Ahpra
& National
Boards

Code of conduct

June 2022

Code of conduct for:

- Aboriginal and Torres Strait Islander Health Practitioners
- Chinese medicine practitioners
- Chiropractors
- Dental practitioners including dentists, dental specialists, dental hygienists, dental prosthetists, dental therapists and oral health therapists
- Medical radiation practitioners
- Occupational therapists
- Optometrists
- Osteopaths
- Paramedics
- Pharmacists
- Physiotherapists
- Podiatrists and podiatric surgeons

Ahpra acknowledges the Traditional Owners of Country throughout Australia and their continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures and Elders past, present and emerging.

About the National Boards and Ahpra

The 15 National Boards regulating registered health practitioners[1] in Australia are responsible for registering practitioners and students, setting the standards that practitioners must meet, and managing notifications (complaints/concerns) about the health, conduct or performance of practitioners.

The Australian Health Practitioner Regulation Agency (Ahpra) works in partnership with the National Boards to implement the National Registration and Accreditation Scheme (the National Scheme), under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

The core role of the National Boards and Ahpra is to protect the public.

About this code

The *Code of conduct* (the code) was developed by 12 National Boards under section 39 of the National Law to protect the public.

It sets out the standards of professional conduct the National Boards expect and is used by Boards to evaluate practitioners' conduct. Practitioners have a professional responsibility to be familiar with and to apply this code.

If you are receiving care or treatment from a registered health practitioner covered by this code, it will help you understand the behaviour you can expect.

Any person or organisation can raise a concern about a registered health practitioner by contacting Ahpra. Ahpra's website has more information about raising a concern about a health practitioner.

This code replaces the National Boards' previous code.

A note on terminology

This code uses 'patient'[2] to mean a person receiving healthcare from a registered health practitioner. The term 'patient' includes 'clients' and 'consumers'. Depending on the context of practice[3] and recognising the importance of patient-centred care, the term patient can also extend to families and carers (including kinship carers[4]), and to groups and/or communities as users of health services.

See also the *Definitions* section of this code.

Acknowledgements

This code has drawn on relevant aspects of the Medical Board of Australia's Good medical practice and the Nursing and Midwifery Board of Australia's codes of conduct. This code uses the definition of cultural safety developed for use in the National Scheme by the Scheme's Aboriginal and Torres Strait Islander Health Strategy Group in partnership with the National Health Leadership Forum.

---

[1] For a definition of registered health practitioners see the *Definitions* section.

[2] For a definition of patient see the *Definitions* section.

[3] For a definition of practice see the *Definitions* section.

[4] For a definition of kinship care see the *Definitions* section.

Contents

Code of conduct principles

Principles

The following principles set out the National Boards' expectations of the practitioners they regulate.

1. Put patients first – Safe, effective and collaborative practice

Principle 1 – Practitioners should practise safely, effectively and in partnership with patients and colleagues, using patient-centred approaches, and informed by the best available evidence to achieve the best possible patient outcomes.

2. Aboriginal and Torres Strait Islander health and cultural safety

Principle 2 – Practitioners should consider the specific needs of Aboriginal and Torres Strait Islander Peoples and their health and cultural safety, including the need to foster open, honest and culturally safe professional relationships.

3. Respectful and culturally safe practice for all

Principle 3 – Respectful, culturally safe practice requires practitioners to have knowledge of how their own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues. Practitioners should communicate with all patients in a respectful way and meet their privacy and confidentiality obligations including when communicating online.

4. Working with patients

Principle 4 – Basing relationships on respect, trust and effective communication enables practitioners to work in partnership with patients. Practitioners should maintain effective and professional relationships with their patients and provide explanations that enable patients to understand and participate in their care.

5. Working with other practitioners

Principle 5 – Good relationships with colleagues and other practitioners strengthen the practitioner-patient relationship, collaboration and enhance patient care. Good relationships require health care to be free of discrimination, bullying and harassment.

6. Working within the healthcare system

Principle 6 – Practitioners have a responsibility to contribute to the effectiveness and efficiency of the healthcare system and use resources wisely.

7. Minimising risk to patients

Principle 7 – Good practice involves putting patient safety, which includes cultural safety, first. Practitioners should minimise risk by maintaining their professional capability through ongoing professional development and self-reflection and understanding and applying the principles of clinical governance, risk minimisation and management in practice.

8. Professional behaviour

Principle 8 – Practitioners must display a standard of professional behaviour that warrants the trust and respect of the community. This includes practising ethically and honestly.

9. Maintaining practitioner health and wellbeing

Principle 9 – It is important for practitioners to maintain their health and wellbeing. This includes seeking an appropriate work–life balance.

10. Teaching, supervising and assessing

Principle 10 – Practitioners should support the important role of teaching, supervising and mentoring practitioners and students in order to develop the health workforce.

11. Ethical research

Principle 11 – Practitioners should recognise the vital role of ethical and evidence-based research to inform quality healthcare and policy development, conduct research ethically and support the decision-making of research participants.

Introduction

This code sets out National Boards' expectations about professional behaviour and conduct for registered health practitioners. In the context of the practitioner-patient relationship, practitioners have a duty to put the care of patients first and to practise safely and effectively. Maintaining a high level of professional competence and conduct is essential for good care.

There are many ways to practise a health profession in Australia. Practitioners have critical roles in caring for people who are unwell, helping people to recover, and seeking to keep people well. This code covers these roles. For practitioners with roles that involve little or no contact with patients, not all of this code may be directly relevant, but the underpinning principles will still apply.

While individual practitioners have their own personal beliefs and values, there are certain professional values on which all practitioners are expected to base their practice. The professional values and behaviours in this code apply to practitioners' conduct in every setting, including in-person, during technology-based consultations including online and remote prescribing, and electronically, e.g. social media[5], digital health and so on.

The code includes 11 principles of conduct. Each principle is followed by practical information about how to apply it in practice. Underpinning the code is the expectation that practitioners will use their professional judgement to achieve the best possible outcomes in practice.

Purpose of the code

This code is a principles-based document that gives important guidance to practitioners about the National Boards' expectations of their professional conduct and outlines the conduct that the public can expect from health practitioners. It is a key part of the regulatory framework that each National Board establishes for the profession(s) it regulates in order to protect the public and progress the other objectives of the National Law. By defining National Boards' expectations of professional conduct, the code supports patients' interests, good patient care and the delivery of appropriate, effective services within an ethical framework.

Scope of the code

This code:

- describes and reinforces the professional conduct that most registered health practitioners already demonstrate
- provides a framework for professional conduct and supports individual practitioners in the challenging task of providing good healthcare and fulfilling their professional roles
- assists National Boards in their regulatory role by setting and maintaining principles and standards of good practice – Boards will use this code when evaluating practitioners' professional conduct.[6] If professional conduct varies significantly from this code, practitioners should be prepared to explain and justify their decisions and actions. Serious or repeated failure to meet this code may lead to patient harm and have consequences for registration
- is a resource to help enhance the culture of professionalism in the Australian health system: for example, in practitioner education; orientation, induction and supervision of students; and by administrators and policy makers in hospitals, health services and other institutions, and
- is a guide to the public and health service users about what good practice is and the conduct they should expect from health practitioners.

