Ahpra & National Boards

Code of conduct review - submission template

The National Boards are inviting general comments on a revised shared *Code of conduct* (revised shared code) as well as feedback on the following questions. There are three questions (14 – 16) specific to the Chiropractic or Medical Radiation Practice Boards of Australia. They are not relevant to all stakeholders but have been included to provide an overview of the scope of the review. All questions are optional and you are welcome to respond to as many as are relevant or that you have a view on.

1. The revised shared code includes high-level principles to provide more guidance to practitioners especially when specific issues are not addressed in the content of the code.

   Are shorter, more concise principles that support the detail in the revised shared Code preferable or are longer, more comprehensive principles a better option? Why?

Yes. Shorter more concise principles are preferred. This aids memory, retention and supports clear communication.

2. In the revised shared code, the term 'patient' is used to refer to a person receiving healthcare and is defined as including patients, clients, consumers, families, carers, groups and/or communities'. This is proposed in order to improve readability of the code and to support consistency for the public.

   Do you support the use of the term 'patient' as defined for the revised shared code or do you think another term should be used, for example 'client' or 'consumer'? Why or why not?

No. The Council does not support the use of the term 'patient'. We note that the codes of conduct for nursing and midwifery refer to 'person or people' when discussing receivers of care or treatment. Consistent use of language across codes of conduct for all professions is preferred.

Additionally, feedback from community representatives supports the use of terms 'person, persons or people' and is not supportive of the use of the terms 'client or consumer'

3. The revised shared code includes amended and expanded content on Aboriginal and Torres Strait Islander health and cultural safety that uses the agreed definition of cultural safety for use within the National Registration and Accreditation Scheme. (Section 2 Aboriginal and Torres Strait Islander health and cultural safety).

   Is this content on cultural safety clear? Why or why not?

Yes. The content is clear and concise and includes reference to key documents which provide further detail.

4. Sections 3.1 Respectful and culturally safe practice, 4.1 Partnership, 4.9 Professional boundaries and 5.3 Bullying and harassment include guidance about respectful professional practice and patient safety.

   Does this content clearly set the expectation that practitioners must contribute to a culture of respect and safety for all? e.g. women, those with a disability, religious groups, ethnic groups etc.

In the main yes.

Positive feedback has been received added content addressing respectful and culturally safe practice.

However, statement 4.9 d. (professional boundaries) refers to both sexual and other personal relationships together. This leads to a lack of clear advice. The Council recommend including separate statements (and defintions) to address ‘sexual relationships’ and ‘other personal relationships’. The Council note that the codes of conduct for nurses and midwives include the following statements:

Nurses / Midwives must “avoid sexual relationships with persons with whom they have currently or had previously entered into a professional relationship. These relationships are inappropriate in most circumstances and could be considered unprofessional conduct or professional misconduct.”

Nurses / Midwives must “avoid the potential conflicts, risks, and complexities of providing care to those with whom they have a pre-existing non-professional relationship and ensure that such relationships do not impair their judgement. This is especially relevant for those living and working in small, regional or cultural communities and/or where there is long-term professional, social and/or family engagement”

5. Statements about bullying and harassment have been included in the revised shared code (Section 5.3 Bullying and harassment).

Do these statements make the National Boards’/Ahpra’s role clear? Why or why not?

Yes. Statement 5.3 g. makes the practitioner’s responsibility to report concerns to Ahpra / Boards clear and in doing so indicates the Boards’ role in managing such concerns

6. The revised shared code explains the potential risks and issues of practitioners providing care to people with whom they have a close personal relationship (Section 4.8 Personal relationships).

Is this section clear? Why or why not?

No – please see previous comments under section 4.

7. **Is the language and structure of the revised shared code helpful, clear and relevant? Why or why not?**

STRUCTURE: The Nursing and Midwifery Council of NSW recommend that the principles of the shared code be arranged under the 4 domains contained in the NMBA codes of conduct ie:

- Practise legally
- Practise safely, effectively and collaboratively
- Act with professional integrity
- Promote health and wellbeing

Rationale:

- The professions would then share broad principles within the various and shared codes of conduct
- Clustering information aids understanding, memory and communication

INTRODUCTION: the code should stand alone. The introduction is lengthy and detailed (at 3 pages of text) and includes important information, such as professional values and qualities, which may be

overlooked by the user. The Council recommend that the introduction be reviewed to ensure that key information is incorporated within the body of the document. By way of example the NMBA Code of Conduct includes the related values within each principle.

