



Medical Board of Australia

Public Consultation *Good medical practice: A code of conduct for doctors in Australia*

Introduction

Thank you for the opportunity to provide feedback on the draft revisions to the code of conduct, *Good medical practice: A code of conduct for doctors in Australia*. The Australian Indigenous Doctors' Association (AIDA), as the peak association representing Aboriginal and Torres Strait Islander doctors and medical students, welcomes the intent of the proposed changes including:

- inclusion of cultural safety and a section on Aboriginal and Torres Strait Islander health;
- strengthening of the section related to bullying, harassment and discrimination; and
- efforts to improve the readability and layout of the code of conduct.

Having provided feedback to the preliminary consultation, AIDA welcomes the subsequent amendment to 12.2.4 to recognise the requirement for culturally safe teaching and supervision.

AIDA also welcomes the inclusion of a link to the NHMRC *Ethical guidelines for research involving Aboriginal and Torres Strait Islander Peoples* under section 13.2, noting that on 2 August 2018 the NHRMC released updated guidelines, available [here](#), which should be updated within the code of conduct.

AIDA would like to reiterate the following feedback against the draft code for consideration:

- Per the Nursing and Midwifery codes, AIDA would encourage that the section on Aboriginal and Torres Strait Islander health (section 4.7) links to both the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 and the Australian Indigenous Doctors' Association as the peak professional organisation for Aboriginal and Torres Strait Islander doctors.
- In sections 4.7 and 7.3 AIDA would encourage careful consideration of the use of the term 'cultural inequity'. Further, AIDA request the removal of the word 'cultural' from the following sentence under section 7.3 due to it providing a deficit narrative of Aboriginal and Torres Strait Islander cultures, which AIDA recognises to be a source of strength, resilience and good health:
"These (health) disparities result from social, economic, cultural, historic, geographic and other factors."
- Some of the language used in section 4.8 could benefit from strengthening to support action from the medical professional. For example, 4.8.3 requires "acknowledgement of the social, economic, cultural, historic and behavioural factors influencing health". While AIDA support this as a foundation for culturally safe practice, culturally safe practice requires the medical professional to apply this knowledge appropriately and to be responsive to the needs of Aboriginal and Torres Strait Islander people.
- There could be improved linkages between sections within the code of conduct. For example, 4.8.6 recognises the need to support a culturally safe work environment for patients and colleagues. This could be further supported by a reference to practicing cultural safety toward medical colleagues and healthcare professionals under section 5.2.
- Cultural safety in particular could be better integrated within the remainder of the code of conduct. In addition to the above, AIDA would suggest inclusion of cultural safety within the section on 'continuing professional development' in recognition of cultural safety being a subject of lifelong learning.
- In 2016, AIDA surveyed our membership on bullying, racism and lateral violence in the workplace. The report, available [here](#), indicated that over 60% of the Indigenous medical students and doctors surveyed reported that they had experienced racism, bullying or both, on a regular basis. Due to the prevalence and



negative outcomes associated with racism in health, AIDA would support racism being named separately to discrimination within the code in section 5.4.

- In section 13.2 on research ethics, AIDA would support a statement on research with Aboriginal and Torres Strait Islander communities. This statement should support the need for research to be driven by communities and knowledge translation to support local decision making.
- Based on the media response to the release of the Nursing and Midwifery codes, AIDA would recommend a proactive media strategy is considered to reduce the risk of opportunism and the manipulation of the revised codes for political reasons.