

Good Medical Practice: A Code of Conduct for Doctors in Australia

Developed by a working party
of the Australian Medical Council
on behalf of the medical boards of the
Australian states and territories



The development of this code has been a joint project of the Australian Medical Council, Medical Board of the Australian Capital Territory, New South Wales Medical Board, Medical Board of the Northern Territory, Medical Board of Queensland, Medical Board of South Australia, Medical Council of Tasmania, Medical Practitioners Board of Victoria and Medical Board of Western Australia. The Australian Medical Council acknowledges support from the Australian Government Department of Health and Ageing, which enabled public consultation on an earlier draft of this code of conduct for doctors. This code is presented for endorsement by medical boards and the Australian Medical Council.

Contents

1	About this code.....	1
	1.1 Purpose of the code.....	1
	1.2 Use of the code	1
	1.3 What the code does not do.....	2
	1.4 Professional values and qualities of doctors	2
	1.5 Australia and Australian medicine.....	3
	1.6 Substitute decision makers.....	3
2	Providing good care.....	5
	2.1 Introduction.....	5
	2.2 Good patient care	5
	2.3 Shared decision making.....	6
	2.4 Decisions about access to medical care	6
	2.5 Treatment in emergencies	6
3	Working with patients.....	9
	3.1 Introduction.....	9
	3.2 Doctor–patient partnership	9
	3.3 Effective communication.....	9
	3.4 Confidentiality and privacy	10
	3.5 Informed consent	10
	3.6 Children and young people	11
	3.7 Culturally safe and sensitive practice	11
	3.8 Patients who may have additional needs	12
	3.9 Relatives, carers and partners	12
	3.10 Adverse events.....	12
	3.11 When a complaint is made.....	13
	3.12 End-of-life care	13
	3.13 Ending a professional relationship.....	14
	3.14 Personal relationships	14
	3.15 Closing your practice	14
4	Working with other health care professionals.....	15
	4.1 Introduction.....	15
	4.2 Respect for medical colleagues and other health care professionals	15
	4.3 Delegation, referral and handover	15
	4.4 Teamwork	16
	4.5 Coordinating care with other doctors.....	16

5	Working within the health care system	17
	5.1 Introduction.....	17
	5.2 Wise use of health care resources	17
	5.3 Health advocacy.....	17
	5.4 Public health	17
6	Minimising risk	19
	6.1 Introduction.....	19
	6.2 Risk management.....	19
	6.3 Doctors' performance — you and your colleagues	19
7	Maintaining professional performance	21
	7.1 Introduction.....	21
	7.2 Continuing professional development	21
8	Professional behaviour	23
	8.1 Introduction.....	23
	8.2 Professional boundaries	23
	8.3 Reporting obligations.....	23
	8.4 Medical records.....	24
	8.5 Insurance	24
	8.6 Advertising.....	24
	8.7 Medico-legal, insurance and other assessments	25
	8.8 Medical reports, certificates and giving evidence	25
	8.9 Curriculum vitae	26
	8.10 Investigations	26
	8.11 Conflicts of interest.....	26
	8.12 Financial and commercial dealings.....	27
9	Ensuring doctors' health.....	29
	9.1 Introduction.....	29
	9.2 Your health	29
	9.3 Other doctors' health	29
10	Teaching, supervising and assessing	31
	10.1 Introduction.....	31
	10.2 Teaching and supervising	31
	10.3 Assessing colleagues.....	31
	10.4 Medical students	31
11	Undertaking research.....	33
	11.1 Introduction.....	33
	11.2 Research ethics	33
	11.3 Treating doctors and research.....	34

1 About this code

1.1 Purpose of the code

Good Medical Practice (the code) describes what is expected of all doctors registered to practise medicine in Australia. It sets out the principles that characterise good medical practice and makes explicit the standards of ethical and professional conduct expected of doctors by their professional peers and the community. The code was developed following wide consultation with the medical profession and the community. The code is addressed to doctors and is also intended to let the community know what they can expect from doctors. The application of the code will vary according to individual circumstances, but the principles should not be compromised.

This code complements the Australian Medical Association *Code of Ethics*¹ and is aligned with its values, and is also consistent with the *Declaration of Geneva* and the *International Code of Medical Ethics*,² issued by the World Medical Association.

This code does not set new standards. It brings together, into a single Australian code, standards that have long been at the core of medical practice.

The practice of medicine is challenging and rewarding. No code or guidelines can ever encompass every situation or replace the insight and professional judgment of good doctors. Good medical practice means using this judgment to try to practise in a way that would meet the standards expected of you by your peers and the community.

1.2 Use of the code

Doctors have a professional responsibility to be familiar with *Good Medical Practice* and to apply the guidance it contains.

This code will be used:

- To support individual doctors in the challenging task of providing good medical care and fulfilling their professional roles, and to provide a framework to guide professional judgment.
- To assist medical boards in their role of protecting the public, by setting and maintaining standards of medical practice. If your professional conduct varies significantly from this standard, you should be prepared to explain and justify your decisions and actions. Serious or repeated failure to meet these standards may have consequences for your medical registration.
- As an additional resource for a range of uses that contribute to enhancing the culture of medical professionalism in the Australian health system; for example, in medical education; orientation, induction and supervision of junior doctors and

¹ See <http://www.ama.com.au/codeofethics>

² See <http://www.wma.net/e/policy/c8.htm>

international medical graduates; and by administrators and policy makers in hospitals, health services and other institutions.

1.3 What the code does not do

This code is not a substitute for the provisions of legislation and case law. If there is any conflict between this code and the law, the law takes precedence.