The code is also a reference for co-regulatory authorities about the standards of professional conduct that National Boards expect.

---

[5] For a definition of social media see the *Definitions* section.

[6] Under section 41 of the National Law the code may be used to evaluate a practitioner's professional conduct when a notification (complaint) is made about them, as one of a range of relevant factors taken into account on a case-by-case basis.

What this code does not do

Practitioners must understand their legal obligations and always act in accordance with the law in their personal and professional lives. The code is not a substitute for legislation and case law, e.g. privacy, child protection, medicines and workplace health and safety laws. If there is any conflict between the code and the law, the law takes precedence. Practitioners must also be aware of and meet the other standards, guidelines and policies of their National Board, which this code complements.

This code is not an exhaustive study of professional ethics or an ethics guide. It articulates the National Boards' expectations about ethical and professional conduct, but not the standards of clinical practice within individual health professions or disciplines. These clinical standards are generally found in other documents issued by the relevant National Boards and/or professional bodies.

While good healthcare respects the rights of patients, this code is not a charter of rights.[7] The focus of this code is on good practice and professional behaviour. It is not intended as a mechanism to address:

a. disputes between professional colleagues, e.g. in relation to termination of business relationships and disputes over patients, or

b. employment issues e.g. workplace or industrial disputes, which do not raise broader patient safety concerns.

Professional values and qualities

When providing care, practitioners have a duty to make patient care their first concern and to practise safely and effectively. Professionalism embodies all the qualities described below, including self-awareness and self-reflection. These qualities underpin and are further explained in the guidance provided throughout the code.

a. Good practice is centred on patients. It involves practitioners understanding that each patient is unique and working in partnership with patients, adapting what they do to address the needs and reasonable expectations of each person. This includes cultural awareness: being aware of their own culture and beliefs, being respectful of the beliefs and cultures of others and recognising that these cultural differences may affect the practitioner–patient relationship and the provision of services. As well as avoiding discrimination, good practice also includes being aware that differences such as gender, sexuality, age, belief systems and other attributes may influence care needs.

b. Effective communication in all forms underpins every aspect of good practice.

c. Practitioners must be ethical and trustworthy. Patients trust practitioners because they believe that, in addition to being competent, practitioners will not take advantage of them and will display qualities such as integrity, truthfulness, dependability and compassion. Patients also rely on practitioners to protect their confidentiality.

d. Practitioners have a responsibility to protect and promote the health of individuals and the community.

e. Practitioners are expected to reflect regularly on whether they are practising safely and effectively, on their relationships with patients and colleagues, and on their own health and wellbeing.

f. Practitioners have a duty to keep their skills and knowledge up to date, refine and develop their clinical judgement as they gain experience, and contribute to maintaining public confidence in the profession.

g. Scopes of practice vary according to different roles; for example, practitioners, researchers and managers will all have different scopes of practice. Practitioners have a responsibility to recognise and work within the limits of their skills and competence.

h. Practitioners should be committed to safety and quality in healthcare.[8]

Substitute decision-makers

In this code, reference to 'patients' also includes substitute decision-makers e.g. for patients who do not have the capacity to make their own decisions. These can be parents, guardians, a person nominated by the patient or a legally appointed decision-maker. If in doubt, seek advice from the relevant guardianship authority.

---

[7] An example of a charter of rights is the Australian charter of healthcare rights issued by the Australian Commission on Safety and Quality in Health Care (ACSQHC).

[8] See the ACSQHC, the National Safety and Quality Health Service Standards, and the *References* section at the end of this code.

1. Put patients first – Safe, effective and collaborative practice

Principle 1: Practitioners should practise safely, effectively and in partnership with patients and colleagues, using patient-centred approaches, and informed by the best available evidence to achieve the best possible patient outcomes.

1.1 Providing good care

Patient care is your primary concern in clinical practice. Providing good care includes that you:

a. assess the patient, taking into account their history, views and an appropriate physical examination where relevant. The history includes relevant psychological, social and cultural aspects, and available electronic records such as My Health Record

b. formulate, record and implement a suitable management plan (including providing treatment and advice and, where relevant, arranging investigations and liaising with other treating practitioners)

c. facilitate coordination and continuity of care

d. recognise and work within the limits of your skills and competence, and refer a patient to another practitioner when this is in the best interests of the patient

e. recognise that healthcare decisions are the shared responsibility of the treating practitioner and the patient who may wish to involve their family, carer/s and/or others, and

f. recognise and respect the rights of patients to make their own decisions about their current and future healthcare.

1.2 Good care

Maintaining a high level of professional competence and conduct is essential for good care.

Good practice includes that you:

a. ensure you maintain adequate knowledge and skills to provide safe and effective care[9]

b. ensure that, when moving into a new area of practice, you have sufficient training and/or qualifications to achieve competency in that new area

c. maintain adequate records (see *Section 8.3 Health records*)

d. consider the balance of potential benefit and harm in all clinical management decisions

e. communicate effectively with patients to ensure they have enough information to make an informed decision about their current and future care and respect their decision if they choose no treatment or care (see *Section 3.2 Effective communication*)

f. provide treatment options that are based on the best available information and are not influenced by financial gain or incentives

g. practise within an evidence-based and patient-centred framework

h. take steps to alleviate the symptoms and distress of patients, whether a cure is possible or not

i. support the right of the patient to seek a second opinion

j. respond to adverse events and implement the principles of open disclosure (see *Section 4.5 Adverse events and open disclosure*)

k. consult and take advice from colleagues when appropriate

l. make responsible and effective use of the resources available to practitioners (see *Section 6.1 Use healthcare resources wisely*)

m. ensure that your personal views do not adversely affect the care of a patient

n. reflect on your practice and your decisions and actions in providing good and culturally safe care, and

o. facilitate the quality use of therapeutic products based on the best available evidence and the patient's needs.

---

[9] You should refer to your National Board's *Continuing professional development registration standard* and *Recency of practice registration standard.*

1.3 Decisions about access to care

Your decisions about access to care must be free from bias and discrimination.[10]

Good practice includes that you:

a. treat patients with respect at all times
b. not prejudice the care of a patient because you believe that the behaviour, mental health status or other attributes of the patient have contributed to their condition
c. not engage in any form of discrimination
d. investigate and treat patients based on clinical need and the effectiveness of the proposed investigations or treatment, and not provide unnecessary services or encourage the indiscriminate or unnecessary use of health services
e. keep yourself and others safe when caring for patients. While you should act to protect yourself, your colleagues and staff, if a patient poses a risk to health or safety, the patient should not be denied care if reasonable steps can be taken to keep yourself and others safe, and
f. not allow your moral or religious views or conscientious objection to deny patients access to healthcare, recognising that you are free to decline to provide or participate in that care yourself. In such a situation, it is important to respectfully inform the patient (where relevant), your employer and other relevant colleagues, of your objection and ensure the patient has alternative care options.

1.4 Treatment in emergencies

Treating patients in emergencies requires practitioners to consider a range of issues, in addition to providing best care. Good practice means you should offer assistance in an emergency that takes account of factors such as your own safety, your skills, the availability of other options and the impact on any other patients under your care, and continue to help until your services are no longer needed.

