

# Error! AutoText entry not defined. Medical Practitioners Code of Conduct at FSPH

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## Overarching Statement

It is a requirement for continued Accreditation that Accredited Practitioners (AP) comply with the FSPH Health Practitioner' By Laws at all relevant times when admitting, caring for or treating patients, or otherwise providing services at FSPH.

The FSPH Health Practitioner's By Laws require compliance with:

- All policies and procedures of the FSPH;
- All relevant legislation, regulations and Commonwealth or State Frameworks or Standards
- FSPH Values and Standards of Behaviour/ Code of Conduct;
- Codes of Practice and Codes of Ethics from all applicable Regulatory and Professional Bodies

*No code or guidelines can ever encompass every situation or replace the insight and professional judgment of good doctors. Good medical practice means using this judgement to try to practice in a way that would meet the standards expected of you by your peers and the community. (Good medical Practice: A Code of Conduct for Doctors in Australia (2014), Medical Board of Australia)*

This document was produced using the following documents and with behavioural markers to demonstrate expected performance:

- AMA Code of Ethics, (Revised 2016), Australian Medical Association Ltd
- Good medical Practice: A Code of Conduct for Doctors in Australia (2014), Medical Board of Australia
- Health Practitioner's By Laws (Revised 2017), Friendly Society Private Hospital
- RACS Code of Conduct, (2016), Royal Australasian College of Surgeons
- RACS Surgical Competence and performance, The College of Surgeons of Australia and New Zealand
- Supporting Physicians' Professionalism and Performance (2012), Royal Australian College of Physicians
- Supporting Anaesthetists' Professionalism and Performance – A Guide for clinicians (2017), ANZCA
- Relevant FSPH Policies

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**Good Medical Practice Principle – Providing good care: In clinical practice, the care of the patient is your primary concern.**

**Examples of good behaviours**

- Facilitates coordination and continuity of care
- Treats patients courteously and compassionately, engaging them in decision making and respecting their choices
- Is willing to spend further time with a distressed patient to actively listen to their concerns
- Respects the patient’s right to self determination
- Ensures that all relevant documentation, including notes, results and consent, are available and have been reviewed
- Ensures appropriate pain management is instituted in a timely manner
- Plan patient management taking into account patient needs, availability of resources and other services
- Ensures patient condition is monitored and that changes and challenges are responded to appropriately
- Refers a patient to another practitioner when this is in the patient’s best interests
- Consults and takes advice from colleagues when appropriate
- Works within the limits of own competence and scope of practice
- Takes steps to alleviate patient symptoms and distress, whether or not a cure is possible
- Offers assistance in emergencies and continues to provide that assistance until the services are no longer required

**Examples of poor behaviours**

- Fails to respond promptly and appropriately to issues or concerns about potential complications or deterioration
- Lack of availability after hours
- Gives the impression of being “heartless”, lacking empathy or concern for the patient
- Lacks a patient-centred approach and does not listen closely to patient needs
- Does not refer the patient to another practitioner when this would be in that patient’s best interest

**Good Medical Practice Principle – Working with Patients: Relationships based on respect, openness, trust and good communication will allow you to work in partnership with your patients**

**Examples of good behaviours**

1. Effective communication
  - Is courteous, respectful, compassionate and honest
  - Ensures appropriate communication with family members regarding plans and expectation of care
  - Clearly explains the thinking behind the diagnostic process, findings and the management plan to all patients
  - Listens to patients, asks for and respects their views about their health and responds to their concerns and preferences
2. Informed consent
  - Provides information to patients in a way they can understand
  - Obtains informed consent or other valid authority before undertaking any examination, investigation or provision of treatment (except an emergency)
  - Ensures patients are informed about your fees and charges, including those additional costs that may be incurred by investigations
3. Adverse events
  - Recognise what has happened
  - Acts immediately to rectify the problem, if possible, including seeking any necessary help and advice
  - Embraces the principles of Open Disclosure when an adverse event or error occurs
  - Complies with relevant policies, procedures and reporting requirements
4. End-of-life care
  - Understands the limits of medicine in prolonging life and recognizes when efforts to prolong life may not benefit the patient
  - Truthfully and sensitively discuss prognosis and possible effects of treatment on the quality of life and dignity of the patient
  - Takes steps to manage a patient’s symptoms and concerns in a manner consistent with their values and wishes
  - Accept that patients have the right to refuse medical treatment or to request the withdrawal of treatment already started
  - Promotes advanced care planning by patients and documenting same