This code is not an exhaustive study of medical ethics or an ethics textbook. It does not address in detail the standards of practice within particular medical disciplines; these are found in the policies and guidelines issued by medical colleges and other professional bodies.

While good medical practice respects patients' rights, this code is not a charter of rights.³

1.4 Professional values and qualities of doctors

While individual doctors have their own personal beliefs and values, there are certain professional values on which all doctors are expected to base their practice.

Doctors have a duty to make the care of patients their first concern and to practise medicine safely and effectively. They must be ethical and trustworthy.

Patients trust their doctors because they believe that, in addition to being competent, their doctor will not take advantage of them and will display qualities such as integrity, truthfulness, dependability and compassion. Patients also rely on their doctors to protect their confidentiality.

Doctors have a responsibility to protect and promote the health of individuals and the community.

Good medical practice is patient-centred. It involves doctors understanding that each patient is unique, and working in partnership with their patients, adapting what they do to address the needs and reasonable expectations of each patient. This includes cultural awareness: being aware of their own culture and beliefs and respectful of the beliefs and cultures of others, recognising that these cultural differences may impact on the doctor–patient relationship and on the delivery of health services.

Good communication underpins every aspect of good medical practice.

Professionalism embodies all the qualities described here, and includes self-awareness and self-reflection. Doctors are expected to reflect regularly on whether they are practising effectively, on what is happening in their relationships with patients and colleagues, and on their own health and wellbeing. They have a duty to keep their

³ See the Australian Commission on Safety and Quality in Health Care's *Australian Charter of Healthcare Rights* ([http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/52533CE922D6F58BCA2573AF007BC6F9/\\$File/17537-charter.pdf](http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/52533CE922D6F58BCA2573AF007BC6F9/$File/17537-charter.pdf))

skills and knowledge up to date, refine and develop their clinical judgment as they gain experience, and contribute to their profession.

1.5 Australia and Australian medicine

Australia is culturally diverse. We inhabit a land that, for many ages, was held and cared for by Indigenous Australians, whose history and culture have uniquely shaped our nation. Our society is further enriched by the contribution of people from many nations who have made Australia their home.

Doctors in Australia reflect the cultural diversity of our society, and this diversity strengthens our profession.

There are many ways to practise medicine in Australia. The core tasks of medicine are caring for people who are unwell and seeking to keep people well. This code focuses primarily on these core tasks. For the doctors who undertake roles that have little or no patient contact, not all of this code may be relevant, but the principles underpinning it will still apply.

1.6 Substitute decision makers

In this code, reference to the term ‘patient’ also includes substitute decision makers for patients who do not have the capacity to make their own decisions. This can be the parents, or a legally appointed decision maker. If in doubt, seek advice from the relevant guardianship authority.

2 Providing good care

2.1 Introduction

In clinical practice, the care of your patient is your primary concern. Providing good patient care includes:

- 2.1.1 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.
- 2.1.2 Formulating and implementing a suitable management plan (including arranging investigations and providing treatment and advice).
- 2.1.3 Facilitating coordination and continuity of care.
- 2.1.4 Referring a patient to another practitioner when this is in the patient's best interests.
- 2.1.5 Recognising and respecting patients' rights to make their own decisions.

2.2 Good patient care

Maintaining a high level of medical competence and professional conduct is essential for good patient care. Good medical practice involves:

- 2.2.1 Recognising and working within the limits of your competence and scope of practice.
- 2.2.2 Ensuring that you have adequate knowledge and skills to provide safe clinical care.
- 2.2.3 Maintaining adequate records (see Section 8.4).
- 2.2.4 Considering the balance of benefit and harm in all clinical-management decisions.
- 2.2.5 Communicating effectively with patients (see Section 3.3).
- 2.2.6 Providing treatment options based on the best available information.
- 2.2.7 Taking steps to alleviate patient symptoms and distress, whether or not a cure is possible.
- 2.2.8 Supporting the patient's right to seek a second opinion.
- 2.2.9 Consulting and taking advice from colleagues, when appropriate.
- 2.2.10 Making responsible and effective use of the resources available to you (see Section 5.2).

- 2.2.11 Encouraging patients to take interest in, and responsibility for, the management of their health, and supporting them in this.
- 2.2.12 Ensuring that your personal views do not adversely affect the care of your patient.

2.3 Shared decision making

Making decisions about health care is the shared responsibility of the doctor and the patient. Patients may wish to involve their family, carer or others. See Section 1.6 on substitute decision makers.

2.4 Decisions about access to medical care

Your decisions about patients' access to medical care need to be free from bias and discrimination. Good medical practice involves:

- 2.4.1 Treating your patients with respect at all times.
- 2.4.2 Not prejudicing your patient's care because you believe that a patient's behaviour has contributed to their condition.
- 2.4.3 Upholding your duty to your patient and not discriminating on medically irrelevant grounds, including race, religion, sex, disability or other grounds, as described in antidiscrimination legislation.⁴
- 2.4.4 Giving priority to investigating and treating patients on the basis of clinical need and effectiveness of the proposed investigations or treatment.
- 2.4.5 Keeping yourself and your staff safe when caring for patients. If a patient poses a risk to your health and safety or that of your staff, take action to protect against that risk. Such a patient should not be denied care, if reasonable steps can be taken to keep you and your staff safe.
- 2.4.6 Being aware of your right to not provide or directly participate in treatments to which you conscientiously object, informing your patients and, if relevant, colleagues, of your objection, and not using your objection to impede access to treatments that are legal.
- 2.4.7 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.

