



3rd August 2018

Executive Officer, Medical
AHPRA
GPO Box 9958
Melbourne 3001

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

Thank you for your invitation and the opportunity to provide comment on the Medical Board of Australia’s draft revised code of conduct.

JMO Forum Victoria is a committee of interns and prevocational junior doctors from each health service in Victoria, representing junior doctors’ interests in prevocational education and training, accreditation and wellbeing. Our role is to provide junior doctor perspective and input to the Postgraduate Medical Council of Victoria, as well as representation to the National Australasian Junior Medical Officer Committee, auspiced by the Confederation of Postgraduate Medical Education Councils. Our work involves review, evaluation and development of practical resources for JMOs, and our current work is in the areas of PGY2 education, professionalism competencies for junior doctors and the development of online resources to support junior doctor wellbeing.

We support the addition of the new section *4.7 Aboriginal and Torres Strait Islander Peoples’ Health*, and the expanded section *4.8 Culturally safe and sensitive practice*. We support actively working towards bridging the difference in health inequalities for Aboriginal and Torres Strait Islander Peoples and adapting our practice to cater for the diverse population of Australia today and in the future.

We support the provision of a safe work environment, free from discrimination, bullying and sexual harassment and recognise the impact this has on patient safety and care, thus we welcome the addition of the new section *5.4 Discrimination, bullying and sexual harassment*. We recommend the introductory paragraph expand upon the impact on patients, to incorporate the negative impact on doctor wellbeing, including the contribution to burnout, psychological distress and rates of suicide.

We would like to comment on paragraph 4, section *2.1 Professional values and qualities of doctors*. We are concerned regarding the implications posed by this paragraph to individual doctors right to freedom of speech and expression of self within the scope of their personal lives. We recommend the statement ‘*public comment*’ on line 5, be changed to ‘*public comment about health-related matters*’ as we believe the current wording is too general.



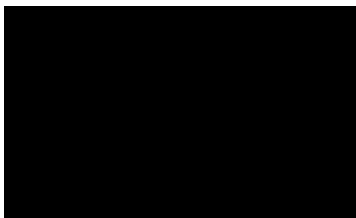
Another concern raised in section 2.1, paragraph 4, is the use of the term '*behave ethically*' to justify community trust. The word 'ethically' may have specific social and religious interpretations leading to conflict depending on the context of the community in question, also given differences in state legislation. We recommend a more general term such as '*behave appropriately*' be used to avoid disparity between maintaining community trust and the rights of the individual.

We recommend the last sentence '*Behaviour which could undermine community trust in the profession is at odds with good medical practice and may be considered unprofessional*' be more specific to health-related matters for the same reason. Community trust in doctors should be limited to provision of health services and health advocacy, without limitations for doctors on other matters, which may not be considered professional at any given time point by the general public. For example, prior to the decriminalisation of homosexuality and the exclusion of it as a medical disorder, doctors in support of this could have been considered '*at odds with good medical practice*', which is clearly inappropriate.

Regarding point 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*, we recommend inclusion of a statement that outlines the responsibilities for doctors to actively assist the patient in obtaining knowledge and access to the medical care they are declining to provide. Without this requirement, vulnerable people who have limited education, health literacy, finances and resources are at risk of being marginalised, firstly because of the nature of being declined services by a health practitioner and the subsequent inability to find the means to fulfil their health needs.

Should you require any further information in relation to this response, please don't hesitate to contact us at [REDACTED].

Yours Sincerely,



Dr Una Pak
On behalf of the JMO Forum Victoria MBA Code of Conduct Consultation Committee:
Dr Cassandra Brown, Dr Charissa Joy & Dr Laura Raiti