**Examples of poor behaviours**

- Failure to involve the patient and team in care planning
- Appears to make decisions on the run and then responds to difficulties with avoidance, irritation, aggression or inconsistency
- Does not consider or discuss alternatives
- Failure to adequately discuss and ensure documentation about the options and the basis for decision making
- Is discourteous, interrupts or dismisses the comments of patients families, colleagues or other staff
- Fails to acknowledge when errors occur or offer the patient an explanation of events

**Good Medical Practice Principle – Working with other healthcare professionals. Good relationships with medical colleagues, nurses and other healthcare professionals strengthens the doctor-patient relationship and enhances patient care and safety**

**Examples of good behaviours**

1. Respect for others
  - Communicate clearly, effectively, respectfully and promptly with other doctors and healthcare professionals
  - Acknowledge and respect the contribution of all healthcare professionals involved in the care of the patient
  - Clearly follows hospital operating room, ward and practice protocols
2. Delegation, referral and handover
  - Ensures delegation of tasks is appropriate to the skills and training of other team members
  - Ensures that person to person clinical handover occurs
  - Always communicates sufficient information about the patient and treatment to enable the continuing care of the patient
3. Teamwork
  - Communicates effectively with other team members to allow for concerns or questions to be raised and dealt with
  - Acts to foster a cohesive and effective team environment
  - Actively encourages input from members of the team including junior medical staff and nurses
  - Encourages and facilitates briefing & debriefing procedures involving the entire team & provides constructive feedback & recognition of tasks performed well
4. Coordinating care with other doctors
  - Communicates all the relevant information in a timely way
  - Ensures it (is this communication or information?) is clear to the patient, the family and the healthcare team who has ultimate responsibility for coordinating the care of the patient

**Examples of poor behaviours**

- Is disrespectful to patients, other staff, junior doctors
- Disregards the opinions and concerns of colleagues from other clinical disciplines
- Is unreliable, frequently uncontactable or chronically late
- Being rude, ignoring or belittling others
- Shows hostility towards peers and is openly critical of colleagues
- Repeatedly displays a negative attitude towards junior medical staff, nurses or other healthcare professionals
- Fails to recognize and respect the roles of other health professionals, team members, management and staff
- Not welcoming or listening to the views and opinions of other team members
- Fails to provide timely information to other team members

- Fails to provide an appropriate clinical handover to colleagues

**Good medical practice principle – Working within the healthcare system. Doctors have a responsibility to the effectiveness and efficiency of the healthcare system**

**Examples of good behaviours**

1. Stewardship – Promoting efficiency and cost effectiveness
  - Uses healthcare resources wisely including full utilization of surgical lists and care of equipment
  - Arrives reliably on time to facilitate commencement of surgery or other procedure
  - Provides accurate information when booking lists regarding the length of operations
  - Advises of changes to availability early enough so that time is available to reorganize resources/reduce waste
  - Works effectively and cooperatively with colleagues/team members to ensure that patient care is seamless
  - Ensures that the services provided are necessary and likely to benefit the patient
  - Promotes cost-appropriate care and educates other team members accordingly
  - Examines evidence to assess value for money, potential harm and side effects of treatment
  - Demonstrates awareness of cost implications when prescribing
2. Documentation
  - Provides accurate and complete documentation
  - Completes sign off for all discharges to allow clinical coding of medical record within 14 days of discharge

**Examples of poor behaviours**

- Fails to communicate changes in availability in a timely manner
- Cancels cases/lists at short notice without adequate reason
- Books inappropriately long lists or is misleading with theatre staff regarding the length of operations
- Consistently runs late and keeps patients and staff waiting
- Foster disharmony or conflict in the team
- Is resistant to change and appropriate systems improvement initiatives
- Resists working in partnership with FSPH management to ensure efficient and effective operation of health services
- Exhibits a poor understanding of health funding and the costs related to patient care
- Fails to consider the financial and other consequences of clinical decisions for the individual patient

**Good medical practice principle – Minimising risk: Risk is inherent in healthcare. Good medical practice involves understanding and applying the key principles of risk minimization and management in your practice**