LENGTH OVERALL: the Council note that the shared code of conduct is a very lengthy document (currently around 32 pages in length) and recommend editing with a view to making the document more concise overall.

8. **The aim is that the revised shared code is clear, relevant and helpful. Do you have any comments on the content of the revised shared code?**

No

The Council provide the following feedback:

- Concern about the amount of information, for example Statement 8 Professional behaviour – the Council feel the included examples are too specific, note a lack of content explaining challenges relating to the intersection between professional and personal lives (especially in conduct matters like family violence). The Council also submit the examples provided for vexatious complaints are not clear, especially if one is attempting to determine whether a matter is vexatious. The link to further information is noted.
- It is recommenced that “3.2 Effective Communication” should reference social media policy

This document appears to be an explanation of the code of conduct. There should be a short concise code and then hyperlink to support document.

9. **Do you have any other feedback about the revised shared code?**

No

The National Boards are also interested in your views on the following specific questions:

10. **Would the proposed changes to the revised shared Code result in any adverse cost implications for practitioners, patients/clients/consumers or other stakeholders? If yes, please describe.**

No

11. **Would the proposed changes to the revised shared Code result in any potential negative or unintended effects? If so, please describe them.**

The Council submit that the lack of clarity / distinction around sexual and other personal relationships (Statement 4 – particularly 4.g) may lead to misinterpretation by practitioners. It recommends this section be carefully reviewed.

12. **Would the proposed changes to the revised shared Code result in any potential negative or unintended effects for vulnerable members of the community? If so, please describe them.**

As outlined above regarding professional boundaries.

13. **Would the proposed changes to the revised shared Code result in any potential negative or unintended effects for Aboriginal and Torres Strait Islander Peoples? If so, please describe them.**
No. The Council notes the involvement of Ahpra's Aboriginal and Torres Strait Islander Health Strategy Group in this process.

Additional questions about the Chiropractic Board of Australia's code of conduct

The following questions are specifically about the Chiropractic Board and its changes to the revised shared code of conduct. They are not relevant to all stakeholders but have been included here to provide an understanding of the whole project.

14. The Chiropractic Board's (the Board) current code of conduct is common to many of the National Boards with the exception that the Board's current code of conduct has minor edits, extra content in its Appendices and additional content relating to modalities. Many of these expectations relating to the Appendices are referred to more broadly in the revised shared code and/or are largely replicated in other relevant board documents such as the recently revised Guidelines for advertising a regulated health service (Appendix 1) and the FAQ: chiropractic diagnostic imaging (Appendix 2). It is proposed that the appendices and section on modalities be removed and additional guidance on these areas be presented in additional guidelines or similar. Noting that the principles and expectations in the current appendices and modalities section are addressed broadly in the revised shared code and other relevant documents do you think it is necessary to keep the additional information in the Appendices and modalities section? Why or why not?
15. If you think keeping the extra information is necessary, do you support that the information be presented as a guideline, or similar, rather than as an appendix to the revised shared code? Why or why not?

Additional question about the Medical Radiation Practice Board of Australia's code of conduct

The following question is specifically about the Medical Radiation Practice Board and their current version of the revised shared code of conduct. They are not relevant to all stakeholders but have been included here to provide an understanding of the whole project.

16. The Medical Radiation Practice Board's (the Board) current code of conduct is common to many of the National Boards with the exception that the Board's current code has extra content in its Appendix A. Appendix A includes expectations specific to medical radiation practitioners about providing good care, effective communication and radiation protection. Many of these expectations are referred to in the Professional capabilities for medical radiation practice (the capabilities), which set out the minimum skills and professional attributes needed for safe, independent practice in diagnostic radiography, nuclear medicine technology and radiation therapy. The Board is proposing to remove Appendix A from the revised code as the content duplicates content included in other documents such as the capabilities. Do you think the extra information in Appendix A should be presented in a guideline or similar, noting that the expectations specific to medical radiation practitioners are referred to in the capabilities? Why or why not?