2.5 Treatment in emergencies

Treating patients in emergencies requires doctors to consider a range of issues, in addition to the patient's best care. Good medical practice involves offering assistance in an emergency that takes account of your own safety, your skills, the availability of

⁴ See http://www.hreoc.gov.au/info_for_employers/law/index.html

other options and the impact on any other patients under your care; and continuing to provide that assistance until your services are no longer required.

3 Working with patients

3.1 Introduction

Relationships based on openness, trust and good communication will enable you to work in partnership with your patients.

3.2 Doctor–patient partnership

A good doctor–patient partnership requires high standards of professional conduct. This involves:

- 3.2.1 Being courteous, respectful, compassionate and honest.
- 3.2.2 Treating each patient as an individual.
- 3.2.3 Protecting patients' privacy and right to confidentiality, unless release of information is required by law or by public-interest considerations.
- 3.2.4 Encouraging and supporting patients and, when relevant, their carer or family, in caring for themselves and managing their health.
- 3.2.5 Encouraging and supporting patients to be well informed about their health and to use this information wisely when they are making decisions.
- 3.2.6 Recognising that there is a power imbalance in the doctor–patient relationship, and not exploiting patients physically, emotionally, sexually or financially.

3.3 Effective communication

An important part of the doctor–patient relationship is effective communication. This involves:

- 3.3.1 Listening to patients, asking for and respecting their views about their health, and responding to their concerns and preferences.
- 3.3.2 Encouraging patients to tell you about their condition and how they are currently managing it, including any alternative or complementary therapies they are using.
- 3.3.3 Informing patients of the nature of, and need for, all aspects of their clinical management, including examination and investigations, and giving them adequate opportunity to question or refuse intervention and treatment.
- 3.3.4 Discussing with patients their condition and the available management options, including their potential benefit and harm.
- 3.3.5 Endeavouring to confirm that your patient understands what you have said.

- 3.3.6 Ensuring that patients are informed of the material risks associated with any part of the proposed management plan.
- 3.3.7 Responding to patients' questions and keeping them informed about their clinical progress.
- 3.3.8 Making sure, wherever practical, that arrangements are made to meet patients' specific language, cultural and communication needs, and being aware of how these needs affect understanding.
- 3.3.9 Familiarising yourself with, and using whenever necessary, qualified language interpreters or cultural interpreters to help you to meet patients' communication needs. Information about government-funded interpreter services is available on the Australian Government Department of Immigration and Citizenship website.⁵

3.4 Confidentiality and privacy

Patients have a right to expect that doctors and their staff will hold information about them in confidence, unless release of information is required by law or public interest considerations. Good medical practice involves:

- 3.4.1 Treating information about patients as confidential.
- 3.4.2 Appropriately sharing information about patients for their health care, consistent with privacy law and professional guidelines about confidentiality.
- 3.4.3 Being aware that there are complex issues related to genetic information and seeking appropriate advice about disclosure of such information.

3.5 Informed consent

Informed consent is a person's voluntary decision about medical care that is made with knowledge and understanding of the benefits and risks involved. The information that doctors need to give to patients is detailed in guidelines issued by the National Health and Medical Research Council.⁶ Good medical practice involves:

- 3.5.1 Providing information to patients in a way that they can understand before asking for their consent.
- 3.5.2 Obtaining informed consent or other valid authority before you undertake any examination, investigation or provide treatment (except in an emergency), or before involving patients in teaching or research.

⁵ The Australian Government Department of Immigration and Citizenship's Translating and Interpreting Service (TIS) National can be contacted on 131 450, or via the website (http://www.immi.gov.au/living-in-australia/help-with-english/help_with_translating/index.htm)

⁶ See the National Health and Medical Research Council's documents, *General Guidelines for Medical Practitioners on Providing Information to Patients* (2004; <http://www.nhmrc.gov.au/publications/synopses/e57syn.htm>) and *Communicating with Patients: Advice for Medical Practitioners* (2004; <http://www.nhmrc.gov.au/publications/synopses/e58syn.htm>)

- 3.5.3 Ensuring that your patients are informed about your fees and charges.
- 3.5.4 When referring a patient for investigation or treatment, advising the patient that there may be additional costs, which patients may wish to clarify before proceeding.

3.6 Children and young people

Caring for children and young people brings additional responsibilities for doctors. Good medical practice involves:

- 3.6.1 Placing the interests and wellbeing of the child or young person first.
- 3.6.2 Ensuring that you consider young people's capacity for decision making and consent.
- 3.6.3 Ensuring that, when communicating with a child or young person, you:
 - treat them with respect and listen to their views
 - encourage questions and answer their questions to the best of your ability
 - provide information in a way that they can understand
 - recognise the role of parents and when appropriate, encourage the young person to involve their parents in decisions about their care.
- 3.6.4 Being alert to children and young people who may be at risk, and notifying appropriate authorities, as required by law.

3.7 Culturally safe and sensitive practice

Good medical practice involves genuine efforts to understand the cultural needs and contexts of different patients to obtain good health outcomes. This includes:

- 3.7.1 Having knowledge of, respect for, and sensitivity towards, the cultural needs of the community you serve, including those of Indigenous Australians.
- 3.7.2 Acknowledging the social, economic, cultural and behavioural factors influencing health, both at individual and population levels.
- 3.7.3 Understanding that your own culture and beliefs influence your interactions with patients.
- 3.7.4 Adapting your practice to improve patient engagement and health care outcomes.

3.8 Patients who may have additional needs

Some patients (including those with impaired decision-making capacity) have additional needs. Good medical practice in managing the care of these patients involves:

- 3.8.1 Paying particular attention to communication.
- 3.8.2 Being aware that increased advocacy may be necessary to ensure just access to health care.
- 3.8.3 Recognising that there may be a range of people involved in their care, such as carers, family members or a guardian, and involving them when appropriate.
- 3.8.4 Being aware that these patients may be at greater risk.

