular role as part of the team and attending to the responsibilities associated with that role.

5.3.2 Advocating for a clear delineation of roles and responsibilities, including that there is a recognised team leader or coordinator.

5.3.3 Communicating effectively with other team members.

5.3.4 Informing patients about the roles of team members.

5.3.5 Acting as a positive role model for team members.

5.3.6 Supporting students and practitioners receiving supervision within the team.

5.4 Discrimination, bullying and sexual harassment

There is no place for discrimination[16], bullying[17] and sexual harassment[18] in the medical profession or in health care in Australia. Respect is a cornerstone of good medical practice and of patient safety. It is a

[16] Discrimination occurs when a person, or a group of people, is treated less favourably than another person or group because of their background or certain personal characteristics. Australian Human Rights Commission (AHRC) (2014) *Workplace discrimination, harassment and bullying*, www.humanrights.gov.au/employers/good-practice-good-business-factsheets/workplace-discrimination-harassment-and-bullying

[17] The *Fair Work Amendment Act 2013* defines workplace bullying as repeated unreasonable behaviour by an individual towards a worker which creates a risk to health and safety (AHRC, 2014).

[18] Sexual harassment is broadly defined as unwelcome sexual conduct that a reasonable person would anticipate would offend, humiliate or intimidate the person harassed (AHRC, 2014).

feature of constructive relationships between medical practitioners, their peers and colleagues on healthcare teams and with patients. Discrimination, bullying and sexual harassment increases risk to patients and compromise effective teamwork by healthcare teams.

Good medical practice involves:

5.4.1 Being fair and showing respect for peers, colleagues, co-workers and students on healthcare teams and patients.

5.4.2 Not discriminating against, bullying or sexually harassing others.

5.4.3 Providing constructive and respectful feedback to colleagues, trainees, international medical graduates and students, including when their performance does not meet accepted standards.

5.4.4 Being open to receiving constructive feedback.

5.4.5 Doing or saying something about discrimination, bullying or sexual harassment by others when you see it and reporting it when appropriate.

Good medical practice in the *management of* discrimination, bullying or sexual harassment requires a timely, proportionate and fair response, including:

5.4.6 Providing respectful and timely feedback to another medical or health practitioner about behaviour that does not meet accepted standards.

5.4.7 Early, timely, local and fair management of concerns about discrimination, bullying and sexual harassment whenever possible, including through existing employer complaints resolution processes to help minimise harm and build a culture of respect.

5.4.8 Appropriate information sharing, within the law, by all relevant parties such as employers and specialist medical colleges, to support effective resolution and remediation, when possible.

5.4.9 Referral of concerns about discrimination, bullying or sexual harassment to the medical board when there is ongoing and/or serious risk to patients, students, trainees, colleagues or healthcare teams (in addition to mandatory reporting obligations).

5.4.10 Providing or directing those involved to appropriate support sources.

6 Working with other healthcare professionals

6.1 Introduction

Good communication and clear understanding between health care professionals improves patient care.

6.2 Coordinating care with other doctors

Good patient care requires coordination between all treating doctors. Good medical practice involves:

6.2.1 Communicating all the relevant information in a timely way.

6.2.2 Facilitating the central coordinating role of the general practitioner.

6.2.3 Advocating the benefit of a general practitioner to a patient who does not already have one.

6.2.4 Ensuring that it is clear to the patient, the family and colleagues, who has ultimate responsibility for coordinating the care of the patient.

6.3 Delegation, referral and handover

Delegation involves you asking another health care professional to provide care on your behalf while you retain overall responsibility for the patient's care. *Referral* involves you sending a patient to obtain opinion or treatment from another doctor or healthcare professional. Referral usually involves the transfer (in part) of responsibility for the patient's care, usually for a defined time and for a particular purpose, such as care that is outside your area of expertise. *Handover* is the process of transferring all responsibility to another healthcare professional. Good medical practice involves:

6.3.1 Ensuring that there are arrangements in place for continuing care of patients when you are not available. These arrangements should be made in advance when possible, and communicated to the patient, other treating practitioners and any relevant facilities or hospitals.

6.3.2 Taking reasonable steps to ensure that the person to whom you delegate, refer or handover has the qualifications, experience, knowledge and skills to provide the care required.

6.3.3 Understanding that when you delegate, although you will not be accountable for the decisions and actions of those to whom you delegate, you remain responsible for the overall management of the patient, and for your decision to delegate.

6.3.4 Always communicating sufficient information about the patient and the treatment they need to enable the continuing care of the patient.

7 Working within the healthcare system

7.1 Introduction

Doctors have a responsibility to contribute to the effectiveness and efficiency of the healthcare system.

