



Health Care Consumers Association ACT INC  
PO Box 717, Mawson ACT 2607  
Phone: 02 62901660  
Fax: 02 62901662  
Email: [hcca@hcca.org.au](mailto:hcca@hcca.org.au)

Peggy Sanders  
Australian Medical Council  
PO Box 4810  
Kingston ACT 2604

## **Health Care Consumers' Association Submission to: Australian Medical Council Draft Code of Professional Practice**

The Health Care Consumers' Association welcomes the opportunity to comment on *Good Medical Practice: A Draft Code of Professional Conduct*.

We have sought views from our members and drawn on the input from the round table meeting held at HCCA on 27 October 2008 for our response.

Health Care Consumers' Association (HCCA) of the ACT was formed 30 years ago to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

### **Overview**

HCCA supports the need to develop a code that will *"reflect the understanding of both the community and the medical profession about the accepted standards of good professional conduct of Australia's doctors in modern medical practice"*. Such a code will provide a benchmark that will be essential with the advent of national registration of the health workforce, including the national complaints system. The code should also help to inform the doctor of the consumer perspectives and expectations of medical practice. Active cooperation with consumers in relation to care should be recognised by practitioners as a positive, healthy activity for all participants.

The HCCA view is that there needs to be ownership of the code by both medical practitioners and consumers. This ownership will help provide a degree of professional

## ***HCCA Comments on AMC Good Medical Practice Draft Code***

ownership and hence an aspirational goal. This means that the code could provide a valuable tool in seeking to achieve quality improvement.

In general there is strong support for a code and consumers considered that the current draft, while needing further development, was a good basis on which to build.

The draft code has the potential a good basis for evaluation and comparison of actual practice with the code. It will assist in providing clear guidance for practitioners, consumers, regulatory agencies and the broader public. For this potential to be realised however, there is the need to develop assessable/ measurable competency standards in respect of the items specified in the code.

Consumers generally liked the language and tone of the draft. There was support for use of “you” in personalising the code to individual doctors. The use of “should” (obligatory) and “must” (conditional) as appropriate was valuable as it added specificity to the meaning of the code items. Where the requirement is supported by a body of law this should be reflected in the code.

### **Comments relating to specific items**

#### **Core ethical principles (1.4)**

Consumers feel there is a need to include practitioners’ responsibility for self reflection, this is especially, but not only, important in dealing with doctor-patient relationships and the need to recognise the power imbalance.

Shared decision making is advanced as a core feature of patient-centeredness, this would benefit from inclusion in 3.2

#### **Good patient care (2.2)**

The need for medical practitioners to be inclusive of other medical and health practitioners in seeking advice and providing care was seen as an important element of providing good care. This is also seen by consumers as assisting in meeting their wider health needs.

#### **Informed consent (3.5)**

This needs to be unpacked and address the different components of consent separately.

These components are seen as informed consent about:

- proposed medical care
  - a consumer needs to know what options are available, what the expected outcomes are for each option, and what the success rates and incidence of side-effects are for each option;
- release of personal information
  - what information will be provided about the consumer and their condition, why and how ill it be provided and to whom;
- costs of treatment (financial consent)

## ***HCCA Comments on AMC Good Medical Practice Draft Code***

- the costs of the treatment options proposed including the practitioners fees and charges, costs of other associated practitioners, hospital charges and possible out-of-pockets costs.

Principles to achieve informed consent should be included, if necessary as an Appendix. These are available from Federal, State and Territory health authorities and agencies such as NHMRC.

The appropriateness of “delegating” the provision of the information, especially in respect of financial consent needs to be considered in this section.

The informed consent section also needs to deal with:

- Advanced treatment and care directives
- Need to review and update consent as circumstances change.

### **Children and other vulnerable patients (3.6)**

There was a strong view that the section would be better retitled **Vulnerable patients including children**. It is suggested that vulnerable patients should also specifically include women and culturally and linguistically diverse people. This section should be cross referenced to 3.3 – especially 3.3.7 and 3.3.8 and 5.5 Culturally sensitive services.

### **Openness and honesty (3.8)**

The need to acknowledge up front, where appropriate, that something has gone wrong, in line with Open Disclosure practice, should be incorporated in the code.

### **Minimising patient risk (6)**

The requirements in this section, particularly 6.4 Conduct and performance of colleagues, needs to be directly related to requirements currently being considered in the national complaints and performance system proposals consultation – being undertaken by the Practitioner Regulation Subcommittee of the Health Workforce Principal Committee on the National Registration and Accreditation Scheme for health Professionals.

### **Conflicts of interest (8.12)**

While the advice provided to the practitioner to avoid a conflict of interest is acceptable –a major issue in this area is the potential for or a perception of a conflict interest.

HCCA's view is that the first step in resolving a conflict of interest in relation to patient care is the practitioner should declare the conflict or potential conflict. Once the consumer is aware of the nature and magnitude of the conflict then and only then there can be a more equal discussion of the conflict between the practitioner and consumer.

## **Implementation**

The effectiveness of the code will depend to a large extent on its acceptability to both practitioners and consumers, the education and understanding of the code by both the profession and consumers the willingness and ability of the medical registration board to use the code and the enforceability of the code in relation to breaches.

It will be necessary to have all medical practitioners educated about the code; inclusion of the code in medical and health professional training will be essential. This training will need to be done both at the undergraduate level for students and incorporated in continuing professional education for graduates. The Colleges could perform such a role in relation to its member specialists and trainees. The AMC itself will be an important driver in achieving this.

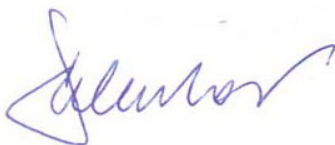
The implementation timetable is of great interest to consumers. With the move to national registration proposed over the next year or two the coincidence does provide an opportune time for its implementation directly on a national basis. The timetable is currently for the second stage of the National Registration and Accreditation Scheme for Health Professions legislation to go to Parliament in October 2009.

Of equal importance and interest to consumers is the development of competency standards and the proposals for regular revision and updating of the standards and accreditation of the health professionals.

HCCA looks forward to the second draft and indicates its willingness to be further involved.

If you require any clarification of our response to the maternity services review, please do not hesitate to contact me at the office.

Yours sincerely



**Darlene Cox**  
**Executive Director**

November 2008