---

[10] For a definition of discrimination see the *Definitions* section.

2. Aboriginal and Torres Strait Islander health and cultural safety

Principle 2: Practitioners should consider the specific needs of Aboriginal and Torres Strait Islander Peoples and their health and cultural safety, including the need to foster open, honest and culturally safe professional relationships.

2.1 Aboriginal and/or Torres Strait Islander health

Aboriginal and Torres Strait Islander Peoples have inhabited and cared for the land as the First Peoples of Australia for millennia, and their diverse histories and cultures have uniquely shaped our nation. Aboriginal and Torres Strait Islander health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.[11]

Understanding and acknowledging factors such as colonisation and its impact on Aboriginal and Torres Strait Islander Peoples' health, helps inform care. In particular, Aboriginal and Torres Strait Islander Peoples bear the burden of gross social and health inequity. It is for these reasons that cultural safety in the context of Aboriginal and Torres Strait Islander health needs to be specifically considered.

2.2 Cultural safety for Aboriginal and Torres Strait Islander Peoples

Supporting good practice and the health of Aboriginal and Torres Strait Islander Peoples also includes cultural safety. For Aboriginal and Torres Strait Islander Peoples, the National Scheme's definition of cultural safety is as follows:

> *Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.*
>
> *Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.*

To ensure culturally safe and respectful practice, you must:

a. acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health
b. acknowledge and address individual racism, your own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism
c. recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community
d. foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

See the Australian Government's National Aboriginal and Torres Strait Islander Health Plan 2013–2023 and the National Safety and Quality Health Service Standards User guide for Aboriginal and Torres Strait Islander health.

---

[11] National Aboriginal Health Strategy Working Party 1989, National Aboriginal Health Strategy, Canberra.

3. Respectful and culturally safe practice for all

Principle 3: Respectful, culturally safe practice requires practitioners to have knowledge of how their own culture, values, attitudes, assumptions and beliefs influence their interactions with people and families, the community and colleagues. Practitioners should communicate with all patients in a respectful way and meet their privacy and confidentiality obligations including when communicating online.

3.1 Cultural safety for all communities

Australia is a culturally and linguistically diverse nation. *Section 2* (above) defines cultural safety for Aboriginal and Torres Strait Islander Peoples specifically for their status as First Nations Peoples. Culturally safe and respectful practice is important for all communities.

To ensure culturally safe and respectful practice, good practice includes that you:

a. understand that only the patient and/or their family can determine whether or not care is culturally safe and respectful
b. respect diverse cultures, beliefs, gender identities, sexualities and experiences of people, including among your team members
c. acknowledge the social, economic, cultural, historic and behavioural factors influencing health – at the individual, community and population levels
d. adopt practices that respect diversity, avoid bias, discrimination and racism, and challenge belief based upon assumption (for example, based on gender, disability, race, ethnicity, religion, sexuality, age or political beliefs)
e. support an inclusive environment for the safety and security of the individual patient and their family, carers and/or significant others, and
f. create a positive, culturally safe work environment through role modelling, and support the rights, dignity and safety of others, including patients and colleagues.

3.2 Effective communication

Positive professional relationships are built on effective communication[12] between a practitioner and the patient they are caring for.

Good practice includes that you:

a. communicate courteously, respectfully, compassionately and honestly with patients, their nominated partner, substitute decision-maker, carers, family and friends
b. consider the age, maturity and intellectual capacity of young people and other groups that may have additional needs, and provide information in a way that they can understand
c. are aware of health literacy issues, and take health literacy into account when communicating with people
d. take all practical steps to meet the specific language, cultural, and communication needs of patients and their families, including by using translating and interpreting services where necessary, and being aware of how these needs affect understanding
e. endeavour to confirm a patient understands any information communicated to them
f. encourage and support patients to be well-informed about their health, and respect the right of patients to choose whether to participate in treatment or accept advice
g. clearly and accurately communicate relevant and timely information about the patient to colleagues, within the bounds of relevant privacy requirements, and
h. be non-judgemental and do not refer to people in a non-professional manner verbally or in correspondence/records, including refraining from behaviour that may be interpreted as bullying[13] or harassment[14] and/or culturally unsafe.

---

[12] Applies to all forms of communication including face to face and any digital form of communication, including email, online meeting technologies, internet, social media, etc.

[13] For a definition of bullying see the *Definitions* section.

[14] For a definition of harassment see the *Definitions* section.

3.3 Confidentiality and privacy

You have ethical and legal obligations to protect the privacy of patients. Patients have a right to expect that you will hold information about them in confidence, unless the release of information is required or authorised by law[15], or is required to facilitate emergency care.

To protect privacy and confidentiality, good practice includes that you:

a. respect the confidentiality and privacy of patients by seeking informed consent before disclosing information, including formally documenting such consent where possible
b. provide surroundings to enable private and confidential consultations and discussions, particularly when working with multiple people at the same time, or in a shared space
c. never access records when not professionally involved in the care of the person and/or authorised to do so
d. ensure that all staff are aware of the need to respect the confidentiality and privacy of patients, and refrain from discussing patients in a non-professional context
e. be aware of the requirements of the privacy and/or health records legislation that operate in the relevant states or territories, and apply them to information held in all formats, including electronic information[16]
f. be aware that there are complex issues relating to genetic information, and seek appropriate advice about disclosure of this information
g. do not transmit, share, reproduce or post any person's information or images, even if the person is not directly named or identified, without first getting written and informed consent. See also the Social media guidance on Ahpra's website
h. recognise a patient's right to access information contained in their health records, help them access it, and promptly facilitate the transfer of health information when requested by the patient, in accordance with local policy, and
i. facilitate arrangements for the transfer or management of all health records in accordance with the legislation governing privacy and health records, when closing or relocating a practice.

3.4 End-of-life care

You have a vital role in helping the community deal with the reality of death and its consequences.

In providing culturally safe end-of-life care[17], good practice includes that you:

a. understand the limits of healthcare in prolonging life, and recognise when efforts to prolong life may not be in the best interest of the patient
b. accept that the patient has the right to refuse treatment, or request withdrawal of treatment, while ensuring they receive relief from distress
c. respect diverse cultural practices and beliefs related to death and dying
d. facilitate advance care planning and provide end-of-life care where relevant and in accordance with any legally valid advance care directive, local policy and legislation, and
e. take reasonable steps to ensure support is given to patients and their families, even when it is not possible to meet their expectations or wishes, especially if different views exist.

---

[15] See also the Australian Privacy Principles.

[16] For definition of electronic see the *Definitions* section.

[17] See also the ACSQHC – End-of-life care.

4. Working with patients

Principle 4: Basing relationships on respect, trust and effective communication enables practitioners to work in partnership with patients. Practitioners should maintain effective and professional relationships with their patients and provide explanations that enable patients to understand and participate in their care.

4.1 Partnership

A good partnership between you and your patient requires high standards of personal conduct.

Good practice includes that you:

a. be courteous, respectful, compassionate and honest

b. treat each patient as an individual

c. encourage and support patients to be well-informed about their health, and to use this information wisely when they are making decisions, caring for themselves and managing their health, including through informed consent processes, and

d. recognise that there is a power imbalance in the practitioner–patient relationship, and do not exploit patients physically, emotionally, sexually or financially (also see *Section 4.8 Personal relationships* and *Section 8.11 Financial and commercial dealings*).