7.2 Wise use of healthcare resources

It is important to use healthcare resources wisely. Good medical practice involves:

7.2.1 Ensuring that the services you provide are necessary and likely to benefit the patient.[19]

7.2.2 Upholding the patient's right to gain access to the necessary level of healthcare and, whenever possible, helping them to do so.

7.2.3 Supporting the transparent and equitable allocation of healthcare resources.

7.2.4 Understanding that your use of resources can affect the access other patients have to healthcare resources.

7.3 Health advocacy

There are significant disparities in the health status of different groups in the Australian community. These disparities result from social, economic, cultural, historic, geographic and other factors. In particular, Aboriginal and Torres Strait Islander Peoples bear the burden of gross social, cultural and health inequity.

Good medical practice involves using your expertise and influence to identify and address healthcare inequity and protect and advance the health and wellbeing of individual patients, communities and populations.

7.4 Public health

Doctors have a responsibility to promote the health of the community through disease prevention and control, education and screening. Good medical practice involves:

7.4.1 Understanding the principles of public health, including health education, health promotion, disease prevention and control and screening.

7.4.2 Participating in efforts to promote the health of the community and being aware of your obligations in disease prevention, screening and reporting notifiable diseases.

[19] Resources are available for medical practitioners, e.g. Choosing Wisely Australia and Evolve

8 Patient safety and minimising risk

8.1 Introduction

Risk is inherent in healthcare. Minimising risk to patients is an important component of medical practice. Good medical practice involves making patient safety your first priority and understanding and applying the key principles of risk minimisation and management in your practice. Good medical practice involves:

8.1.1 Working in your practice and within systems to reduce error and improve patient safety, and supporting colleagues who raise concerns about patient safety.

8.1.2 Taking all reasonable steps to address the issue if you have reason to think that patient safety may be compromised.

8.2 Risk management

Good medical practice in relation to risk management involves:

8.2.1 Acknowledging that all doctors share responsibility for clinical governance.

8.2.2 Being aware of the importance of the principles of open disclosure and a non-punitive approach to incident management.

8.2.3 Participating in systems of quality assurance and improvement.

8.2.4 Participating in systems for surveillance and monitoring of adverse events and 'near misses', including reporting these events.

8.2.5 If you have clinical leadership and/or management responsibilities, making sure that appropriate systems are in place for raising concerns about risks to patients.

8.3 Doctors' performance — you and your colleagues

The welfare of patients may be put at risk if a doctor is performing poorly. If you consider there is a risk to patients from poor performance, good medical practice involves:

8.3.1 Recognising and taking steps to minimise the risks of fatigue, including complying with relevant state and territory occupational health and safety legislation.

8.3.2 If you know or suspect that you have a health condition that could adversely affect your judgement or performance, following the guidance in Section 11.2.

8.3.3 Taking steps to protect patients from ~~substantial / significant the~~ risk of substantial harm posed by a colleague's conduct, practice or ill health.

8.3.4 Taking appropriate steps to assist your colleague to receive help if you have concerns about their performance or fitness to practise.

8.3.6 Complying with any statutory reporting requirements, including mandatory reporting requirements under the National Law as they apply in your jurisdiction.[20]

8.3.7 If you are not sure what to do, seeking advice from an experienced colleague, your employer, doctors' health service,[21] professional organisation or professional indemnity insurer.

[20] Sections 140–143 of the National Law, and *Guidelines for mandatory notifications* issued by the Medical Board of Australia available at: www.medicalboard.gov.au.

[21] Doctors health services available at doctors4doctors.

9 Maintaining professional performance

9.1 Introduction

Maintaining and developing your knowledge, skills and professional behaviour are core aspects of good medical practice. Regular performance feedback, collaboration with peers and self-reflection are among the cornerstones of life-long learning.

9.2 Continuing professional development

Registration standards developed by the Medical Board of Australia set out the requirements for continuing professional development and for recency of practice (including when changing scope of practice).[22]

You must continue to develop your knowledge, skills and professional behaviour throughout your working life. Good medical practice involves:

9.2.1 Keeping your knowledge and skills up to date.

9.2.2 Ensuring that your practice meets the standards reasonably expected by the public and your peers.

9.2.3 Planning and regularly reviewing your continuing professional development activities to make sure they are relevant to your current scope of practice and meet the Board's requirements.

9.2.4 As part of your continuing professional development program, regularly participating in a range of activities to maintain and further develop your knowledge, skills and performance. These include educational activities to develop your knowledge and skills, activities focused on reviewing your performance and activities focused on measuring your outcomes.

9.2.5 Engaging in performance development and appraisal processes associated with your role.

9.3 Career transitions

Doctors may work in multiple roles and fields over the span of their career. Changing roles, reducing practice load or considering retirement can be challenging. Changing the scope of your practice, making career transitions and starting the transition to retirement requires active forward planning and management. The Board's recency of practice registration standard sets out the requirements for medical practitioners who are changing their scope of practice.

