

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

TRIM: D18-29730

Executive Officer
Medical
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Via email: medboardconsultation@ahpra.gov.au

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

In response to the June 2018 public consultation paper – draft revised *Good medical practice: A code of conduct for doctors in Australia*, the Australian Commission on Safety and Quality in Health Care provides the following feedback.

The code of conduct in describing what is expected of all doctors registered to practise medicine in Australia, and setting out the principles that characterise good medical practice, making explicit the standards of ethical and professional conduct expected of doctors by their professional peers and the community is very important.

While the Commission supports the intent of the code of conduct, I am concerned that the draft code of conduct does not mention the National Safety and Quality Health Service (NSQHS) Standards. The NSQHS Standards are evidence-based and comprehensive, approved for implementation by the Australian Health Ministers' Advisory Council and the Council of Australian Governments' Health Council.

There are significant synergies between the objectives of the code of conduct, expected professional standards and the NSQHS Standards, including areas of common focus such as communicating with patients, appropriate communication with colleagues and the importance of actions that promote teamwork and continuity of care across the sectors.

By including the NSQHS Standards in the code of conduct as a foundation reference, it offers the Medical Board of Australia opportunity for significant benefit to patients and consumers through the delivery of safer care.

Below is feedback provided against specific areas of the draft code of conduct.

3 Providing good care

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.

Recommend strengthening this to indicate that obtaining relevant previous history and investigation is an expectation because of its impact on patient safety and the quality of care that can be provided. Unnecessary repeat investigation is an inconvenience to the patient, may be harmful and incur costs both to the patient and indirectly to society.

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

Recommend that this statement include formulating a provisional diagnosis and management plan. Without a diagnosis it is difficult for a clinician to be alert to diagnostic error and for another clinician to understand and evaluate a management plan.

Recommend adding 3.1.6 Reducing risks of harm to inpatients by being aware of and supporting the key national strategies for patient safety as set out in the NSQHS Standards.

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

Recommend strengthening this statement to include "Ensuring that you have adequate knowledge and skills to provide or recommend disease prevention strategies".

3.2.6 Providing treatment options based on the best available information

Recommend this is mirrored with "Providing preventative strategies based on the best available information to assist the patient to address known risk factors for disease". This will help shift the focus from treating disease to supporting its prevention.

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

Recommend this is strengthened by beginning "empowering patients through education to take interest in, and responsibility for,....."

3.4 Decisions about access to medical care

Recommend that this section is revised to emphasise the importance of ensuring patients are provided with information about the risks and benefits of all treatment options.

4 Working with patients

4.3 Effective communication

Recommend that this section is revised to advocate for patients to be offered a copy of their investigations or consultation letter for their records (related to 10.5.7). Suggest "ensuring patients are offered a copy of investigation results and consultation letters".

4.5 Informed consent

Recommend that this section is revised to emphasise the need for the clinician to have sufficient relevant knowledge to "inform consent". For example, currently open access procedures are done without the clinician being aware of the results of the previous procedure so by definition cannot be informing the patient of the benefits of a repeat procedure.

Also recommend that this section includes specific reference of the need for clinicians to overtly talk about the potential risks and benefits of treatment option proposed with the patient as part of gaining informed consent.

4.12 When a complaint is made

Recommend taking the opportunity to reframe this section to reflect the usefulness of all types of feedback. It could be called Consumer Feedback and talk about using both complaints and compliments as a means of identifying where things are going well and where improvements could be made. Some feedback that is useful for quality improvement is not necessarily complaints about things that have gone wrong.

4.13 End of life care

Recommend beginning the section on end of life care with the need to talk with patients about their values and wishes, and preferences for care when they are diagnosed with a life limiting condition.

5 Respectful culture

5.3 Teamwork

Recommend including reference to the fact that team members may include clinical and non-clinical staff. Multidisciplinary teams may involve a variety of medical, nursing, allied health and administrative workers depending on the patient's needs. Working as a team, and collaborating effectively is about delivering the best possible care for the patient.

5.4 Discrimination, bullying and sexual harassment

Recommend including a statement around individuals actively promoting a workplace free from such behaviours.

10 Professional behaviour

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.

Recommend that this statement include diagnoses. A provisional diagnosis is pivotal to justification of subjecting a patient to an investigation and to patients' understanding of why they are being subjected to a procedure or test.

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

Recommend that this item include financial interests in facilities e.g. day surgeries.

12 Teaching, supervising and assessing

Recommend emphasising the need to provide a positive learning environment and creating opportunities for medical students.

If you have any questions regarding this feedback please contact [REDACTED]

at [REDACTED]

Yours sincerely

[REDACTED]
Adjunct Professor Debora Picone AM
Chief Executive Officer

17 August 2018