4.2 Informed consent

Informed consent is a person's voluntary decision about healthcare that is made with knowledge and understanding of the benefits and risks involved.

Good practice includes that you:

a. provide information to patients in a way they can understand before asking for their consent (see *Section 3.2 Effective communication*)

b. give the patient enough time to ask questions and make informed decisions

c. act according to the patient's capacity for decision-making and consent, including when caring for children and young people, based on their maturity and capacity to understand, and the nature of the proposed care. You should consider the need for the consent of a parent, carer, guardian or other substitute decision maker

d. get informed consent from the patient or where the patient does not have the capacity, from their parent, carer, guardian or other substitute decision-maker before carrying out any examination or investigation, providing treatment (this may not be possible in an emergency), or involving patients in teaching or research.[18] When obtaining informed consent you should include information on material risks and expected outcomes and take into account any advance care directive (or similar)

e. get financial consent by discussing fees in a manner appropriate to the professional relationship and addressing the costs of all required services and get general agreement about the level of treatment to be provided, preferably before the service is provided

f. inform your patients of the benefits, as well as associated costs or risks, when referring them for further investigation or treatment, which they may wish to clarify before proceeding, and

g. document consent appropriately, including considering the need for written consent for procedures which are of higher risk or may result in serious injury or death.

---

[18] See sections *10. Teaching, supervising and assessing* and *11. Ethical research.*

4.3 Children, young people and other patients who may have additional needs

Some patients have additional needs. These patients may include for example, children and young people, older people, those living with physical and/or cognitive disability, those with impaired decision-making capacity and those who are at higher risk, for example from family violence.

Good practice includes that you:

a. place the interests and wellbeing of the patient first
b. meet the relevant mandatory reporting legislation imposed to protect groups particularly at risk, including reporting obligations about the aged, child abuse and neglect
c. be aware that increased advocacy may be necessary to ensure just access to healthcare
d. ensure when communicating that you:
    - treat the patient with respect and listen to their views
    - encourage questions and answer those questions to the best of your ability
    - provide information in a way the patient can understand
    - recognise the role of parents, carers or guardians and, when appropriate, encourage the patient to involve their parents, carers or guardians in decisions about care, and
    - remain alert to patients who may be at risk, and notify appropriate authorities as required by law. This includes when a parent or guardian is refusing treatment for their child or young person and this decision may not be in the best interests of the child or young person.

4.4 Relatives, carers and partners

Good practice includes that you:

a. be considerate to relatives, carers, partners and others close to the patient, and respectful of their role in the care of the patient, and
b. with appropriate consent, or where otherwise permitted, be responsive in providing information (also see *Section 3.2 Effective communication*).

4.5 Adverse events and open disclosure

When a person is harmed[19] by healthcare (adverse events), practitioners have a responsibility to be open and honest in communication with the patient to review what happened and to report appropriately.

When something goes wrong, good practice includes that you:

a. document the adverse event or incident
b. recognise what has happened and report the incident to the relevant authority as appropriate
c. act immediately to rectify the problem, if possible, including seeking help and advice if needed
d. apply the principles of open disclosure[20] and non-punitive approaches to incident management
e. explain to the patient and relevant individuals as promptly and fully as possible in accordance with open disclosure policies, what has gone wrong, how it happened, how it might affect them and what is being done to prevent it from happening again
f. listen to the patient, acknowledge any distress and provide appropriate support, including appropriate referral[21]
g. comply with any relevant policies, procedures, reporting requirements, and relevant legislation[22] and seek advice from an employer or professional indemnity insurer if you are unsure about your obligations
h. review adverse events and implement changes to reduce the risk of recurrence (see *Section 7. Minimising risk to patients*), and
i. ensure patients have access to information about the processes for making a complaint or notification or raising a concern, for example through the relevant Health Complaints Commissioner or National Board/Ahpra website.

---

[19] From the ACSQHC Australian Open Disclosure Framework: 'adverse event' means an incident in which a person receiving health care was harmed.

[20] See ACSQHC Australian Open Disclosure Framework.

[21] For a definition of referral see the *Definitions* section.

[22] Some states and territories may have Duty of candour legislation in place that may also apply.

4.6 Complaints

Patients have a right to raise concerns about their care.

When a concern or complaint is raised good practice includes that you:

a. acknowledge the patient's right to raise concerns/complain
b. provide information about the complaints system
c. work with the patient to resolve the issue, locally where possible
d. ensure the complaint or notification does not affect the patient's care adversely; in some cases, it may be advisable to refer them to another practitioner
e. when notified of a complaint or notification made to a regulator such as the National Board/Ahpra, work cooperatively with the regulator to provide a prompt, open and constructive response including an explanation, and
f. comply with relevant complaints and notifications legislation, policies and procedures.

For additional guidance see the Concerns about practitioners page on Ahpra's website.

4.7 Ending a professional relationship

In some circumstances, the relationship between a practitioner and a patient may become ineffective or compromised and may need to end. Good practice involves ensuring that the patient is informed adequately of your decision to end the relationship and facilitating arrangements for the continuing care of the patient, including passing on relevant clinical information.

4.8 Personal relationships

Good practice includes recognising the potential conflicts, risks and complexities of providing care[23] to those in a close personal relationship. Providing care to anyone you have a close personal relationship with, for example close friends, work colleagues and family members, can be inappropriate because of the lack of objectivity, possible discontinuity of care and risks to the practitioner or patient.

If circumstances require you to provide care to someone in a close relationship, for example in an emergency, good practice requires that you:

a. keep adequate records
b. maintain confidentiality
c. carry out an adequate assessment
d. get appropriate consent to the circumstances which is acknowledged by you and the patient
e. do not allow the personal relationship to impair clinical judgement
f. maintain the option to discontinue care at all times, and
g. if care is discontinued, ensure that you refer the patient when necessary and/or appropriate.

---

[23] For a definition of providing care see the *Definitions* section.

4.9 Professional boundaries

Professional boundaries allow you and your patient to engage safely and effectively in a therapeutic relationship. Professional boundaries mean the clear separation that should exist between professional conduct aimed at meeting the health needs of patients and your own personal views, feelings and relationships which are not relevant to the therapeutic relationship.

Professional boundaries are integral to a good practitioner–patient relationship. They promote good care for patients and protect both parties.

Good practice includes that you:

a. recognise the inherent power imbalance in the patient-practitioner relationship and maintain professional boundaries
b. be clear about the professional boundaries that must exist in professional relationships for objectivity in care, and avoid conflicts of interest, as well as under or over-involvement
c. never use your position to establish or pursue a sexual, exploitative or otherwise inappropriate relationship with anybody under your care; this includes those close to the patient, such as their carer, guardian, spouse, or the parent/carer/guardian of a child patient
d. recognise that sexual and other personal relationships with people who have previously been your patients are usually inappropriate, depending on the extent of the professional relationship and the vulnerability of a previous patient, and
e. do not express personal beliefs to patients in ways that exploit their vulnerability, or that are likely to cause them distress.

You need to be aware of and comply with any guidelines of your National Board in relation to professional boundaries.