Good medical practice involves:

9.3.1 Acknowledging that professional performance may be affected by multiple factors, including increasing age and practice context, and being mindful of how these may affect your performance.

9.3.2 Actively planning for a successful transition to different roles or retirement.

[22] *Registration standard: Continuing professional development* and *Registration standard: Recency of practice* issued by the Medical Board of Australia available at: www.medicalboard.gov.au.

10 Professional behaviour

10.1 Introduction

In professional life, doctors must display a standard of behaviour that warrants the trust and respect of the community. This includes observing and practising the principles of ethical conduct.
The guidance contained in this section emphasises the core qualities and characteristics of good doctors outlined in Section 2 on Professionalism.

10.2 Professional boundaries

Professional boundaries in medicine are the limits that define the relationship between a doctor and their patient. Professional boundaries are integral to a good doctor–patient relationship. They promote good care for patients and protect both parties. Good medical practice involves:

10.2.1 Maintaining professional boundaries.

10.2.2 Never using your professional position to establish or pursue a sexual, exploitative or other inappropriate relationship with anybody under your care. This includes those close to the patient, such as their carer, guardian or spouse or the parent of a child patient. The Board has developed *Sexual boundaries – Guidelines for doctors,* which apply to all doctors.

10.2.3 Avoiding expressing your personal beliefs to your patients in ways that exploit their vulnerability or are likely to cause them distress.

10.3 Reporting obligations

Doctors have statutory obligations under the National Law to report various proceedings or findings to the Medical Board of Australia.[23] They also have professional obligations to report to the Board and their employer if they have had any limitations placed on their practice. Good medical practice involves:

10.3.1 Being aware of these reporting obligations.

10.3.2 Complying with any reporting obligations that apply to your practice.

10.3.3 Seeking advice from your professional indemnity insurer if you are unsure about your obligations.

10.4 Vexatious complaints

Legitimate complaints are motivated by genuine concerns about patient safety. Vexatious complaints lack substance and have other motivations. They are often characterised by an intention to protect commercial interests and/or cause harm to another health practitioner, instead of a genuine concern about patient safety. Such complaints are not made in "good faith". Good medical practice involves:

10.4.1 Raising genuine concerns about risks to patient safety to the appropriate authority (locally and/or the Medical Board) and complying with mandatory reporting requirements.

10.4.2 Not making vexatious complaints about other health practitioners.

The Board may take regulatory action against a medical practitioner who makes a vexatious notification about another health practitioner.

[23] Sections 130, 140-143 of the National Law and *Guidelines for mandatory notifications* issued by the Medical Board of Australia available at: www.medicalboard.gov.au.

10.5 Medical records

Maintaining clear and accurate medical records is essential for the continuing good care of patients. Good medical practice involves:

10.5.1 Keeping accurate, up-to-date and legible records that report relevant details of clinical history, clinical findings, investigations, information given to patients, medication and other management in a form that can be understood by other health practitioners.

10.5.2 Ensuring that your medical records are held securely and are protected against unauthorised access.

10.5.3 Ensuring that your medical records show respect for your patients and do not include demeaning or derogatory remarks.

10.5.4 Only abbreviations or expressions which are generally understood in the medical community should be used

10.5.5 Ensuring that the records are sufficient to facilitate continuity of patient care.

10.5.6 Making records at the time of the events, or as soon as possible afterwards.

10.5.7 Dating any changes and additions to medical records, including when the record is electronic.

10.5.8 Recognising patients' right to access information contained in their medical records and facilitating that access.

10.5.9 Promptly facilitating the transfer of health information when requested by the patient or third party with the requisite authority.

10.5.10 Retaining records for the period required by law and ensuring that they are destroyed securely when they are no longer required.

10.6 Insurance

You have a professional obligation to ensure that your practice is appropriately covered by professional indemnity insurance. You must meet the requirements set out in the *Registration standard: professional indemnity insurance arrangements* issued by the Medical Board of Australia.[24]

10.7 Advertising

Advertisements for medical services can be useful in providing information for patients. All advertisements (including on social media) must conform to relevant consumer protection legislation, therapeutic goods legislation, the advertising provisions in the National Law and *Guidelines for advertising regulated health services* issued by the Medical Board of Australia.[25]

Good medical practice involves:

10.7.1 Making sure that any information you publish about your medical services is factual and verifiable.

10.7.2 Making only justifiable claims about the quality or outcomes of your services in any information you provide to patients.

10.7.3 Not guaranteeing cures, exploiting patients' vulnerability or fears about their future health, or raising unrealistic expectations.

10.7.4 Not offering inducements or using testimonials.

[24] Section 38(1)(a) of the National Law and registration standards issued by the Medical Board of Australia available at: www.medicalboard.gov.au.

[25] Section 133 of the National Law and *Guidelines for advertising of regulated health services* available at: www.medicalboard.gov.au.

