The Australian Medical Council draft code of professional conduct: good practice or creeping authoritarianism?

Richard A Smallwood

To the Editor: On behalf of the Australian Medical Council (AMC), I would like to comment on a recent article[1] and two letters[2,3] in the Journal about the content of the AMC's *Good medical practice: a code of conduct for doctors in Australia* ("the Code")[4] and the consultation process used to support its development.

The AMC developed the Code on behalf of state and territory medical boards. It was endorsed by the AMC directors and will be recommended to the new Medical Board of Australia, due to be established later this year. The Code was strengthened by a robust consultation process (supported financially by the Australian Government Department of Health and Ageing) and has been supported by members of the medical profession and the community.[5,6]

Myers[2] seems unaware of the make-up of the AMC, which includes nominees of its many stakeholders (including medical boards). He also seems to be unaware that medical boards in Australia (including the Medical Practitioners Board of Victoria) have already issued codes of professional conduct and that the new national Code brings together and builds on the key elements of these existing codes. The core roles of the AMC are the assessment of international medical graduates on behalf of state and territory medical boards and the accreditation of Australian medical schools and medical colleges. It is not the role of the AMC to "evaluate … laws and regulations" or to "address the issue of the accountability of regulatory bodies", as suggested by Myers.

Komesaroff and Kerridge[1] and Myers[2] appear to believe that a code of professional conduct can be legally binding. Although disciplinary tribunals may use the Code as a guide in their task of assessing allegations of unprofessional conduct, the most important role of the Code is to guide doctors about professionally acceptable conduct. Such conduct is based on many elements, but must especially encompass conduct that is consistent with both professional and legal standards developed by the profession and by parliaments, respectively. It would be neither feasible nor useful to develop a code to guide doctors in meeting those standards in their

daily work, without reference to the law and to ethical and professional standards. The Code is not designed to enforce particular kinds of outcomes, but does have an educational focus, and we believe it will contribute to informing and enriching practice. Perhaps Komesaroff, Kerridge and Myers would do well to familiarise themselves with the codes of conduct already in place around Australia and to recognise that they have been used for many years by medical boards to assess complaints about doctors' conduct.

The final code is available online.[4] It will be interesting to observe how it is used in the years ahead.

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1 Komesaroff PA, Kerridge IH. The Australian Medical Council draft code of professional conduct: good practice or creeping authoritarianism? *Med J Aust* 2009; 190: 204-205.
2 Myers JB. The Australian Medical Council draft code of professional conduct: good practice or creeping authoritarianism [letter]? *Med J Aust* 2009; 191: 190.
3 Komesaroff PA, Kerridge IH. The Australian Medical Council draft code of professional conduct: good practice or creeping authoritarianism [letter]? *Med J Aust* 2009; 191: 191.
4 Australian Medical Council. Good medical practice: a code of conduct for doctors in Australia. Canberra: AMC, 2009. http://goodmedicalpractice.org.au/wp-content/downloads/Final%20Code.pdf (accessed Sep 2009).
5 Australian Medical Association. AMA supports AMC code of conduct for doctors [press release]. 10 Aug 2009. http://www.ama.com.au/node/4856 (accessed Sep 2009).
6 Consumers Health Forum of Australia. New code for doctors welcomed by health consumers [press release]. 10 Aug 2009. http://www.chf.org.au/Docs/Downloads/med-new-code-for-doctors.pdf (accessed Sep 2009). ❑