3.9 Relatives, carers and partners

Good medical practice involves:

- 3.9.1 Being considerate to relatives, carers, partners and others close to the patient, and respectful of their role in the care of the patient.
- 3.9.2 With appropriate consent, being responsive in providing information.

3.10 Adverse events

When adverse events occur, you have a responsibility to be open and honest in your communication with your patient, to review what has occurred and to report appropriately.⁷ When something goes wrong, good medical practice involves:

- 3.10.1 Recognising what has happened.
- 3.10.2 Acting immediately to rectify the problem, if possible, including seeking any necessary help and advice.
- 3.10.3 Explaining to the patient as promptly and fully as possible what has happened and the anticipated short-term and long-term consequences.
- 3.10.4 Acknowledging any patient distress and providing appropriate support.
- 3.10.5 Complying with any relevant policies, procedures and reporting requirements, subject to advice from your medical indemnity insurer.
- 3.10.6 Reviewing adverse events and implementing changes to reduce the risk of recurrence (see Section 6).
- 3.10.7 Reporting adverse events to the relevant authority, as necessary (see Section 6).

⁷ See <http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/PriorityProgram-02>

- 3.10.8 Ensuring patients have access to information about the processes for making a complaint (for example, through the relevant health care complaints commission or medical board).

3.11 When a complaint is made

Patients who are dissatisfied have a right to complain about their care. When a complaint is made, good medical practice involves:

- 3.11.1 Acknowledging the patient's right to complain.
- 3.11.2 Working with the patient to resolve the issue, where possible.
- 3.11.3 Providing a prompt, open and constructive response, including an explanation and, if appropriate, an apology.
- 3.11.4 Ensuring the complaint does not adversely affect the patient's care. In some cases, it may be advisable to refer the patient to another doctor.
- 3.11.5 Complying with relevant complaints law, policies and procedures.

3.12 End-of-life care

Doctors have a vital role in assisting the community to deal with the reality of death and its consequences. In caring for patients towards the end of their life, good medical practice involves:

- 3.12.1 Taking steps to manage a patient's symptoms and concerns in a manner consistent with their values and wishes.
- 3.12.2 Providing or arranging appropriate palliative care.
- 3.12.3 Understanding the limits of medicine in prolonging life and recognising when efforts to prolong life may not benefit the patient.
- 3.12.4 Understanding that you do not have a duty to try to prolong life at all cost. However, you do have a duty to know when not to initiate and when to cease attempts at prolonging life, while ensuring that your patients receive appropriate relief from distress.
- 3.12.5 Accepting that patients have the right to refuse medical treatment or to request the withdrawal of treatment already started.
- 3.12.6 Respecting different cultural practices related to death and dying.
- 3.12.7 Striving to communicate effectively with patients and their families so they are able to understand the outcomes that can and cannot be achieved.
- 3.12.8 Facilitating advance care planning.

- 3.12.9 Taking reasonable steps to ensure that support is provided to patients and their families, even when it is not possible to deliver the outcome they desire.
- 3.12.10 Communicating bad news to patients and their families in the most appropriate way and providing support for them while they deal with this information.
- 3.12.11 When your patient dies, being willing to explain, to the best of your knowledge, the circumstances of the death to appropriate members of the patient's family and carers, unless you know the patient would have objected.

3.13 Ending a professional relationship

In some circumstances, the relationship between a doctor and patient may become ineffective or compromised, and you may need to end it. Good medical practice involves ensuring that the patient is adequately informed of your decision and facilitating arrangements for the continuing care of the patient, including passing on relevant clinical information.

3.14 Personal relationships

Whenever possible, avoid providing medical care to anyone with whom you have a close personal relationship. In most cases, providing care to close friends, those you work with and family members is inappropriate because of the lack of objectivity, possible discontinuity of care, and risks to the doctor and patient. In some cases, providing care to those close to you is unavoidable. Whenever this is the case, good medical practice requires recognition and careful management of these issues.

3.15 Closing your practice

When closing or relocating your practice, good medical practice involves:

- 3.15.1 Giving advance notice where this is possible.
- 3.15.2 Facilitating arrangements for the continuing medical care of all your current patients, including the transfer or appropriate management of all patient records. You must follow the law governing health records in your jurisdiction.

4 Working with other health care professionals

4.1 Introduction

Good relationships with medical colleagues, nurses and other health care professionals strengthen the doctor–patient relationship and enhance patient care.

4.2 Respect for medical colleagues and other health care professionals

Good patient care is enhanced when there is mutual respect and clear communication between all health care professionals involved in the care of the patient. Good medical practice involves:

- 4.2.1 Communicating clearly, effectively, respectfully and promptly with other doctors and health care professionals caring for the patient.
- 4.2.2 Acknowledging and respecting the contribution of all health care professionals involved in the care of the patient.

4.3 Delegation, referral and handover

Delegation involves you asking another health care professional to provide care on your behalf while you retain overall responsibility for the patient's care. *Referral* involves you sending a patient to obtain opinion or treatment from another doctor or health care professional. Referral usually involves the transfer (in part) of responsibility for the patient's care, usually for a defined time and for a particular purpose, such as care that is outside your area of expertise. *Handover* is the process of transferring all responsibility to another health care professional. Good medical practice involves:

- 4.3.1 Taking reasonable steps to ensure that the person to whom you delegate, refer or handover has the qualifications, experience, knowledge and skills to provide the care required.
- 4.3.2 Understanding that when you delegate, although you will not be accountable for the decisions and actions of those to whom you delegate, you remain responsible for the overall management of the patient, and for your decision to delegate.
- 4.3.3 Always communicating sufficient information about the patient and the treatment they need to enable the continuing care of the patient.

