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To: [medboardconsultation](#)
Subject: FW: Update: Medical Board newsletter - June 2018
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I have read the draft good medical practice code of conduct and feel that section **5.4 Discrimination, bullying and sexual harassment** be made more specific in view of the revelations in recent years about the abuse of power particularly in training positions.

There has been a lot of attention drawn to the abuse of the inherent power inequity between senior and junior doctors. This reportedly most usually occurs regarding junior doctors in training positions and/or trying to get onto training programmes. It also occurs with health managers/administrators who similarly abuse the power inequity with junior doctors and overseas trained doctors trying to achieve registration in Australia.

I would suggest adding

“Senior medical practitioners including health managers/administrators have a specific role in ensuring that junior medical practitioners are not subjected to abuse because of the inherent inequity of the power relationship between senior and junior medical practitioners.”

There is also a variable level of clinical resources including access to appropriate supervision especially in regional, rural and peripheral hospitals which medical health managers and administrators seem to ignore. There are also medical practitioners agreeing to undertake a level of health care for which they do not have the resources to deliver

I would suggest adding

“ Medical practitioners including those in health management/administrative roles have an obligation to ensure that there are appropriate and adequately resourced clinical pathways to deliver the clinical services that they and/or the health care organisation for which they work have agreed to undertake.”

Paul Friend

[Redacted signature block]