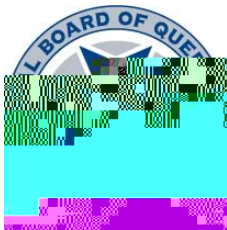
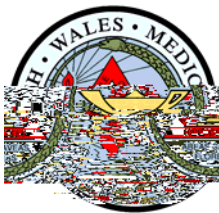


# Good Medical Practice: A Code of Conduct for Doctors in Australia

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

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1

<b>5</b>	<b>Working within the health care system .....</b>	<b>17</b>
	5.1 Introduction.....	17
	5.2 Wise use of health care resources .....	17
	5.3 Health advocacy.....	17



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.<sup>3</sup>

### **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

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<sup>3</sup> 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







- 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.<sup>4</sup>
- 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

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<sup>4</sup> See [http://www.hreoc.gov.au/info\\_for\\_employers/law/index.html](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













- 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.



## 4 Working with other health care professionals

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### 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.

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## 6 Minimising risk

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### 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,

# 7 Maintaining professional performance

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## 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

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### 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.



## **8.7 Medico-legal, insurance and other assessments**

When you are contracted by a third party to provide a medico-legal, insurance or other assessment<sup>8</sup> 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.

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



- 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 fi





## 9 Ensuring doctors' health

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### 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

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

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## 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



# 11 Undertaking research

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## 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 guidelines<sup>9</sup> 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).<sup>10</sup>

## 11.2 Research ethics

Being involved in the design, organisation, conduct or reporting of health research involving humans brings partic

- 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.