4.4 Teamwork

Most doctors work closely with a wide range of health care professionals. The care of patients is improved when there is mutual respect and clear communication, as well as an understanding of the responsibilities, capacities, constraints and ethical codes of each other's professions. Working in a team does not alter a doctor's personal accountability for professional conduct and the care provided. When working in a team, good medical practice involves:

- 4.4.1 Understanding your particular role in the team and attending to the responsibilities associated with that role.
- 4.4.2 Advocating for a clear delineation of roles and responsibilities, including that there is a recognised team leader or coordinator.
- 4.4.3 Communicating effectively with other team members.
- 4.4.4 Informing patients about the roles of team members.
- 4.4.5 Acting as a positive role model for team members.
- 4.4.6 Understanding the nature and consequences of bullying and harassment, and seeking to eliminate such behaviour in the workplace.

4.5 Coordinating care with other doctors

Good patient care requires coordination between all treating doctors. Good medical practice involves:

- 4.5.1 Communicating all the relevant information in a timely way.
- 4.5.2 Facilitating the central coordinating role of the general practitioner.
- 4.5.3 Advocating the benefit of a general practitioner to a patient who does not already have one.
- 4.5.4 Ensuring that it is clear to the patient, the family and colleagues who has ultimate responsibility for coordinating the care of the patient.

5 Working within the health care system

5.1 Introduction

Doctors have a responsibility to contribute to the effectiveness and efficiency of the health care system.

5.2 Wise use of health care resources

It is important to use health care resources wisely. Good medical practice involves:

- 5.2.1 Ensuring that the services you provide are necessary and likely to benefit the patient.
- 5.2.2 Upholding the patient's right to gain access to the necessary level of health care and, whenever possible, helping them to do so.
- 5.2.3 Supporting the transparent and equitable allocation of health care resources.
- 5.2.4 Understanding that your use of resources can affect the access other patients have to health care resources.

5.3 Health advocacy

There are significant disparities in the health status of different groups in the Australian community. These disparities result from social, cultural, geographic, health-related and other factors. In particular, the Indigenous people of Australia bear the burden of gross social, cultural and health inequity. Good medical practice involves using your expertise and influence to protect and advance the health and wellbeing of individual patients, communities and populations.

5.4 Public health

Doctors have a responsibility to promote the health of the community through disease prevention and control, education and screening. Good medical practice involves:

- 5.4.1 Understanding the principles of public health, including health education, health promotion, disease prevention and control and screening.
- 5.4.2 Participating in efforts to promote the health of the community and being aware of your obligations in disease prevention, screening and reporting notifiable diseases.

6 Minimising risk

6.1 Introduction

Risk is inherent in health care. Minimising risk to patients is an important component of medical practice. Good medical practice involves understanding and applying the key principles of risk minimisation and management in your practice.

6.2 Risk management

Good medical practice in relation to risk management involves:

- 6.2.1 Being aware of the importance of the principles of open disclosure and a non-punitive approach to incident management.
- 6.2.2 Participating in systems of quality assurance and improvement.
- 6.2.3 Participating in systems for surveillance and monitoring of adverse events and ‘near misses’, including reporting such events.
- 6.2.4 If you have management responsibilities, making sure that systems are in place for raising concerns about risks to patients.
- 6.2.5 Working in your practice and within systems to reduce error and improve patient safety, and supporting colleagues who raise concerns about patient safety.
- 6.2.6 Taking all reasonable steps to address the issue if you have reason to think that patient safety may be compromised.

6.3 Doctors’ performance — you and your colleagues

The welfare of patients may be put at risk if a doctor is performing poorly. If you consider there is a risk, good medical practice involves:

- 6.3.1 Complying with any statutory reporting requirements.
- 6.3.2 Recognising and taking steps to minimise the risks of fatigue, including complying with relevant state and territory occupational health and safety legislation.

- 6.3.3 If you know or suspect that you have a health condition that could adversely affect your judgment or performance, following the guidance in Section 9.2.
- 6.3.4 Taking steps to protect patients from risk posed by a colleague's conduct, practice or ill health.
- 6.3.5 Taking appropriate steps to assist your colleague to receive help if you have concerns about a colleague's performance or fitness to practise.
- 6.3.6 If you are not sure what to do, seeking advice from an experienced colleague, your employer, doctors' health advisory services, professional indemnity insurers, your registration authority or a professional organisation.

7 Maintaining professional performance

7.1 Introduction

Maintaining and developing your knowledge, skills and professional behaviour are core aspects of good medical practice. This requires self-reflection and participation in relevant professional development, practice improvement and performance-appraisal processes, to continually develop your professional capabilities. These activities must continue throughout your working life, as science and technology develop and society changes.

7.2 Continuing professional development

Development of your knowledge, skills and professional behaviour must continue throughout your working life. Good medical practice involves:

- 7.2.1 Keeping your knowledge and skills up to date.
- 7.2.2 Participating regularly in activities that maintain and further develop your knowledge, skills and performance.
- 7.2.3 Ensuring that your practice meets the standards that would be reasonably expected by the public and your peers.
- 7.2.4 Regularly reviewing your continuing medical education and continuing professional development activities to ensure that they are consistent with those recommended by your professional organisation and regulatory authorities.
- 7.2.5 Ensuring that your personal continuing professional development program includes self-directed and practice-based learning.

8 Professional behaviour

8.1 Introduction

In professional life, doctors must display a standard of behaviour that warrants the trust and respect of the community. This includes observing and practising the principles of ethical conduct.

