Good Medical Practice: developing an Australian code

Joanna M Flynn, on behalf of the Australian Medical Council Code of Professional Conduct Working Group

The draft Good Medical Practice code of professional conduct is now available for public comment and consultation

Over the past few years, all medical boards in Australia have issued guidance to doctors about expected standards of medical practice. Most of these documents were adapted from Good Medical Practice, a code of conduct first issued by the General Medical Council of the United Kingdom in 1995.[1] Given their shared origin, the various medical board guidelines have much in common, but they are not identical. On behalf of state and territory medical boards, the Australian Medical Council (AMC), through an expert working group, is developing good practice guidelines for the entire nation. This project is now well developed, and a draft Australian Good Medical Practice code[2] is currently the subject of a consultation process with the medical profession and the community.

The project deserves the attention of the medical profession. Indeed, the profession's input is critical, principally to ensure that the proposed standards are realistic and consistent with current good practice. In addition, experience tells us that codes of practice are more likely to be followed when those affected have contributed to their development. A number of questions are likely to cross the minds of doctors. Why do we need a code of practice? Doesn't the Australian Medical Association (AMA) issue a Code of Ethics?[3] Who is drafting the new Code? Why is the community involved? Is this project related to the Council of Australian Governments (COAG) decision to introduce uniform national registration for all health professionals? Is the new Code to be enforceable, and by whom?

The project began before the COAG decision, but the timing now makes it highly likely that the Australian Good Medical Practice code will be adopted as a starting point by the proposed national medical board. A national registration system will need national standards. These standards must reflect the considered views of both the medical profession and the community served by the profession. In effect, the national Code will amount to a declaration to the new national board from the profession and the community about the standards of medical practice expected in Australia. It is not intended to supplant the AMA Code of Ethics. Rather, it extends the principle-based AMA Code into an explicit statement to the community and the profession about standards of practice. The draft Code covers issues in detail, including providing good care, working with patients, working with other health professionals, minimising patient risk, ensuring the health of doctors, and doctors' performance in teaching, supervising and conducting research (Box).

The Code aims to define clear, nationally consistent standards of practice. To develop these, the AMC established an expert working group with strong clinical representation, and including the perspectives of junior doctors and medical students, medical regulators and educators, medical and health administrators, consumers and community groups, medical profession advocates, rural and Indigenous practitioners, and international medical graduates. This working group reviewed the codes of each of the state and territory medical boards, comparable initiatives in the UK, New Zealand, Canada and the United States, the professional standards documents of the specialist colleges, guidelines from the National Health and Medical Research Council (NHMRC) and the AMA Code of Ethics.

How will the Australian Good Medical Practice code be used? Firstly, it will give all doctors and the broader community a clear understanding of what is expected of medical practitioners in Australia. Secondly, it is expected to be used in the assessment of complaints about doctors and allegations of unprofessional conduct. Currently, the legislation establishing state medical boards and defining their powers gives the existing codes slightly different status in different states, but in all cases the boards use their codes in assessing practitioners' conduct. Practitioners who depart from the standards set out in these codes may need to justify their conduct. Serious or persistent failures to meet the standards may have consequences for a doctor's registration. The legislation governing

Outline of the draft Australian Good Medical Practice code of professional conduct, August 2008

Providing good patient care is the core of good medical practice

- requires doctors to maintain high levels of competence and professional conduct
- includes assessment, planning of management and ensuring effective care
- involves shared decision making between patient and doctor

Working with patients

- requires relationships based on openness, trust and good communication

Working with other health care professionals

- requires respect for colleagues, teamwork and willingness to share information and resources

Working within the health care system

- doctors have a responsibility to contribute to the effectiveness and efficiency of the health care system

Minimising patient risk

- requires doctors to understand what to do if patient care is compromised and the importance of reporting and responding to adverse events

Maintaining good standards of medical practice

- requires doctors to participate in relevant continuing professional development and credentialling, and to practise within their accepted scope of practice

Professional behaviour

- doctors' standard of behaviour must justify the respect and trust of the community

Ensuring doctors' health

- maintain own health and wellbeing and look after the health of colleagues

Teaching, supervising and assessing

- important to the care of patients now and in the future

Undertaking research

- vital in improving health of individuals and the population
- researchers carry particular responsibilities. ◆

the new national medical board has not yet been written. However, as a number of boards currently have the power to regulate standards of medical practice and issue codes of practice to guide practitioners, it is likely that the national board will have these powers, and that the national Code will be applied in the same way.

This Code is important for all practitioners, so please have your say. The Australian Government Department of Health and Ageing has funded a comprehensive national process, seeking involvement and feedback from the profession and the community across Australia through face-to-face meetings, an online survey and written submissions. The consultation process is open until 28 November. More information is available at <http://goodmedicalpractice.org.au>.

Competing interests

Joanna Flynn received sessional payments from the AMC for participation in meetings and other work related to development of the Code. The AMC also paid for her airfares and accommodation to attend consultation meetings around Australia in development of the Code.

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References

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3 Australian Medical Association. AMA Code of Ethics — 2004. Editorially revised 2006. Canberra: AMA, 2006. http://www.ama.com.au/web.nsf/doc/WEEN-6VL8CP (accessed Oct 2008). ❑