10.7.5 Not making unfair or inaccurate comparisons between your services and those of colleagues.

10.8 Medico-legal, insurance and other assessments

When you are contracted by a third party to provide a medico-legal, insurance or other assessment of a person who is not your patient, the usual therapeutic doctor–patient relationship does not exist. In this situation, good medical practice involves:

10.8.1 Applying the standards of professional behaviour described in this code to the assessment; in particular, being courteous, alert to the concerns of the person, and ensuring that you have the person's consent for the assessment and any necessary physical examination.

10.8.2 Explaining to the person your area of medical practice, your role, and the purpose, nature and extent of the assessment to be conducted.

10.8.3 Anticipating and seeking to correct any misunderstandings that the person may have about the nature and purpose of your assessment and report.

10.8.4 Providing an impartial report (see Section 10.9).

10.8.5 Recognising that, if you discover an unrecognised serious medical problem during your assessment, you have a duty of care to inform the patient and/or their treating doctor.

10.9 Medical reports, certificates and giving evidence

The community places a great deal of trust in doctors. Consequently, doctors have been given the authority to sign a variety of documents, such as a *Medical certificate of cause of death* (death certificates) and sickness certificates, on the assumption that they will only sign statements that they know, or reasonably believe, to be true. Good medical practice involves:

10.9.1 Being honest and not misleading when writing reports and certificates, and only signing documents you believe to be accurate.

10.9.2 Taking reasonable steps to verify the content before you sign a report or certificate, and not omitting relevant information deliberately.

10.9.3 Preparing or signing documents and reports if you have agreed to do so, within a reasonable and justifiable timeframe.

10.9.4 Making clear the limits of your knowledge and not giving opinion beyond those limits when providing evidence.

10.10 Curriculum vitae

When providing curriculum vitae, good medical practice involves:

10.10.1 Providing accurate, truthful and verifiable information about your experience and your medical qualifications.

10.10.2 Not misrepresenting, by misstatement or omission, your experience, qualifications or position.

10.11 Investigations

Doctors have responsibilities and rights relating to any legitimate investigation of their practice or that of a colleague. In meeting these responsibilities, it is advisable to seek advice from a lawyer or your professional indemnity insurer. Good medical practice involves:

10.11.1 Cooperating with any legitimate inquiry into the treatment of a patient and with any complaints procedure that applies to your work.

10.11.2 Disclosing to anyone entitled to ask for it, information relevant to an investigation into your own or a colleague's conduct, performance or health.

10.11.3 Assisting the coroner when an inquest or inquiry is held into a patient's death by responding to their enquiries and by offering all relevant information.

10.12 Conflicts of interest

Patients rely on the independence and trustworthiness of doctors for any advice or treatment. A conflict of interest in medical practice arises when a doctor, entrusted with acting in the interests of a patient, also has financial, professional or personal interests, or relationships with third parties, which may affect their care of the patient. Multiple interests are common. They require identification, careful consideration, appropriate disclosure and accountability. When these interests compromise, or might reasonably be perceived by an independent observer to compromise, the doctor's primary duty to the patient, doctors must recognise and resolve this conflict in the best interests of the patient. If in doubt, seek advice from colleagues, your employer, professional organisation or professional indemnity insurer.

Good medical practice involves:

10.12.1 Recognising potential conflicts of interest that may arise in relation to initiating or continuing a professional relationship with a patient.

10.12.2 Acting in your patients' best interests when making referrals and when providing or arranging treatment or care.

10.12.3 Informing patients when you have an interest that could affect, or could be perceived to affect, patient care.

10.12.4 Recognising that pharmaceutical and other medical marketing influences doctors, and being aware of ways in which your practice may be being influenced.

10.12.5 Recognising potential conflicts of interest in relation to medical devices and appropriately managing any conflict that arises in your practice.

10.12.6 Not asking for, or accepting any, inducement, gift or hospitality of more than trivial value, from companies that sell or market drugs or appliances or provide services that may affect, or be seen to affect, the way you prescribe for, treat or refer patients.

10.12.7 Not asking for or accepting fees for meeting sales representatives.

10.12.8 Not offering inducements or entering into arrangements that could be perceived to provide inducements.

10.12.9 Not allowing any financial or commercial interest in a hospital, other healthcare organisation, or company providing or manufacturing healthcare services or products to adversely affect the way you treat patients. When you or your immediate family have such an interest and that interest could be perceived to influence the care you provide, you must inform your patient.

10.13 Financial and commercial dealings

Doctors must be honest and transparent in financial arrangements with patients. Good medical practice involves:

10.13.1 Not exploiting patients' vulnerability or lack of medical knowledge when providing or recommending treatment or services.