The guidance contained in this section emphasises the core qualities and characteristics of good doctors outlined in Section 1.4.

8.2 Professional boundaries

Professional boundaries are integral to a good doctor–patient relationship. They promote good care for patients and protect both parties. Good medical practice involves:

- 8.2.1 Maintaining professional boundaries.
- 8.2.2 Never using your professional position to establish or pursue a sexual, exploitative or other inappropriate relationship with anybody under your care. This includes those close to the patient, such as their carer, guardian or spouse or the parent of a child patient.
- 8.2.3 Avoiding expressing your personal beliefs to your patients in ways that exploit their vulnerability or that are likely to cause them distress.

8.3 Reporting obligations

Doctors have statutory obligations under medical registration legislation to report various proceedings or findings to their medical board. They also have professional obligations to report to the medical board and their employer if they have had any limitations placed on their practice. Good medical practice involves:

- 8.3.1 Being aware of these reporting obligations.
- 8.3.2 Complying with any reporting obligations that apply to your practice.
- 8.3.3 Seeking advice from the medical board or your professional indemnity insurer if you are unsure about your obligations.

8.4 Medical records

Maintaining clear and accurate medical records is essential for the continuing good care of patients. Good medical practice involves:

- 8.4.1 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.
- 8.4.2 Ensuring that your medical records are held securely and are not subject to unauthorised access.
- 8.4.3 Ensuring that your medical records show respect for your patients and do not include demeaning or derogatory remarks.
- 8.4.4 Ensuring that the records are sufficient to facilitate continuity of patient care.
- 8.4.5 Making records at the time of the events, or as soon as possible afterwards.
- 8.4.6 Recognising patients' right to access information contained in their medical records and facilitating that access.
- 8.4.7 Promptly facilitating the transfer of health information when requested by the patient.

8.5 Insurance

You have a professional obligation to ensure that your practice is appropriately covered by professional indemnity insurance. This may be required for medical registration or credentialling.

8.6 Advertising

Advertisements for medical services can be useful in providing information for patients. All advertisements must conform to relevant consumer protection legislation. Good medical practice involves:

- 8.6.1 Making sure that any information you publish about your medical services is factual and verifiable.
- 8.6.2 Making only justifiable claims about the quality or outcomes of your services in any information you provide to patients.
- 8.6.3 Not guaranteeing cures, exploiting patients' vulnerability or fears about their future health, or raising unrealistic expectations.
- 8.6.4 Not offering inducements or using testimonials.
- 8.6.5 Not making unfair or inaccurate comparisons between your services and those of colleagues.

8.7 Medico-legal, insurance and other assessments

When you are contracted by a third party to provide a medico-legal, insurance or other assessment⁸ of a person who is not your patient, the usual therapeutic doctor–patient relationship does not exist. In this situation, good medical practice involves:

- 8.7.1 Applying the standards of professional behaviour described in this code to the assessment; in particular, being courteous, alert to the concerns of the person, and ensuring that you have the person’s consent.
- 8.7.2 Explaining to the person your area of medical practice, your role, and the purpose, nature and extent of the assessment to be conducted.
- 8.7.3 Anticipating and seeking to correct any misunderstandings that the person may have about the nature and purpose of your assessment and report.
- 8.7.4 Providing an impartial report (see Section 8.8).
- 8.7.5 Recognising that, if you discover an unrecognised, serious medical problem during your assessment, you have a duty of care to inform the patient or their treating doctor.

8.8 Medical reports, certificates and giving evidence

The community places a great deal of trust in doctors. Consequently, doctors have been given the authority to sign a variety of documents, such as death certificates and sickness certificates, on the assumption that they will only sign statements that they know, or reasonably believe, to be true. Good medical practice involves:

- 8.8.1 Being honest and not misleading when writing reports and certificates, and only signing documents you believe to be accurate.
- 8.8.2 Taking reasonable steps to verify the content before you sign a report or certificate, and not omitting relevant information deliberately.
- 8.8.3 Preparing or signing documents and reports if you have agreed to do so, within a reasonable and justifiable timeframe.
- 8.8.4 Making clear the limits of your knowledge and not giving opinion beyond those limits when providing evidence.

⁸ See *Independent Medical Assessments on Behalf of Parties Other Than the Patient* — 1998 (revised 2002) (<http://www.ama.com.au/node/510>)

8.9 Curriculum vitae

When providing curriculum vitae, good medical practice involves:

- 8.9.1 Providing accurate, truthful and verifiable information about your experience and your medical qualifications.
- 8.9.2 Not misrepresenting, by misstatement or omission, your experience, qualifications or position.

8.10 Investigations

Doctors have responsibilities and rights relating to any legitimate investigation of their practice or that of a colleague. In meeting these responsibilities, it is advisable to seek legal advice or advice from your professional indemnity insurer. Good medical practice involves:

- 8.10.1 Cooperating with any legitimate inquiry into the treatment of a patient and with any complaints procedure that applies to your work.
- 8.10.2 Disclosing, to anyone entitled to ask for it, information relevant to an investigation into your own or a colleague's conduct, performance or health.
- 8.10.3 Assisting the coroner when an inquest or inquiry is held into a patient's death by responding to their enquiries and by offering all relevant information.

8.11 Conflicts of interest

Patients rely on the independence and trustworthiness of doctors for any advice or treatment offered. A conflict of interest in medical practice arises when a doctor, entrusted with acting in the interests of a patient, also has financial, professional or personal interests, or relationships with third parties, which may affect their care of the patient.