4.10 Working with multiple patients

When you are considering treating multiple patients simultaneously in class or group work, or more than one patient at the same time, you should consider whether this mode of treatment is appropriate to the patients involved, including whether it could compromise the quality of care, whether it is culturally safe and whether confidentiality and privacy can be provided.

4.11 Closing or relocating a practice

When closing or relocating a practice, or when you retire or move between practices, good practice includes that you:

a. give advance notice if possible and as early as possible, and
b. facilitate arrangements for the continuing care of all current patients, including the transfer or appropriate management of all patient records, while following the law governing privacy and health records in the jurisdiction.

5. Working with other practitioners

Principle 5: Good relationships with colleagues and other practitioners strengthen the practitioner-patient relationship, collaboration and enhance patient care. Good relationships require healthcare to be free of discrimination, bullying and harassment.

5.1 Respect for colleagues and other practitioners

Good care is enhanced when there is mutual respect and clear communication between all health professionals involved in the care of the patient.

Good practice includes that you:

a. communicate clearly, effectively, respectfully and promptly with colleagues and with other practitioners caring for the patient

b. acknowledge and respect the contribution of all practitioners involved in the care of the patient, and

c. behave professionally and courteously toward colleagues and other practitioners at all times, including when using social media.

5.2 Teamwork and collaboration

Many practitioners work closely with a wide range of other practitioners, with benefits for patient care.

Effective collaboration is a fundamental aspect of good practice and teamwork. Good patient care requires coordination between all treating practitioners. Healthcare is improved when there is mutual respect and clear, culturally safe communication, as well as an understanding of the responsibilities, capacities, constraints and ethical codes of each other's health professions. Working in a team or collaboratively does not alter your personal accountability for professional conduct and the care you provide.

When working in a team or collaboratively, good practice includes that you:

a. understand your role and the role of other team members and attend to the responsibilities associated with that role

b. advocate for a clear delineation of roles and responsibilities, including that there is a recognised team leader or coordinator even though care within the team may be provided by different practitioners from different health professions within different models of care

c. communicate effectively with other team members or practitioners, including to support continuity of care

d. inform patients about the roles of team members or other practitioners, and be clear who has ultimate responsibility for coordinating the patient's care

e. act as a positive role model for team members, and

f. support students and practitioners receiving supervision, and others within the team.

5.3 Discrimination, bullying and harassment

There is no place for discrimination[24] (including racism), bullying and harassment, including sexual harassment,[25] in healthcare in Australia. Practitioners are expected to contribute to a culture of respect and safety for all. Discrimination, bullying and harassment adversely affect individual health practitioners, increase risk to patients and compromise effective teamwork by healthcare teams. Respect is a cornerstone of good practice and of patient safety. It is a feature of constructive relationships between practitioners, their peers and colleagues on healthcare teams, and with patients.

Concerns about disrespectful behaviour are often best handled locally, however when discrimination, bullying and harassment is affecting public safety there may be grounds for regulatory action by the National Board, such as imposing conditions or accepting an undertaking from the practitioner.

Good practice includes that you:

a. never engage in, ignore or excuse discrimination, bullying and harassment
b. recognise that bullying and harassment takes many forms, including behaviours such as sexual harassment, physical and verbal abuse, racism, discrimination, violence, aggression, humiliation, pressure in decision-making, exclusion and intimidation directed towards colleagues and other people
c. understand social media is sometimes used as a mechanism to bully or harass, and you should not engage in, ignore or excuse such behaviour
d. do or say something about discrimination, bullying or harassment by others when you see it and report it when appropriate
e. take appropriate action if you are in a leadership/management role
f. escalate your concerns if an appropriate response does not occur
g. refer concerns about discrimination, bullying or sexual harassment to National Boards/Ahpra when there is ongoing and/or serious risk to patients, students, trainees, colleagues or healthcare teams (in addition to mandatory reporting obligations), and
h. support colleagues who report bullying and harassment.

For additional guidance see the Australian Human Rights Commission Fact sheet.

5.4 Delegation, referral and handover

Good practice includes that you:

a. take reasonable steps to ensure that any person to whom you delegate,[26] refer[27] or hand over[28] to has the qualifications and/or experience and/or knowledge and/or skills to provide the care needed
b. understand that, although as delegating practitioner you will not be accountable for the decisions and actions of those to whom you delegate, you remain responsible for the overall management of the patient and for the decision to delegate, and
c. always communicate sufficient, timely information about the patient and the treatment needed to enable the continuing safe care of the patient.

---

[24] Discrimination can be against the law if it based on a person's race (including colour, national or ethnic origin or immigrant status) or gender, sex, pregnancy or marital status, age, disability or sexual orientation, gender identity and intersex status. Australian Human Rights Commission Workplace discrimination, harassment and bullying.

[25] For definitions of discrimination, bullying, racism, harassment and sexual harassment see the *Definitions* section.

[26] For a definition of delegation see the *Definitions* section

[27] For a definition of referral see the *Definitions* section

[28] For a definition of handover see the *Definitions* section

6. Working within the healthcare system

Principle 6: Practitioners have a responsibility to contribute to the effectiveness and efficiency of the healthcare system and use resources wisely.

6.1 Use healthcare resources wisely

It is important to use healthcare resources wisely.

Good practice includes that you:

a. ensure the services you provide are appropriate, necessary and likely to benefit the patient
b. uphold the right of patients to gain access to the necessary level of healthcare, and, whenever possible, help them to do so
c. support the transparent and equitable allocation of healthcare resources, and
d. understand that your use of resources can affect the access other patients have to healthcare resources.

6.2 Health advocacy

There are significant disparities in the health status of various groups in the Australian community. These disparities result from social, cultural, historic, geographic, environmental, physiological, psychological and other factors. Some groups who experience health disparities include Aboriginal and/or Torres Strait Islander Peoples; people with disabilities; those who are gender or sexuality diverse; and those from socially, culturally and linguistically diverse backgrounds including asylum seekers and refugees.

In advocating for community and population health, good practice includes that you use your expertise and influence to protect and advance the health and wellbeing of individuals, as well as communities and populations.

6.3 Public health

Practitioners have a responsibility to promote the health of the community through infection and disease prevention and control, education and, where relevant, screening.

Good practice includes that you:

a. understand and apply the principles of public health, including health education, health promotion, infection and disease prevention and control, and health screening, and use the best available evidence in making practice decisions
b. participate in efforts to promote the health of the community, including through effective infection prevention and control measures and appropriate use of antimicrobial medication to minimise resistance, and
c. be aware of your obligations in disease prevention, including screening and reporting notifiable diseases.

7. Minimising risk to patients

Principle 7: Good practice involves putting patient safety, which includes cultural safety, first. Practitioners should minimise risk by maintaining their professional capability through ongoing professional development and self-reflection and understanding and applying the principles of clinical governance, risk minimisation and management in practice.