**Examples of good behaviours**

1. Risk management

- Willingly works within a scope of practice appropriate to FSPH licensing and support services
- Consistently acts with integrity, respect and fairness
- Responds constructively to questioning, suggestions and objective criticism
- Remains calm under pressure, working methodically towards effective resolution of difficult situations
- Frequently evaluates own scope of practice in accordance with current qualifications, experience & abilities
- Participates in reporting, investigation, root-cause analyses and other reviews of incidents, complaints and adverse events
- Works within the principles of open disclosure
- Works within FSPH systems & processes to reduce error and improve patient safety, and support colleagues who raise concerns about patient safety
- Demonstrates compliance with accepted standards of practice

2. Doctors' performance – monitoring and evaluating care standards

- Reviews and discusses problem cases
- Uses clinical data, patient and team feedback to guide, evaluate and improve practice
- Facilitates changes in health care to enhance services and outcomes
- Participates in the development of policies and protocols designed to protect patients and enhance healthcare
- Actively encourages and promotes benchmarking against like services to improve quality of care
- Take steps to protect the patient from risk posed by a colleague's performance, practice or ill health
- Strives to improve practice through research, innovation and audit of outcomes
- Actively promotes best practice and evidence-based principles
- Is prepared to alter clinical practice when audit and peer review suggest there are opportunities to improve

**Good medical practice principle – Minimising risk: Risk is inherent in healthcare. Good medical practice involves understanding and applying the key principles of risk minimization and management in your practice**

**Examples of poor behaviours**

- Undertakes hasty clinical assessment missing critical issues, e.g. anticoagulant use
- Fails to participate in hospital safety processes e.g. surgical safety checklist, VTE risk assessment, M&M reviews
- Reluctant to seek timely assistance when unexpected development require other expertise
- Refuses help when it is clearly required
- Berates, humiliates or harasses colleagues, junior doctors and nurses
- Blames others for errors and does not take personal responsibility
- Becomes irrational, loses temper repeatedly or inappropriately under pressure
- Fails to take part in performance reviews or quality activities
- Fails to discuss problems openly with the patient
- Only selects information that confirms current approach rather than critically evaluating all relevant information when assessing own practice
- Promotes an “it works for me, therefore it is still right” approach despite current evidence to the contrary
- Deliberately ignores the evidence base regarding emerging therapies and techniques

**Good medical practice principle – Professional behaviour requires displaying a standard of behaviour that warrants the trust and respect through observing and practicing the principles of ethical conduct**

**Examples of good behaviours**

- Practice medicine to the best of their ability, recognizing and working within their ability and scope of practice
- Goes through the appropriate processes when learning a new technique, including observation, supervised training, assessment and certification
- Accepts responsibility for maintaining and improving the standards of the profession
- Demonstrates awareness of recent literature and considers implications for own clinical practice
- Encourages questioning by colleagues, the health care team and patients
- Engages with all staff and encourages their learning and development
- Maintains accurate, contemporaneous records that are sufficient to facilitate continuity of patient care
- Responds positively to questioning, suggestion and objective criticism
- Recognizes poor outcomes and the need to reflect and improve
- Uses clinical encounters as an opportunity for teaching others
- Provides constructive feedback as required without personalizing the issues
- Encourages and responds to feedback from junior staff and students regarding own teaching
- Acts to protect patients when there are concerns regarding a colleagues' fitness to practice or competence, including notification to regulatory authorities

**Examples of poor behaviours**

- Stubborn refusal of help when it is clearly required
- Berating or humiliating colleagues or subordinates
- Introduces new technology or procedures without adequate prior assessment or consultation
- Fails to delegate appropriately and support junior staff
- Avoids being involved in identifying and remediating colleagues experiencing difficulties



**Good medical practice principle – Ensuring doctor’s health – Fatigue management is a shared responsibility, in recognizing symptoms and workload management**

**Examples of good behaviours**

- Recognise the impact of fatigue on their health and the ability to care for patients
- Endeavours to work safe hours whenever possible
- Modifies clinical practice in response to ageing, impairment or limitation of manual dexterity
- Not relying on their own assessment of the risk they pose to patients if they know or suspect a health condition or impairment that could adversely affect their judgement or performance
- Has regular rest and holidays and does not allow annual leave to accumulate unreasonably
- Inquires after the welfare of colleagues, and other members of the healthcare team and offers support as appropriate

**Examples of poor behaviours**

- Fails to manage workload to avoid working when fatigued
- Consumes alcohol during working hours, including when on call
- Fails to recognize and address persistent moodiness or dispirited behaviour
- “Battles on” even when unwell or overtired without recognizing the impact on own and others’ performance