



# MIGRANT & REFUGEE WOMEN'S HEALTH PARTNERSHIP

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August 2018

## **Submission on the draft revised *Good medical practice: A code of conduct for doctors in Australia***

*Prepared by MRWHP Secretariat*

The Secretariat of the Migrant and Refugee Women's Health Partnership (MRWHP) welcomes the opportunity to make this submission to the review of the draft revised code of conduct, *Good medical practice: A code of conduct for doctors in Australia*.

MRWHP is a national collaboration bringing together doctors, nurses and midwives—through their respective peak professional and standard setting bodies—community and government to develop a good practice- and evidence-based policy framework for improving access to health care for people from migrant and refugee backgrounds, with a particular focus on women within this cohort.

We welcome the incorporation of cultural considerations into various provisions of the draft revised code of conduct, and in particular those related to effective communication, culturally safe and respectful practices, and end-of-life care.

With regard to 4.3 Effective Communication, we welcome the provisions that doctors should meet patients' language and communications needs, and note the following:

- Language and communication barriers include the communication capacity of both the patient and the doctor and are among the most serious obstacles to safe and quality care.<sup>1 2</sup> Engaging interpreters meets the communication needs of both the doctor and the patient.
- Engaging interpreters and not relying on ad hoc facilitators of interpretation (such as family members or friends) is recognised as best practice, and has been found to: decrease communication errors; improve the delivery of person-centred care; reduce unnecessary tests and treatments; improve clinical outcomes; raise the quality of

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<sup>1</sup> Flores G. The Impact of Medical Interpreter Services on the Quality of Health Care: A Systematic Review. *Medical Care Research and Review*. 2005; 62(3): 255-299.

<sup>2</sup> Rowse J, Anderson K, Phillips C, Chan B. *Critical case analysis of adverse events associated with failure to use interpreters for non-English speaking patients.*: Australian National University Medical School; 2017.

care to the same level as that for patients without language barriers; and improve patient satisfaction.<sup>3</sup>

Recommendations:

- Amend 4.3.8 to specify that relevant practical steps and arrangements include assessing the patient's need for an interpreter and engaging an interpreter.
- Include the use of Auslan or another sign language as part of patient's language considerations and needs.
- Specify that, at minimum, doctors should engage interpreters when:
  - assessing the decision-making capacity of the person;
  - obtaining consent for a procedure; and
  - starting or adjusting complex medications.
- Amend 4.5.1 to say that information should be provided to patients in a way and language that they can understand.
- Amend 4.3.9 to provide accurate advice to medical practitioners about the processes for engaging interpreters. In this regard, we endorse the submission made by the Department of Social Services.
- Refer to National Accreditation Authority for Translators and Interpreters (NAATI) certified interpreters under 4.3.9.

MRWHP Secretariat thanks the Board for the opportunity to comment and is available to provide further input to inform the review of the draft revised code of conduct, *Good medical practice: A code of conduct for doctors in Australia*.

To discuss this submission further, please contact [REDACTED] Executive Officer, Migrant and Refugee Women's Health Partnership, at [REDACTED] or on [REDACTED]

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<sup>3</sup> Karner LS, Jacobs EA, Chen AH, Mutha S. Do Professional Interpreters Improve Clinical Care for Patients with Limited English Proficiency? A Systematic Review of the Literature. *Health Services Research*. 2007;42(2):727.