



**Code of Professional Conduct
Working Group**

Report of Consultation
August – November 2008

**Developing a Code of Professional
Conduct: *Good Medical Practice***

March 2009

Background

At the request of state and territory medical boards, the Australian Medical Council managed a broad, national consultation process to support the development of a national code of conduct for doctors. The consultation process aimed to ensure that the code— tentatively titled *Good Medical Practice* - reflected the ethical and professional standards expected of doctors by the profession, the health system stakeholders and the community. The consultation process was supported by funding from the Department of Health and Ageing and was undertaken from August to the end of November 2008. Senator Jan McLucas, Parliamentary Secretary to the Minister for Health and Ageing, launched the consultation process to support the development of the code at Parliament House in Canberra on 27 August 2008.

The national code aims to define clear, nationally consistent standards of medical practice and professional conduct that are understood by the profession and the community. The AMC engaged in a comprehensive consultation process in the knowledge that the ultimate legitimacy and effectiveness of the code would rest on the recognition and acceptance that it received from the medical profession, medical regulators and the broader Australian community.

Consultation Methodology

Consultation to support the development of the code was comprehensive and multi-faceted. It included two initial phases and four broad consultative tools, as follows.

Consultation Phases

Phase One of the consultation involved the distribution of a preliminary draft of the code to a range of key stakeholders. This aimed to identify the key issues that stakeholders identified as central to the consultation process and which required further focused discussion. The AMC did not aim to amend the draft to be distributed for consultation at this time, but to use feedback from this phase to inform the structure and detail of Phase Two of the consultation process.

Consultation Processes

Consultation to support the development of the code involved:

1. Internet based online survey
2. Public call for written submissions
3. Direct stakeholder engagement and public forums
4. Partnership with the Consumers Health Forum of Australia.

To raise awareness of the consultation process and increase participation from all stakeholder groups, the AMC advertised the public sessions in metropolitan newspapers, implemented media and public relations campaigns in each state and territory and maximised existing university, medical college, medical board and public hospital communications channels.

1. Online survey

The AMC established a dedicated website (www.goodmedicalpractice.org.au) to support the consultation process. Published on this site (and promoted extensively through public consultations and the media) was an online survey developed to promote participation and focus discussion of key questions about the code. The survey was open from 27 August to 28 November 2008.

Key data about participation in the online survey includes:

- 443 respondents registered for the online survey
- 400 (90.5%) of those responses were identified as being from individuals and 42 (9.5%) were from organisations
- The majority of respondents indicated medical practitioner as their principal role, followed by health consumer, and health administrator. The majority of respondents to this question were from Queensland (30.3%), followed by Victoria (23%) and NSW (20.2%)

Of the individual responses:

- 96.4% of respondents indicated that the responses represented individual views
- 57.1% were male
- 42.9% were female
- 1.5% identified themselves as Aboriginal/Torres Strait Islander
- 65.3% indicated that they were born in Australia, and
- 34.7% were born overseas.

Of all responses:

- The majority of respondents (28.6%) were in the 41-50 age group, followed by 25.6% in the 51-60yrs; 16.5% in 31-40 yrs; 15.7% in 61-70 yrs and <3% aged over 75 years.
- 78.5% of respondents were from urban areas, 19% from rural and 2.6% remote.
- Respondents were asked about the use of a language other than English at home: 72.3% indicated never, 17% indicated sometimes, and 10.7% indicated frequently.

The data from the online survey was analysed, collated and provided to the Working Group, together with the complete text of all responses.

2. *Written submissions*

The AMC invited written submissions on the draft code from identified stakeholders and the public. It received 68 written submissions, totalling approximately 250 A4 pages. Of these, 55 submissions were from organisations and 13 from individuals. A summary of the information from the written submissions was extracted and collated. That collation and the entire text of the 68 submissions were provided to the Working Group for consideration in preparing the next draft.