7.1 Risk management

Good practice in relation to risk management includes that you:

a. practise cultural safety as detailed in *Sections 2* and *3*
b. understand the importance of clinical governance[29] and your obligations, where relevant
c. participate in quality assurance and improvement systems where available
d. develop and implement risk management processes that identify and minimise risk to reduce harm to patients[30] and/or to respond to adverse events, if you practise in a setting where local systems are not in place
e. participate in systems for surveillance and monitoring of adverse events and 'near misses', including reporting such events to the relevant authority where applicable
f. ensure systems are in place for raising concerns about risks to patients, if you have clinical leadership/ management responsibilities
g. work to reduce error and improve patient safety, including within available systems
h. support colleagues who raise concerns about the safety of patients, and
i. take all reasonable steps to address the issue if there is reason to think that the safety of patients may be compromised.

7.2 Practitioner performance

The welfare of patients may be put at risk if a practitioner is performing poorly.

If there is a risk, good practice includes that you:

a. recognise and take steps to minimise the risks of fatigue, including complying with relevant state and territory occupational health and safety legislation
b. follow the guidance in *Section 9.1 Your health* if you know or suspect that you have a health condition that could adversely affect your judgement or performance
c. take steps to protect patients from being placed at risk of harm posed by a colleague's conduct, practice or ill health (see *Section 9.2 Other practitioners' health*)
d. comply with statutory reporting requirements, including mandatory notifications requirements under the National Law
e. take appropriate steps to assist a colleague to get help if you have concerns about their performance or fitness to practise, and
f. seek advice from an experienced colleague, your employer/s, practitioner health advisory services, professional indemnity insurers, the National Boards/Ahpra or a professional organisation if you are not sure what to do.

---

[29] For a definition of clinical governance see the *Definitions* section. For additional information see ACSQHC National Model Clinical Governance Framework and ACSQHC Clinical Governance Standard.

[30] See ACSQHC NSQHS Standards Risk Management Approach.

7.3 Maintaining and developing professional capability

Maintaining and developing appropriate and current knowledge, skills and professional behaviour are core aspects of good, culturally safe practice, requiring self-reflection and participation in relevant professional development, practice improvement and performance-appraisal processes to continually develop professional capabilities. These activities must continue through a practitioner's working life as science and technology develop and society changes.

7.4 Continuing professional development (CPD)

Development of knowledge, skills and professional behaviour must continue throughout a practitioner's working life. Good practice involves you keeping knowledge and skills up to date to ensure that you continue to work within your competence and scope of practice. The National Law requires practitioners to do CPD.[31]

---

[31] Refer to your National Board's registration standard and guidelines on CPD for details of these requirements.

8. Professional behaviour

Principle 8: Practitioners must display a standard of professional behaviour that warrants the trust and respect of the community. This includes practising ethically and honestly.

8.1 Reporting obligations

Practitioners have statutory responsibility under the National Law to report certain matters to the National Boards/Ahpra: please refer to the Board's guidelines on mandatory notifications and Sections 130 and 141 of the National Law. Practitioners also have professional obligations to report to the National Boards/Ahpra and their employer/s if they have had any limitations placed on their practice.

Good practice includes that you:

a. are aware of these reporting obligations
b. comply with any reporting obligations that apply to your practice, and
c. seek advice from your National Board, professional indemnity insurer or other relevant bodies if you are unsure about your obligations.

For additional information see Making a mandatory notification on Ahpra's Concerns about practitioners webpage.

8.2 Vexatious notifications (complaints/concerns)

A vexatious notification[32] (complaint/concern) is one without substance, made with an intent to cause distress, detriment or harassment to a practitioner named in the notification. Legitimate notifications (complaints/concerns) are motivated by genuine concerns about patient safety.

Good practice includes that you:

a. raise genuine concerns about risks to patient safety to the appropriate authority (locally and/or the relevant National Board) and comply with mandatory notifications requirements, and
b. do not raise notifications (complaints/concerns) that are vexatious or not in good faith about other health practitioners. These claims may be viewed as unprofessional conduct or professional misconduct and the Board may take regulatory action.

8.3 Health records

Maintaining clear and accurate health records is essential for the continuing good care of patients. You should be aware that some National Boards have specific guidelines in relation to records.

Good practice includes that you:

a. keep accurate, up-to-date, factual, objective and legible records that report relevant details of clinical history, clinical findings, investigations, information given to patients, medication and other management in a form that can be understood by other health practitioners
b. ensure that records are held securely and are not subject to unauthorised access. This includes protecting the privacy and integrity of electronic records
c. ensure that records show respect for patients and do not include demeaning or derogatory remarks
d. ensure that records are sufficient to facilitate continuity of care
e. make records at the time of events or as soon as possible afterwards
f. recognise the right of patients to access information contained in their health records and facilitate that access, and
g. promptly facilitate the transfer or management (including disposal) of health information in accordance with legislation on privacy and health records when requested by patients, or when closing or relocating a practice.

---

[32] For a definition of vexatious notification see the *Definitions* section.

8.4 Insurance

You have a statutory requirement to ensure that you have appropriate professional indemnity insurance (PII) arrangements in place when you practise (see your National Board's *Professional indemnity insurance arrangements registration standard*).

8.5 Advertising

Advertisements for services can provide useful information to patients. However, advertising should not be false, misleading or deceptive, use testimonials about clinical aspects of a regulated health service, create an unreasonable expectation of benefit or encourage the indiscriminate or unnecessary use of regulated health services. Advertising that offers a gift, discount or other inducement to attract someone to use the regulated health service or business must state the offer's terms and conditions in plain language.

Good practice involves complying with the advertising requirements of the National Law (explained in the National Boards' Guidelines for advertising a regulated health service) and relevant Commonwealth, state and territory legislation on consumer protection, fair trading and therapeutic goods advertising, and ensuring that any promotion of therapeutic products is ethical.

8.6 Legal, insurance and other assessments

When you are contracted by a third party to provide a legal, insurance or other assessment of a person who is not your patient, the usual therapeutic practitioner–patient relationship does not exist. In this situation, good practice includes that you:

a. apply the standards of professional behaviour described in this code to the assessment; in particular, be respectful, alert to the concerns of the person and ensure the person's consent
b. explain to the person your area of practice, role and the purpose, nature and extent of the assessment to be conducted
c. anticipate and seek to correct any misunderstandings the person may have about the nature and purpose of your assessment and report
d. provide an impartial report (see *Section 8.7 Reports, certificates and giving evidence*), and
e. recognise that if you discover an unrecognised, serious health issue during the assessment, you have a duty of care to inform the patient or their treating practitioner.

8.7 Reports, certificates and giving evidence

The community places a great deal of trust in registered health practitioners. Consequently, some practitioners have been given the authority to sign documents such as sickness or fitness for work certificates on the assumption that they will only sign statements that they know, or reasonably believe, to be true.

Good practice includes that you:

a. be honest and not misleading when writing reports and certificates, and only sign documents believed to be accurate
b. take reasonable steps to verify the content before you sign a report or certificate, and do not omit relevant information deliberately
c. if agreed, prepare or sign documents and reports within a reasonable and justifiable timeframe, and
d. make clear the limits of your knowledge and do not give opinion beyond those limits when giving evidence, whether in person or in a document.

8.8 Your work history

When providing information about your work history, good practice includes that you:

a. provide accurate, truthful and verifiable information about your work history, experience and qualifications, and
b. do not misrepresent by misstatement or omission your work history, experience, qualifications or position.

Also see *Section 10.2 Assessing colleagues* in relation to providing references for colleagues.