Multiple interests are common. They require identification, careful consideration, appropriate disclosure and accountability. When these interests compromise, or might reasonably be perceived by an independent observer to compromise, the doctor's primary duty to the patient, doctors must recognise and resolve this conflict in the best interests of the patient.

Good medical practice involves:

- 8.11.1 Recognising potential conflicts of interest that may arise in relation to initiating or continuing a professional relationship with a patient.
- 8.11.2 Acting in your patients' best interests when making referrals and when providing or arranging treatment or care.
- 8.11.3 Informing patients when you have an interest that could affect, or could be perceived to affect, patient care.

- 8.11.4 Recognising that pharmaceutical and other medical marketing influences doctors, and being aware of ways in which your practice may be being influenced.
- 8.11.5 Recognising potential conflicts of interest in relation to medical devices and appropriately managing any conflict that arises in your practice.
- 8.11.6 Not asking for or accepting any inducement, gift or hospitality of more than trivial value, from companies that sell or market drugs or appliances that may affect, or be seen to affect, the way you prescribe for, treat or refer patients.
- 8.11.7 Not asking for or accepting fees for meeting sales representatives.
- 8.11.8 Not offering inducements to colleagues, or entering into arrangements that could be perceived to provide inducements.
- 8.11.9 Not allowing any financial or commercial interest in a hospital, other health care organisation, or company providing health care services or products to adversely affect the way in which you treat patients. When you or your immediate family have such an interest and that interest could be perceived to influence the care you provide, you must inform your patient.

8.12 Financial and commercial dealings

Doctors must be honest and transparent in financial arrangements with patients. Good medical practice involves:

- 8.12.1 Not exploiting patients' vulnerability or lack of medical knowledge when providing or recommending treatment or services.
- 8.12.2 Not encouraging patients to give, lend or bequeath money or gifts that will benefit you directly or indirectly.
- 8.12.3 Avoiding financial involvement, such as loans and investment schemes, with patients.
- 8.12.4 Not pressuring patients or their families to make donations to other people or organisations.
- 8.12.5 Being transparent in financial and commercial matters relating to your work, including in your dealings with employers, insurers and other organisations or individuals. In particular:
 - declaring any relevant and material financial or commercial interest that you or your family might have in any aspect of the patient's care
 - declaring to your patients your professional and financial interest in any product you might endorse or sell from your practice, and not making an unjustifiable profit from the sale or endorsement.

9 Ensuring doctors' health

9.1 Introduction

As a doctor, it is important for you to maintain your own health and wellbeing. This includes seeking an appropriate work–life balance.

9.2 Your health

Good medical practice involves:

- 9.2.1 Having a general practitioner.
- 9.2.2 Seeking independent, objective advice when you need medical care, and being aware of the risks of self-diagnosis and self-treatment.
- 9.2.3 Making sure that you are immunised against relevant communicable diseases.
- 9.2.4 Conforming to the legislation in your state or territory in relation to self-prescribing.
- 9.2.5 Recognising the impact of fatigue on your health and your ability to care for patients, and endeavouring to work safe hours wherever possible.
- 9.2.6 Being aware of the doctors' health program in your state or territory if you need advice on where to seek help.
- 9.2.7 If you know or suspect that you have a health condition or impairment that could adversely affect your judgment, performance or your patient's health:
 - not relying on your own assessment of the risk you pose to patients
 - consulting your doctor about whether, and in what ways, you may need to modify your practice, and following the doctor's advice.

9.3 Other doctors' health

Doctors have a responsibility to assist medical colleagues to maintain good health. Good medical practice involves:

- 9.3.1 Providing doctors who are your patients with the same quality of care you would provide to other patients.
- 9.3.2 Notifying the relevant registration board if you are treating a doctor whose ability to practise may be impaired and may thereby be placing patients at risk. This is always a professional, and in some jurisdictions, a statutory, responsibility.
- 9.3.3 Encouraging a colleague (whom you are not treating) to seek appropriate help if you believe they may be ill and impaired. If you believe this

impairment is putting patients at risk, report your concerns to an appropriate authority, which may be the doctor's employer, the doctors' health program or the relevant registration board.

- 9.3.4 Recognising the impact of fatigue on the health of colleagues, including those under your supervision, and facilitating safe working hours wherever possible.

10 Teaching, supervising and assessing

10.1 Introduction

Teaching, supervising and mentoring doctors and medical students is important for their development and for the care of patients. It is part of good medical practice to contribute to these activities and provide support, assessment, feedback and supervision for colleagues, doctors in training and students.

10.2 Teaching and supervising

Good medical practice involves:

- 10.2.1 Seeking to develop the skills, attitudes and practices of an effective teacher, whenever you are involved in teaching.
- 10.2.2 Making sure that any doctor or medical student for whose supervision you are responsible receives adequate oversight and feedback.

10.3 Assessing colleagues

Assessing colleagues is an important part of making sure that the highest standards of medical practice are achieved. Good medical practice involves:

- 10.3.1 Being honest, objective and constructive when assessing the performance of colleagues, including students. Patients will be put at risk if you describe as competent someone who is not.
- 10.3.2 Providing accurate and justifiable information when giving references or writing reports about colleagues. Do so promptly and include all relevant information.

10.4 Medical students

Medical students are learning how best to care for patients. Creating opportunities for learning improves their clinical practice and nurtures the future workforce. Good medical practice involves:

- 10.4.1 Treating your students with respect and patience.
- 10.4.2 Making the scope of the student's role in patient care clear to the student, to patients and to other members of the health care team.
- 10.4.3 Informing your patients about the involvement of medical students, and encouraging their consent for student participation while respecting their right to choose not to consent.