3. *Direct stakeholder engagement*

To broaden the scope of and maximise participation in the consultation process, the AMC undertook an extensive series of face-to-face stakeholder meetings across Australia. Meetings were held in Melbourne, Canberra, Sydney, Townsville, Darwin, Brisbane, the Gold Coast, Hobart, Adelaide and Perth.

In every state and territory, representatives of the Working Group developing the code hosted the following series of consultation sessions, each of which ran for between one and two hours:

- clinical meeting (hosted at a major public hospital) – approximately 74 participants Australia-wide
- Education providers (hosted at a major university) – approximately 82 participants Australia-wide
- Public meeting - approximately 79 participants Australia-wide
- Medical board and health departments
- State and territory branches of the Australian Medical Association and the AMA Council of Doctors in Training.

Additional meetings were also held with:

- Health Consumers Queensland
- National Prevocational Medical Education Forum
- Health Consumers ACT
- Indigenous groups
- Practitioners from remote and rural communities.

The AMC engaged an independent facilitator, Maree Davidson, to facilitate most public, education provider and clinical consultation sessions.

A detailed summary of the key points made at these consultations, and an oral report from each of the members who had participated in the consultations was provided to the Working Group.

4. *Partnership with the Consumers Health Forum of Australia (CHF)*

This partnership aimed to ensure that the consultation process engaged health consumer networks in the development of the code and raised awareness among these stakeholders of the code and its role in relation to the implementation of the National Registration and Accreditation Scheme. The partnership with CHF was designed to:

- consult on consumer expectations about competent and ethical medical practice and consumer involvement in the implementation of the code
- recruit and support consumer representatives to participate in state and territory consultations
- conduct a workshop with the AMC for consumer representatives to consider consultations to date and any future drafts of the code.

Broad Feedback – Key Issues Raised

There was a high level of engagement with the consultation process in its various forms and the input throughout was considered and thoughtful.

While there was considerable consistency in the feedback, new insights were gained on different aspects of the code at each meeting.

Broadly, the issues raised and themes identified were consistent across the different consultation mechanisms (face-to-face, on-line survey and written submissions) and in general, between stakeholder groups (eg: medical practitioner, consumer and community).

In summary:

- there was overwhelming support for the importance of the code and the value of the consultation process
- there was confirmation that the scope of the content was broadly correct and that there were no major gaps or omissions
- the clear view, particularly from the profession, was that the tone of the initial draft was seen as unduly authoritarian, that there was an over use of 'must' and 'should' and that these were not always correctly placed
- there was general consensus that there were some professional standards and unambiguous legal responsibilities where 'must' was appropriate

- there were instances when the Working Group's intention was not effectively conveyed by the words used, causing unintended concern or confusion
- opportunities to condense or clarify guidance were identified
- there was general support for removing both appendices in the consultation draft and ensuring the content of the code in relation to both research and relationships with industry were clear
- many written submissions indicated that the consultation draft's summary of ethical principles in the consultation draft could be improved upon
- consumer feedback indicated the code required more recognition of the role of carers and clarity on the provision of care to patients with impaired decision making capacity
- there was a request for clear guidance in relation to conscientious objection
- there was support for more links to existing guidelines , such as those from the National Health and Medical Research Council (NHMRC)
- there was widespread support for the code from members of the community and health consumer organisations and general agreement that a less authoritarian tone would achieve the same purpose and that the support of the profession was critical to the value of the code
- there was considerable discussion about the purpose of the code – where it sat on the continuum between a tool for regulators and a code of practice to be embraced by the profession. Feedback suggested that the consultation draft focused on its regulatory purpose, at the expense of guidance for doctors
- there was lively discussion about possible future applications of the code, such as in medical education, public hospital orientations and specifically for International Medical Graduates.
- consumers were keen to discuss the implementation and promulgation of the code.

Next Steps

The Working Group, having received and considered the feedback, has moved to the stage of preparing the next draft. A new draft of the code will be posted on the website when it is available in April 2009.

www.goodmedicalpractice.org.au