10.13.2 Not encouraging patients to give, lend or bequeath money or gifts that will benefit you directly or indirectly.

10.13.3 Avoiding financial involvement, such as loans and investment schemes, with patients.

10.13.4 Not pressuring patients or their families to make donations to other people or organisations.

10.13.5 Being transparent in financial and commercial matters relating to your work, including in your

dealings with employers, insurers and other organisations or individuals. In particular:

- declaring any relevant and material financial or commercial interest that you or your family might have in any aspect of the patient's care
- declaring to your patients your professional and financial interest in any product you might endorse or sell from your practice, and not making an unjustifiable profit from the sale or endorsement.

Ensuring doctors' health

11.1 Introduction

As a doctor, it is important for you to maintain your own health and wellbeing. This includes seeking an appropriate work–life balance.

11.2 Your health

Good medical practice involves:

11.2.1 Having a general practitioner.

11.2.2 Seeking independent, objective advice when you need medical care, and being aware of the risks of self-diagnosis and self-treatment.

11.2.3. Seeking help if you are suffering stress, burnout, anxiety or depression.

11.2.4 Making sure that you are immunised against relevant communicable diseases.

11.2.5 ~~Not self-prescribing~~. Complying with the legislation in your state or territory in relation to self-prescribing'

11.2.6 Recognising the impact of fatigue on your health and your ability to care for patients, and endeavouring to work safe hours wherever possible.

11.2.7 Being aware of the doctors' health program in your state or territory which provides confidential advice and support through the doctors' health advisory and referral services.

11.2.8 If you know or suspect that you have a health condition or impairment that could adversely affect your judgement, performance or your patient's health:

- not relying on your own assessment of the risk you pose to patients
- consulting your doctor about whether, and in what ways, you may need to modify your practice, and following the doctor's advice.

11.3 Other doctors' health

Doctors have a responsibility to assist medical colleagues to maintain good health. All health professionals have responsibilities in certain circumstances for mandatory notification under the National Law.[26] Good medical practice involves:

11.3.1 Providing doctors who are your patients with the same quality of care you would provide to other patients.

[26] Sections 140-143 of the National Law and *Guidelines for mandatory notifications* issued by the Medical Board of Australia available at: www.medicalboard.gov.au.

11.3.2 ~~Notifying the Medical Board of Australia if you are treating a doctor whose ability to practise is impaired and has placed, or may place patients at risk. This is always a professional responsibility and in some jurisdictions, may be a statutory responsibility under the National Law.~~

11.3.3 Supporting your colleagues and encouraging any of them (who you are not treating) to seek appropriate help if you believe they may be ill and impaired. If you believe this impairment is putting patients at risk of substantial harm, notify the Medical Board of Australia. It may also be wise to report your concerns to the doctor's employer and seek advice from a doctors' health program. Seek advice from your professional indemnity insurer.

11.3.4 Recognising the impact of fatigue on the health of colleagues, including those under your supervision, and facilitating safe working hours wherever possible.

12 Teaching, supervising and assessing

12.1 Introduction

Teaching, supervising and mentoring doctors and medical students is important for their development and for the care of patients. It is part of good medical practice to contribute to these activities and provide support, assessment, feedback and supervision for colleagues, doctors in training and students. Good medical practice involves doctors acknowledging their influence as role models and their responsibility to help shape the professional behaviour and values of future clinicians.

12.2 Teaching and supervising[27]

Good medical practice involves:

12.2.1 Seeking to develop the skills, attitudes and practices of an effective teacher, whenever you are involved in teaching.

12.2.2 Making sure that any doctor or medical student for whose supervision you are responsible receives adequate oversight and feedback.

12.2.3 Giving feedback in a respectful and constructive manner, including when the person's performance does not meet accepted standards.

12.2.4 Doing your part to ensure the teaching and learning environment is free from discrimination, bullying and harassment and is culturally safe.

12.3 Assessing colleagues

Assessing colleagues is an important part of making sure that the highest standards of medical practice are achieved. Good medical practice involves:

12.3.1 Being honest, objective and constructive when assessing the performance of colleagues, including students. Patients will be put at risk if you describe someone as competent when they are not.

12.3.2 Providing accurate and justifiable information when giving references or writing reports about colleagues. Do so promptly and include all relevant information.

[27] The Medical Board of Australia has issued guidelines for supervised practice for international medical graduates available at: www.medicalboard.gov.au.

12.4 Medical students

Medical students are learning how best to care for patients. Creating opportunities for learning improves their clinical practice and nurtures the future workforce. Good medical practice involves:

12.4.1 Treating your students with respect and patience.

12.4.2 Making the scope of the student's role in patient care clear to the student, to patients and to other members of the health care team.

12.4.3 Informing your patients about the involvement of medical students and obtaining their consent for student participation, while respecting their right to choose not to consent.