8.9 Investigations

Practitioners have responsibilities and rights relating to any legitimate investigation of their practice or that of a colleague. In meeting these responsibilities, it is advisable to seek legal advice or advice from a professional indemnity insurer.

Good practice includes that you:

a. cooperate with any legitimate inquiry into the treatment of a patient and with any complaints procedures or investigations that apply to your work and/or professional responsibilities by providing accurate, honest information when requested

b. disclose to anyone entitled to ask for it, information relevant to an investigation into your own or a colleague's conduct, performance or health

c. cooperate with any legitimate investigation into alleged offences under the National Law, and

d. assist the coroner when an inquest or inquiry is held into the death of a patient by responding to the coroner's enquiries and by offering all relevant information.

8.10 Conflicts of interest

Patients rely on the independence and trustworthiness of practitioners for any advice or treatment offered. A conflict of interest in practice arises when a practitioner, entrusted with acting in the interests of a patient, also has financial, professional or personal interests or relationships with third parties which may affect or be perceived to affect their care of the patient.

Multiple interests are common. They require identification, careful consideration, appropriate disclosure and accountability. When these interests compromise or might reasonably be perceived by an independent observer to compromise the practitioner's primary duty to the patient, practitioners must recognise and resolve this conflict in the best interests of the patient.

Good practice includes that you:

a. recognise potential conflicts of interest that may arise in relation to initiating or continuing a professional relationship with a patient

b. act in the best interests of your patients when making referrals, and when giving or arranging treatment or care

c. inform your patients when you have an interest that could affect or could be perceived to affect patient care

d. recognise that pharmaceutical and other marketing may influence practitioners, and avoid your practice being adversely influenced by marketing

e. do not ask for or accept any inducement, gift or hospitality from companies that sell or market pharmaceuticals or other products that may affect or be seen to affect the way you prescribe for, treat or refer patients

f. do not ask for or accept fees for meeting sales representatives

g. do not offer inducements to colleagues or enter into arrangements that could be perceived to provide inducements

h. do not allow any financial or commercial interest in a hospital, pharmacy, other healthcare organisation or company providing healthcare services or products to adversely affect the way in which patients are treated. When you or your immediate family have such an interest and that interest could be perceived to influence the care provided, you must inform your patients, and

i. if you employ other registered health practitioners, do not set performance targets, quotas or engage in business practices that are inconsistent with this code, and/or may compromise patient safety.

8.11 Financial and commercial dealings

Practitioners must be honest and transparent in financial arrangements with patients.

Good practice includes that you:

a. do not exploit the vulnerability or lack of knowledge of patients when providing or recommending services
b. do not influence patients to give, lend or bequeath money or gifts that will benefit you directly or indirectly
c. do not pressure patients to make donations to other people or organisations
d. do not accept gifts from patients other than tokens of minimal value such as flowers or chocolates, and, if you do accept a token gift, make a file note or inform a colleague if possible
e. do not become involved financially with patients; for example, through loans and investment schemes, and
f. be transparent in financial and commercial matters relating to work, including dealings with employers, insurers and other organisations or individuals, and in particular:
    - declare any relevant and material financial or commercial interest that you or your family might have in any aspect of the care of the patient, and
    - declare to patients any professional and financial interest in any product or service you might endorse or sell from your practice, and do not make an unjustifiable profit from the sale or endorsement.

9. Maintaining practitioner health and wellbeing

Principle 9: It is important for practitioners to maintain their health and wellbeing. This includes seeking an appropriate work–life balance.

9.1 Your health

Good practice includes that you:

a. attend a general practitioner or other appropriate practitioner to meet your health needs
b. seek expert, independent, objective advice when you need healthcare, and be aware of the risks of self-diagnosis and self-treatment
c. understand the importance of immunisation against communicable diseases and take appropriate precautions to limit the spread of infectious diseases to yourself and others
d. are immunised against any relevant communicable diseases
e. conform to the relevant state/territory legislation on self-prescribing, if you can prescribe
f. recognise the impact of fatigue and the risks associated with long working hours on your health and ability to care for patients safely
g. be aware of and seek assistance from any relevant practitioner health program if advice or help is needed, and
h. do not rely on your own assessment of the risk you pose to patients if you know or suspect that you have a health condition or impairment that could adversely affect your judgement, performance or the health of patients. In this case:
    - consult a medical or other practitioner as appropriate about whether, and in what ways, you may need to modify practice, and follow the treating practitioner's advice, and
    - be aware of your responsibility under the National Law to notify the National Boards/Ahpra in relation to certain impairments.

9.2 Other practitioners' health

Health practitioners have a responsibility to help their colleagues maintain good health.

Good practice includes that you:

a. give practitioners who are patients the same quality of care provided to other patients
b. take action, including a mandatory or voluntary notification to Ahpra, if you know or reasonably believe that a registered health practitioner is putting patients at risk of harm by practising with an impairment. The Ahpra website has further information on raising concerns about a practitioner via a voluntary notification, and the thresholds for making a mandatory notification in the Guidelines: Mandatory notifications about registered health practitioners
c. recognise the effect of fatigue on the health of colleagues, including those under supervision, and facilitate safe working hours wherever possible.

10. Teaching, supervising and assessing

Principle 10: Practitioners should support the important role of teaching, supervising and mentoring practitioners and students in order to develop the health workforce.

10.1 Teaching and supervising

In teaching and supervision roles, good practice includes that you:

a. seek to develop the skills, attitudes and practices of an effective and culturally safe teacher and/or supervisor
b. as supervisor, recognise that the responsibility for supervision cannot be transferred
c. make sure that any practitioner or student completing supervised practice receives effective oversight and feedback, and
d. avoid any potential for conflict of interest in teaching or supervision relationships that may impair objectivity and/or interfere with the supervised person's learning outcomes or experience. For example, do not supervise someone with whom you have a pre-existing non-professional relationship.

10.2 Assessing colleagues

Assessing colleagues is an important part of making sure that the highest standards of practice are achieved.

Good practice includes that you:

a. are honest, objective, constructive and culturally safe when assessing the performance of colleagues, including students, and do not put patients at risk by inaccurate or inadequate assessment, and
b. provide accurate and justifiable information promptly and include all relevant information when giving references or writing reports about colleagues.

10.3 Students

Students are learning how best to care for patients. Creating opportunities for learning improves their clinical practice and nurtures the future workforce.

Good practice includes that you:

a. model professional and ethical behaviour
b. treat students with respect and patience
c. make the scope of the student's role in patient care clear to the student, to patients, and to other members of the healthcare team, as well as documenting it when appropriate, and
d. inform patients about the involvement of students and get their consent for student participation while respecting their right to choose not to consent.

11. Ethical research

Principle 11: Practitioners should recognise the vital role of ethical and evidence-based research to inform quality healthcare and policy development, conduct research ethically and support the decision-making of research participants.

Research involving humans, their tissue samples or their health information is vital to improve the quality of healthcare and reduce uncertainty for patients now and in the future, and to improve the health of the population as a whole. Research in Australia is governed by guidelines issued in accordance with the *National Health and Medical Research Council Act 1992* (Cth) and any other legislative requirements. If you are carrying out research, you should familiarise yourself with and follow these guidelines.