11 Undertaking research

11.1 Introduction

Research involving humans, their tissue samples or their health information, is vital in improving the quality of health care and reducing uncertainty for patients now and in the future, and in improving the health of the population as a whole. Research in Australia is governed by guidelines⁹ issued in accordance with the *National Health and Medical Research Council Act 1992*. If you undertake research, you should familiarise yourself with, and follow, these guidelines.

Research involving animals is governed by legislation in states and territories and by guidelines issued by the National Health and Medical Research Council (NHMRC).¹⁰

11.2 Research ethics

Being involved in the design, organisation, conduct or reporting of health research involving humans brings particular responsibilities for doctors. These responsibilities, drawn from the NHMRC guidelines, include:

- 11.2.1 According to participants the respect and protection that is due to them.
- 11.2.2 Acting with honesty and integrity.
- 11.2.3 Ensuring that any protocol for human research has been approved by a human research ethics committee, in accordance with the *National Statement on Ethical Conduct in Human Research*.
- 11.2.4 Disclosing the sources and amounts of funding for research to the human research ethics committee.
- 11.2.5 Disclosing any potential or actual conflicts of interest to the human research ethics committee.
- 11.2.6 Ensuring that human participation is voluntary and based on an adequate understanding of sufficient information about the purpose, methods, demands, risks and potential benefits of the research.
- 11.2.7 Ensuring that any dependent relationship between doctors and their patients is taken into account in the recruitment of patients as research participants.

⁹ See the *National Statement on Ethical Conduct in Human Research* (NHMRC 2007; <http://www.nhmrc.gov.au/publications/synopses/e72syn.htm>) and the *Australian Code for the Responsible Conduct of Research* (NHMRC 2007; <http://www.nhmrc.gov.au/PUBLICATIONS/synopses/r39syn.htm>)

¹⁰ See the *Australian Code of Practice for the Care and Use of Animals for Scientific Purposes*, 7th Edition (NHMRC 2004; <http://www.nhmrc.gov.au/publications/synopses/ea16syn.htm>)

- 11.2.8 Seeking advice when research involves children or adults who are not able to give informed consent, to ensure that there are appropriate safeguards in place. This includes ensuring that a person empowered to make decisions on the patient's behalf has given informed consent, or that there is other lawful authority to proceed.
- 11.2.9 Adhering to the approved research protocol.
- 11.2.10 Monitoring the progress of the research and promptly reporting adverse events or unexpected outcomes.
- 11.2.11 Respecting the entitlement of research participants to withdraw from any research at any time and without giving reasons.
- 11.2.12 Adhering to the guidelines regarding publication of findings, authorship and peer review.
- 11.2.13 Reporting possible fraud or misconduct in research as required under the *Australian Code for the Responsible Conduct of Research*.

11.3 Treating doctors and research

When you are involved in research that involves your patients, good medical practice includes:

- 11.3.1 Respecting the patients' right to withdraw from a study without prejudice to their treatment.
- 11.3.2 Ensuring that a patient's decision not to participate does not compromise the doctor–patient relationship or their care.

Acknowledgements

The Australian Medical Council (AMC) acknowledges the work of all the individuals and organisations involved in the development of the Code. We are grateful to the large number of individuals and organisations who contributed substantially to the final Code by making submissions and providing feedback during the consultation process.

In particular, we thank the Chair of the expert working group Dr Joanna Flynn for her leadership and commitment. Our thanks to working group members - Professor Chris Baggoley, Dr Kerry Breen AM, Associate Professor Will Cairns, Dr Alan Cass, Professor Ric Day, Ms Catherine Elvins, Ms Dianne Gill, Mr Russell McGowan, Associate Professor Helen Milroy, Ms Nicole Newton, Professor Garry Phillips, Professor Paddy Phillips, Dr Stephen Phillips OAM, Dr Peter Pinnington, Dr Alison Reid, Professor Judith Searle, Ms Theanne Walters, Dr Laurie Warfe, Dr Peter White, representatives of the Federal Australian Medical Association (AMA), the AMA Council of Doctors in Training and the Australian Medical Students Association (AMSA).

In developing this Code, the working group considered and drew on both general and specific information about standards from codes of good medical practice issued by Australian state and territory medical boards and the Code of Ethics of the Australian Medical Association. The process was also informed by similar documents issued by the General Medical Council of the United Kingdom, the Medical Council of New Zealand, the National Alliance for Physician Competence in the United States and the Royal College of Physicians and Surgeons in Canada. In addition, sections of the Code were informed by relevant guidelines issued by the National Health and Medical Research Council and by guidelines developed by specialist medical colleges in Australia and New Zealand.

The AMC thanks state and territory medical boards for their support for this project. We acknowledge the financial support provided by the Commonwealth Government through the Department of Health and Ageing to enable the extensive public consultation process that was undertaken across Australia during 2008. We acknowledge our partnership with the Consumers Health Forum of Australia, which increased consumer participation in the consultation and strengthened the final Code.

For her support in facilitating the public meetings throughout the consultation we thank Ms Maree Davidson of Davidson Consulting and for careful editing we thank Ms Meg Heaslop of Biotext Science Information Consultants.

The AMC secretariat supported the development of the Code: survey design was undertaken by Ms Theanne Walters; analysis of response by Ms Anna Boots and Dr Heather Alexander; publication and website support provided by Mr Martin Jagodzki, Mr Matthew Haggan and Mr Ariful Hoque; project management by Ms Walters and Ms Peggy Sanders; and coordination of the working group, the public consultation process, collation of the submissions and the numerous tasks associated with a project of this nature and breadth was undertaken by Ms Liesl Perryman with assistance from the administration team. Ms Nicole Newton, provided all communications advice.