13 Undertaking research

13.1 Introduction

Research involving humans, their tissue samples or their health information, is vital in improving the quality of healthcare and reducing uncertainty for patients now and in the future, and in improving the health of the wider population. Research in Australia is governed by guidelines issued in accordance with the *National Health and Medical Research Council Act 1992*.[28] If you undertake research, you should familiarise yourself with, and follow, these guidelines.

Research involving animals is governed by legislation in states and territories and by guidelines issued by the National Health and Medical Research Council (NHMRC).[29]

13.2 Research ethics

Being involved in the design, organisation, conduct or reporting of health research involving humans brings particular responsibilities for doctors. These responsibilities, drawn from the NHMRC guidelines, include:

13.2.1 According to participants the respect and protection that is due to them.

13.2.2 Acting with honesty and integrity.

13.2.3 Ensuring that any protocol for human research has been approved by a human research ethics committee, in accordance with the *National statement on ethical conduct in human research*.

13.2.4 Disclosing the sources and amounts of funding for research to the human research ethics committee.

13.2.5 Disclosing any potential or actual conflicts of interest to the human research ethics committee.

13.2.6 Ensuring that human participation is voluntary and based on an adequate understanding of sufficient information about the purpose, methods, demands, risks and potential benefits of the research.

13.2.7 Ensuring that any dependent relationship between doctors and their patients is taken into account in the recruitment of patients as research participants.

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[28] NHMRC (2007) *National statement on ethical conduct in human research* www.nhmrc.gov.au/guidelines/publications/e72 and NHMRC (2007) *Australian code for the responsible conduct of research* www.nhmrc.gov.au/guidelines/publications/r39 and NHMRC (2003) *Ethical guidelines for research involving Aboriginal and Torres Strait Islander Peoples* www.nhmrc.gov.au/guidelines-publications/e52.

[29] NHMRC (2013) *Australian code for the care and use of animals for scientific purposes*, 8th edition www.nhmrc.gov.au/guidelines-publications/ea28.

13.2.8 Seeking advice when research involves children or adults who are not able to give informed consent, to ensure that there are appropriate safeguards in place. This includes ensuring that a person empowered to make decisions on the patient's behalf has given informed consent, or that there is other lawful authority to proceed.

13.2.9 Adhering to the approved research protocol.

13.2.10 Monitoring the progress of the research and promptly reporting adverse events or unexpected outcomes.

13.2.11 Respecting the right of research participants to withdraw from any research at any time and without giving reasons.

13.2.12 Adhering to the guidelines about the publication of findings, authorship and peer review.

13.2.13 Reporting possible fraud or misconduct in research as required under the *Australian code for the responsible conduct of research.*

13.3 Treating doctors and research

When you are involved in research that involves your patients, good medical practice includes:

13.3.1 Respecting the patient's right to withdraw from a study without prejudice to their treatment.

13.3.2 Ensuring that a patient's decision not to participate does not compromise the doctor–patient relationship or their care.

Acknowledgements

The Medical Board of Australia acknowledges the work of the Australian Medical Council (AMC) in originally developing this code. In 2010 it was adopted by the Medical Board of Australia after minor revisions to ensure it was consistent with the Health Practitioner Regulation National Law, as in force in each state and territory.

In the first edition of the code, the AMC acknowledged the working group that guided the development of the code; the contribution of the organisations and individuals whose thoughtful feedback informed its development; the contribution of the then Australian Government Department of Health and Ageing to the extensive consultation process that supported it; and the then state and territory medical boards that endorsed it.

In developing this code, the AMC considered and drew on both general and specific information about standards from codes of good medical practice issued by the then state and territory medical boards and the Australian Medical Association *Code of ethics*. The process was also informed by similar documents issued by the General Medical Council of the United Kingdom, the Medical Council of New Zealand, the National Alliance for Physician Competence in the United States and the Royal College of Physicians and Surgeons in Canada. In addition, sections of the code were informed by relevant guidelines issued by the National Health and Medical Research Council and by guidelines developed by specialist medical colleges in Australia and New Zealand.

In revising the code for this latest edition, the Board acknowledges the recent work of regulators, medical colleges, associations and councils, which have informed the revision process.

Authority

This code is issued under section 39 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

Review

Date of issue:
Date of review: This code of conduct will be reviewed from time to time as required. This will generally be every three years.

