



Submission to the Medical Board of Australia: September 2013

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

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to review and provide comment on the Medical Board of Australia's (MBA, the Board) *draft revised Code of Conduct for Doctors in Australia* (the Code).

ACEM is a not-for-profit organisation responsible for the training of emergency physicians, and for the advancement of professional standards in emergency medicine, in Australia and New Zealand. As the peak professional organisation for emergency medicine in Australasia, ACEM has a vital interest in improving the Emergency Medicine (EM) workforce and ensuring the highest standards of emergency medical care are maintained for all patients across Australasia. ACEM supports the continued promotion of ethical principles and the maintenance of professional standards to its members.

Following review of the draft *revised Code of Conduct for Doctors in Australia*, ACEM provides the following comments.

Section 4.3 – Delegation, referral and handover

In addition to specifying the responsibilities of a Doctor referring a patient, ACEM considers it important that the Code also include a statement regarding the expected responsibilities of Doctors receiving a referral or handover from another health care professional. ACEM considers this particularly important within the Emergency Department (ED) working environment, where EM physicians often face obstacles in efficiently referring patients from the ED to doctors in other hospital departments. This can subsequently result in delays to the patient's further assessment and treatment. Referral of patients from doctor to doctor can be an area of high risk, and ACEM considers it important that the two-way nature of this process be emphasised within the Code.

Therefore, ACEM recommends including the following wording:

“When receiving referrals or handovers from colleagues, if your role would reasonably expect you to accommodate them, you should not obstruct nor decline referrals or handovers”.

Section 5 – Working within the health care system

As noted within Section 5, *‘Doctors have a responsibility to contribute to the effectiveness and efficiency of the health care system’*. However, ACEM notes that the revised Code does not make reference to challenges in providing safe and efficacious care to patients within the context of a resource constrained health system. ACEM agrees that Doctors have a duty to maintain efficiency whilst providing quality patient care; however within an increasingly resource strained system, this can often be challenging. If resource constraints subsequently undermine the quality of care provided, ACEM considers that Doctors should not be considered solely responsible for this circumstance. Good medical practice however, would expect that Doctors would advocate for their patients in such situations.

Therefore, ACEM suggests that wording regarding this issue could include:

"Doctors have a responsibility to do the best they can for their patients when resources are constrained, but cannot be considered responsible if resource constraints undermine the quality of patient care that would be expected. Good medical practice however, expects doctors to advocate for patients whose care is compromised by resource constraints. If a doctor considers that patient care may be/have been compromised by resource constraints, it is expected that they will advocate for their patient. This may include, but is not limited to, filing an incident report."

Thank you for the opportunity to provide a feedback on the MBA's *draft revised Code of Conduct for Doctors in Australia*. If you require any clarification or further information, please do not hesitate to contact the ACEM Director of Policy and Research, Dr Andrew Gosbell (03) 9320 0444 or andrew.gosbell@acem.org.au.

Yours sincerely,



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