Research involving animals is governed by legislation in states and territories and by guidelines issued by the National Health and Medical Research Council (NHMRC).

11.1 Research ethics

Being involved in the design, organisation, conduct or reporting of health research involving humans brings responsibilities for practitioners. These responsibilities include that you:

a. accord to participants the respect and protection that is due to them
b. act with honesty and integrity
c. ensure that any protocol for human research has been approved by a human research ethics committee, in accordance with the National Statement on Ethical Conduct in Human Research issued by the NHMRC (which addresses privacy issues, and refers to the need to consider relevant state, territory and federal privacy legislation)
d. disclose the sources and amounts of funding for research to the human research ethics committee
e. disclose any potential or actual conflicts of interest to the human research ethics committee
f. ensure that human participation is voluntary and based on informed consent and an adequate understanding of sufficient information about the purpose, methods, demands, risks and potential benefits of the research
g. ensure that any dependent relationship between practitioners and their patients is taken into account in the recruitment of patients as research participants
h. seek advice when research involves children or adults who are not able to give informed consent to ensure that there are appropriate safeguards in place, including ensuring that a person empowered to make decisions on the behalf of patients has given informed consent, or there is other lawful authority to proceed
i. adhere to the approved research protocol
j. monitor the progress of the research and report adverse events or unexpected outcomes promptly
k. respect the entitlement of research participants to withdraw from any research at any time and without giving reasons
l. adhere to the guidelines regarding publication of findings, authorship and peer review, and
m. report possible fraud or misconduct in research as required under the Australian Code for the Responsible Conduct of Research issued by the NHMRC.

Refer to the NHMRC, including the publications listed above, for more guidance including about ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities.

11.2 Treating practitioners and research

When you are involved in research that involves patients, good practice includes that you:

a. respect the right of patients to withdraw from a study without prejudice to their treatment, and
b. ensure that a decision by patients not to participate does not compromise the practitioner-patient relationship or the care of the patient.

References

The Australian Commission on Safety and Quality in Health Care provides guidance on a range of safety and quality issues. Information of relevance to health practitioners includes:

- health literacy
- open disclosure and incident management
- hand hygiene
- clinical governance, and
- healthcare rights.

The National Health and Medical Research Council provides information on informed consent and research issues.

The Therapeutic Goods Administration provides information on therapeutic goods.

Definitions

Bullying is when people repeatedly and intentionally use words or actions against someone or a group of people to cause distress and risk to their wellbeing. These actions are usually done by people who have more influence or power over someone else, or who want to make someone else feel less powerful or helpless (Australian Human Rights Commission – What is bullying?: Violence, harassment and bullying fact sheet).

Clinical governance describes a systematic approach to maintaining and improving the quality of patient care within a clinical setting. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of safe, effective and high-quality services.

Complaint is a way to raise a concern about a registered practitioner. Ahpra and the National Boards' main role is to protect the public by ensuring that only health practitioners who are suitably trained and qualified, and who practise in a competent and ethical manner, are registered. This means that we can only investigate the concern if there may be a risk to the public. Other organisations have a different purpose and are set up to resolve a dispute or complaint between a health service user (such as a patient) and a health service provider (such as a hospital, clinic or a health practitioner). More detailed information is published on Ahpra's Concerns about practitioners page.

Cultural safety

This definition of cultural safety was developed for use in the National Scheme by the Scheme's Aboriginal and Torres Strait Islander Health Strategy Group in partnership with the National Health Leadership Forum.

Principles

The following principles inform the definition of cultural safety:

- Prioritising the Council of Australian Government's goal to deliver healthcare free of racism supported by the National Aboriginal and Torres Strait Islander Health Plan 2013–2023
- Improved health service provision supported by the National Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health
- Provision of a rights-based approach to healthcare supported by the United Nations Declaration on the Rights of Indigenous Peoples
- Ongoing commitment to learning, education and training.

Definition

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

Delegation involves one practitioner asking another person or member of staff to provide care on behalf of the delegating practitioner, while that practitioner retains overall responsibility for the care of the patient.

Discrimination occurs when a person, or a group of people, is treated less favourably than another person or group because of their background or certain personal characteristics (Australian Human Rights Commission).

Electronic means any digital form of communication, including email, online meeting technologies, internet, social media, etc.

Handover is the process of transferring all responsibility for a patient's care to another practitioner.

Harassment – to treat a person less favourably on the basis of certain personal characteristics, such as race, sex, pregnancy, marital status, breastfeeding, age, disability, sexual orientation, gender identity or intersex status (Australian Human Rights Commission).

Kinship care is family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature (United Nations, 2010).

Notification is the way to raise a concern about a registered practitioner's professional conduct, performance, or health. Ahpra and National Boards' main role is to protect the public by ensuring that only health practitioners who are suitably trained and qualified, and who practise in a competent and ethical manner, are registered. This means that we can only investigate the concern if there may be a risk to the public. We call these concerns notifications. Other organisations have a different purpose and are set up to resolve a dispute or complaint between a health service user (such as a patient) and a health service provider (such as a hospital, clinic or a health practitioner). More detailed information is published on Ahpra's Concerns about practitioners page.

Providing care includes, but is not limited to, any care, treatment, examination, advice, service or goods provided in respect of the physical or mental health of a person, whether remunerated or pro bono.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. For the purposes of this code, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that have an impact on safe, effective delivery of health services in the health profession.

Patient means a person who has entered into a therapeutic and/or professional relationship with a registered health practitioner. The term 'patient' includes 'clients' and 'consumers'. It can also extend to their families and carers (including kinship carers), and to groups and/or communities as users of health services, depending on context.

Practitioner means registered health practitioner (see below).

Racism includes prejudice, discrimination or hatred directed at someone because of their colour, ethnicity or national origin.

Referral involves one practitioner sending a patient to obtain an opinion or treatment from another practitioner. Referral usually involves the transfer (in part) of responsibility for the care of the patient, usually for a defined time and a particular purpose, such as care that is outside the referring practitioner's expertise or scope of practice.

Registered health practitioner (practitioner) means an individual who is registered under the National Law to practise a health profession, other than as a student; or who holds non-practising registration in a health profession under the National Law.

Sexual harassment is broadly defined as unwelcome sexual conduct that a reasonable person would anticipate would offend, humiliate or intimidate the person harassed (Australian Human Rights Commission, 2014).

Social media describes the online and mobile tools that people use to share opinions, information, experiences, images, and video or audio clips, and includes websites and applications used for social networking. Common sources of social media include, but are not limited to, social networking sites such as Facebook and LinkedIn, blogs (personal, professional and those published anonymously), business search and review sites such as Word of Mouth and True Local, microblogs such as Twitter, content-sharing websites such as YouTube and Instagram, and discussion forums and message boards. For the purposes of this code, practice is not restricted to the provision of direct clinical care. For more information see Social media: How to meet your obligations under the National Law.

Vexatious notification is a notification without substance, made with an intent to cause distress, detriment or harassment to a practitioner named in the notification. Vexatious notifications can come from anyone including patients, members of the public and other practitioners.

Review

Date of issue: June 2022

Date of review: This Code of conduct will be reviewed from time to time as needed. This is generally at least every five years.