Summary of proposed changes to *Good medical practice: A code of conduct for doctors in Australia*

Section heading	Previous section number	Sub-heading	New section number	Changes
About this code	1.1	Purpose of the code	1.1	Added list of guidelines
	1.2	Use of the code	1.2	Added 'online/remote prescribing'
	1.3	What the code does not do	1.3	
	1.5	Australia and Australian medicine	1.5	Moved
	1.6	Substitute decision makers	1.4	Moved Added 'insurer'
Professionalism	1.4	Professional values and qualities of doctors	2.1	Moved from 'About this code' to new section 'Professionalism' Expanded
Providing good care	2.1	Introduction	3.1	
	2.2	Good patient care	3.2	*New* – 3.2.7 – therapeutic need and expectations *New* – 3.2.8 – accepted views
	2.3	Shared decision-making	3.3	
	2.4	Decisions about access to medical care	3.4	3.4.3 – added additional medically irrelevant grounds
	2.5	Treatment in emergencies	3.5	
Working with patients	3.1	Introduction	4.1	
	3.2	Doctor–patient partnership	4.2	

Section heading	Previous section number	Sub-heading	New section number	Changes
	3.3	Effective communication	4.3	4.3.8 and 4.3.9 – wording changes *New footnote* - Aboriginal language interpreter services
	3.4	Confidentiality and privacy	4.4	*New* – 4.4.3 – accessing medical records 4.4.6 – added 'digital communications'
	3.5	Informed consent	4.5	Reference to NHMRC documents removed (documents no longer current) 4.5.2 – added 'medical power of attorney' and 'advanced care directive'
	3.6	Children and young people	4.6	Added 'challenges'
	New	Aboriginal and Torres Strait Islander Peoples' health	4.7	Expanded New wording aligns with Nursing and Midwifery Board of Australia codes of conduct
	3.7	Culturally safe and sensitive practice	4.8	Changed to 'Culturally safe and respectful practice' Expanded New wording aligns with Nursing and Midwifery Board of Australia codes of conduct
	3.8	Patients who may have additional needs	4.9	*New* – 4.9.1 – changes to needs/capacity 4.9.4 – added 'power of attorney'
	3.9	Relatives, carers and partners	4.10	
	3.10	Adverse events	4.11	4.11.3 – added 'open disclosure policies' 4.11.6 – added 'reflecting'
	3.11	When a complaint is made	4.12	*New* – 4.12.7 – reflecting on complaints
	3.12	End-of-life care	4.13	4.13.2 – added 'multi-disciplinary approach' 4.13.8 – added 'advanced care directive' *New* – 4.13.12 – organ donation

Section heading	Previous section number	Sub-heading	New section number	Changes
	3.13	Ending a professional relationship	4.14	Wording changes
	3.14	Personal relationships	4.15	Added reference to schedule 8, psychotropic medication and elective surgery Added – 'for example in an emergency'
	3.15	Closing or relocating your practice	4.16	
Respectful culture - *new section*	4.1	Introduction	5.1	Wording changes
	4.2	Respect for medical colleagues and other healthcare professionals	5.2	Re-ordered
	4.4	Teamwork	5.3	4.4.6 moved to 5.4 Discrimination, bullying and sexual harassment
	New	Discrimination, bullying and sexual harassment	5.4	Expands on current guidance
Working with other healthcare professionals	New	Introduction	6.1	*New*
	4.5	Coordinating care with other doctors	6.2	
	4.3	Delegation, referral and handover	6.3	*New* – 6.3.1 – arrangements when not available
Working within the healthcare system	5.1	Introduction	7.1	
	5.2	Wise use of healthcare resources	7.2	*New footnote* – resources for medical practitioners

Section heading	Previous section number	Sub-heading	New section number	Changes
	5.3	Health advocacy	7.3	Wording changes
	5.4	Public health	7.4	
Minimising risk	6.1	Introduction	8.1	Changed to 'Patient safety and minimising risk' 8.1.1 and 8.1.2 moved from 8.2 Risk management
	6.2	Risk management	8.2	*New* – 8.2.1 – responsibility for clinical governance 8.2.5 – added 'clinical leadership' and 'appropriate' systems
	6.3	Doctors' performance — you and your colleagues	8.3	Re-ordered
Maintaining professional performance	7.1	Introduction	9.1	Wording changes
	7.2	Continuing professional development	9.2	Wording changes *New* – 9.2.5 – reference to performance processes
	New	Career transitions	9.3	*New*
Professional behaviour	8.1	Introduction	10.1	
	8.2	Professional boundaries	10.2	Added definition of professional boundaries
	8.3	Reporting obligations	10.3	
	New	Vexatious complaints	10.4	*New*
	8.4	Medical records	10.5	*New* – 10.5.6 – additions to medical records *New* – 10.5.9 – retaining and destroying records
	8.5	Insurance	10.6	

