

Dr Joanna Flynn AM
Chair
Medical Board of Australia
Via: medicalboardconsultation@ahpra.gov.au

Dear Dr Flynn,

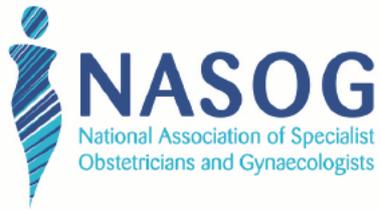
Public Consultation on Good Medical Practice

I am writing in response to the Board's public consultation on the draft revised code of conduct, Good medical practice: A code of conduct for doctors in Australia.

As a professional voice for obstetricians and gynaecologists, the National Association of Specialist Obstetricians and Gynaecologists (NASOG) **does not support** the draft revised code in its current form. However, we acknowledge and support the need to review the code on a regular basis as part of good regulatory practice, and contemporary medical practice.

NASOG's concern relates specifically to the changes to the 'culturally safe and sensitive practice' section, and its alignment with the Nursing and Midwifery Board's recently revised codes. Specialist obstetric practice is quite different to other areas of medicine in terms of clinical practice, and the nature of interactions that specialists have with their patients. For these reasons, we are very concerned with clause 4.8. We have significant concern over what the ramifications in practice may be of clause 4.8.1, particularly when things often change rapidly in birth, and require quick clinical judgement and treatment to ensure the safety of mother and baby. We absolutely support the concept of culturally safe and respectful practice; however, we believe the provision of particularly clause 4.8.1 has the potential to cause more harm and confusion in practice, which may negatively impact the patient and result in poor outcomes. NASOG believes that clause 3.4.3 adequately defines a doctor's duty of care and responsibility to patients in the context of discrimination based on anti-discrimination law.

Specialist obstetricians and gynaecologists are the responsible and accountable clinician in obstetrics and birth as they are the lead care providers. As such, this accountability sees them legally responsible. This may provide an explanation as to why the revised codes may be fit-for-purpose in other areas, but not the medical code in an obstetric context. It would be prudent for the Medical Board to seek medico-legal advice, particularly in the context of ramifications specifically relating to obstetric practice. As a professional body representing obstetricians and gynaecologists, we would advise the Board that it would be appropriate to share that advice with clinicians.



With the above concerns addressed, and subsequent amendments, we remain optimistic a robust revised code which is appropriate can be achieved.

Kind regards



Dr Stephen Lane
President

20 August 2018