Section heading	Previous section number	Sub-heading	New section number	Changes
	8.6	Advertising	10.7	Added 'social media'
	8.7	Medico-legal, insurance and other assessments	10.8	10.8.1 – added 'physical examination'
	8.8	Medical reports, certificates and giving evidence	10.9	Added 'medical certificate of cause of death'
	8.9	Curriculum vitae	10.10	
	8.10	Investigations	10.11	
	8.11	Conflicts of interest	10.12	10.12 – added 'seek advice' 10.12.9 – added 'manufacturing'
	8.12	Financial and commercial dealings	10.13	
Ensuring doctors' health	9.1	Introduction	11.1	
	9.2	Your health	11.2	*New* – 11.2.3 – seeking help 11.2.7 – updated reference to doctors health services
	9.3	Other doctors' health	11.3	11.3.2 and 11.3.3 – wording changes
Teaching, supervising and assessing	10.1	Introduction	12.1	Added 'role model'
	10.2	Teaching and supervising	12.2	*New* – 12.2.3 – giving feedback *New* – 12.2.4 – environment free from discrimination, bullying and harassment and culturally safe
	10.3	Assessing colleagues	12.3	

Section heading	Previous section number	Sub-heading	New section number	Changes
	10.4	Medical students	12.4	
Undertaking research	11.1	Introduction	13.1	*New footnote* – additional NHMRC guidelines
	11.2	Research ethics	13.2	
	11.3	Treating doctors and research	13.3	

Statement of assessment

Board's statement of assessment against AHPRA's *Procedures for the development of registration standards, codes and guidelines* and *COAG principles for best practice regulation*

Draft revised *Good medical practice: A code of conduct for doctors in Australia*

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the development of registration standards, codes and guidelines* which are available at: www.ahpra.gov.au

These procedures have been developed by AHPRA in accordance with section 25 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) which requires AHPRA to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

Below is the Medical Board of Australia's (the Board) assessment of their proposal for a draft revised code of conduct, *Good medical practice: A code of conduct for medical practitioners in Australia*, against the three elements outlined in the AHPRA procedures.

1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law

Board assessment

The Board considers that the proposed draft revised code meets the objectives and guiding principles of the National Law.

The proposal takes into account the National Scheme's key objective of protecting the public by setting out the ethical and professional standards of conduct expected of medical practitioners against which they will be assessed to ensure that only those who practise in a competent and ethical manner are registered.

The draft revised code also supports the National Scheme to operate in a transparent, accountable, efficient, effective and fair way. The proposal gives clear guidance on the Board's expectations of medical practitioners and there are protective actions that can be taken under the National Law if a practitioner does not fulfill these expectations.

The proposal takes into account the National Scheme's objective to facilitate the provision of high quality education and training of health practitioners by setting out the standards expected of medical practitioners teaching, supervising and assessing.

2. The consultation requirements of the National Law are met

Board assessment

The National Law requires wide-ranging consultation on a proposed code. The National Law also requires the Board to consult the other National Boards on matters of shared interest.

The Board is ensuring that there is public exposure of its proposal and the opportunity for public comment by undertaking an eight week public consultation process. The process includes the publication of the consultation paper on its website and informing medical practitioners via the

Board's electronic newsletter sent to more than 95% of registered medical practitioners.

The Board will also draw this paper to the attention of key stakeholders including the other National Boards.

The Board will take into account the feedback it receives when finalising its code.

3. The proposal takes into account the COAG Principles for Best Practice Regulation

Board assessment

In developing the draft revised code, the Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The Board makes the following assessment specific to each of the COAG principles expressed in the AHPRA procedures.

COAG Principles

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

Board assessment

The Board considers that its proposal is the best option for achieving the stated purposes. The proposed draft revised code does not propose significant changes to the current ethical and professional standards of conduct expected of medical practitioners.

The proposal would protect the public by making clear the standards of ethical and professional conduct expected of medical practitioners by the Board, their professional peers and the community. The proposal would provide additional guidance for medical practitioners.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

Board assessment

The proposal will not restrict competition as it would apply to all registered medical practitioners.

C. Whether the proposal results in an unnecessary restriction of consumer choice

Board assessment

The proposal will not result in any unnecessary restrictions of consumer choice as the proposed draft code would apply to all registered medical practitioners.

The proposal has the potential to improve a consumer's confidence that all registered medical practitioners are held to the same ethical and professional standards of conduct.

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

Board assessment

The Board has considered the overall costs of the proposed draft revised code to members of the public, medical practitioners and governments and concluded that the likely costs are minimal as the Board is not proposing significant changes to the current standards of ethical and professional conduct expected of all registered medical practitioners.

Subject to stakeholder feedback on the proposed draft code, the benefits of having clear guidelines for medical practitioners on the principles that underpin good medical practice outweigh any minimal costs related to medical practitioners and other stakeholders being required to become familiar with the code, if approved.

E. Whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

Board assessment

The Board considers the proposed draft code has been written in plain English that will help practitioners to understand the standards of good medical practice expected by the Board, their professional peers and the community.

F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

Board assessment

If approved, the Board will review the revised code at least every three years, including an assessment against the objectives and guiding principles in the National Law and the COAG principles for best practice regulation.

However, the Board may choose to review the code earlier, in response to any issues which arise or new evidence which emerges to ensure the guidelines continued relevance and workability.