Code of conduct review

Submission by: Pharmaceutical Society of Australia (PSA)

Authorised by: [redacted] Chief Executive Officer

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General comments

PSA welcomes the review of the Ahpra *Code of conduct* and appreciates the opportunity to provide feedback.

Options

PSA supports ***Option two – Develop a revised shared code***. PSA notes this will ensure the code shared by health professions "continues to be relevant, contemporary, based on the best available evidence and aligned with international best practice".

PSA notes major changes to Ahpra's shared code are not proposed. However, PSA believes the changes that are proposed are helpful (e.g. reducing repetition, adding hyperlinks), sensible (e.g. adding high-level principles) and warranted (e.g. adding content on Aboriginal and Torres Strait Islander health and cultural safety, adding guidance about bullying and harassment).

Changes impacting on the pharmacy profession

The current code for pharmacists issued by the Pharmacy Board of Australia includes a specific section for the profession titled *Code of ethics for pharmacists* (p. 5 of current code). PSA is extremely concerned to see that this section will not be included in the revised code that will apply to pharmacists.

While PSA notes that reference to ethical practice will be included in the introductory section of the revised code, this provision lacks specificity for the pharmacy profession and, in our view, the change significantly diminishes the impact and strength of the regulator's ability to determine appropriate practice relevant to the code of conduct specifically developed for pharmacists.

The reference to specific codes of ethics relevant to the profession has been included in the Pharmacy Board's documents and communications for many years. The Pharmacy Board has endorsed external codes including PSA's *Code of ethics for pharmacists* (in July 2012 and February 2017). This provides clarity for members of our profession as well as external stakeholders, and emphasises professional accountability for ethical practice.

The practice of pharmacists is governed and supported by a comprehensive, hierarchical framework of legislation, and professional and ethical standards, as summarised in the figure (next page). As the standards-setting body for the profession, PSA develops, maintains and supports implementation of core documents, which are consistent with legislation and underpin professional pharmacy practice.

As can be seen in the figure, the Pharmacy Board's code of conduct for pharmacists is captured under B, while PSA's code of ethics sits under C. PSA regards the values and principles outlined in its code of ethics to be relevant to every pharmacist regardless of role, scope, level or location of practice. Thus it complements the Pharmacy Board's code of conduct and articulates appropriate ethical practice for pharmacists, intern pharmacists and pharmacy students.

A. Commonwealth, state and territory **legislation** provides the legal framework governing pharmacy practice.

B. The **Pharmacy Board of Australia's** registration standards define requirements to be met to be registered as a pharmacist in Australia. The Board's codes and guidelines may be used as evidence of what constitutes appropriate professional conduct or practice for pharmacists.

C. **Codes of ethics / conduct** articulate the values of the pharmacy profession and expected standards of ethical behaviour of pharmacists towards individuals, the community and society.

D. **Competency standards** describe the skills, attitudes and other attributes (including values and beliefs) attained by an individual based on knowledge and experience which together enable the individual to practise effectively as a pharmacist.

E. **Professional practice standards (or quality standards)** relate to the systems, procedures and information used by pharmacists to achieve a level of conformity and uniformity in their practice. Quality standards may be applicable to individuals or to organisations.

F. **Professional guidelines** are generally service- or activity-specific and provide information on how best to deliver services consistent with expected professional standards.

G. Accredited **Continuing Professional Development** and practice support activities; these support continuous quality improvement by pharmacists and assist pharmacists to maintain and enhance their competence in current and possible future roles.

Note: Clinical governance principles, as outlined in PSA's *Clinical governance principles for pharmacy services* (2018), are integral to **E** and **F** with regards to implementation of safety, quality and consistency of pharmacist-delivered care and services.

PSA strongly opposes removal of this important element of the professional and regulatory framework. We suggest that rather than removing the pharmacy profession specific section, *Code of ethics for pharmacists*, from the revised shared code, it would be more appropriate to add equivalent tailored sections for all other health professions that have codes of ethics. PSA believes this would enhance the relevance and application of the revised shared code of conduct across the regulated health professions to further ensure the highest standards of professional and ethical practice.

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?

The use of high-level principles in the revised shared code is supported as it is the approach taken by PSA in its *Code of ethics for pharmacists*.

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?

The use of the term ‘patient’ in the revised shared code is consistent with PSA’s approach, as can be seen in the use of this term in core pharmacy profession documents, including:

- Professional Practice Standards, version 5 (PSA, 2017)
- Code of Ethics for Pharmacists (PSA, 2017)
- National Competency Standards Framework for Pharmacists in Australia (2016).

The term ‘patient’ is defined across these documents as “a person who uses, or is a potential user of, health services, including their family, carer(s) and authorised representative(s)”.

PSA recognises that other terms with equivalent meaning include, for example, consumer, person, individual and client.

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?

PSA believes the inclusion of content on cultural safety is appropriate and scoped well.

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.

Section 3.1, first paragraph – the reference to “Section 2” is unnecessary.

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?

(No comment)

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?

PSA notes that this section is essentially the same content as what exists in the current code under ***3.14 Understanding boundaries***.

PSA suggests that section ***4.8 Personal relationships*** should precede section ***4.7 Ending a professional relationship*** to improve the flow of the revised code.

Section 4.8, first paragraph, is somewhat repetitive. Suggest amending second sentence to:

Providing care, for example, to close friends, work colleagues and family members is not recommended due to lack of objectivity, possible discontinuity of care and risks to both patient and practitioner.

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

The structure is clear and relevant. Some pharmacists suggested that the use of simple language was important to suit multiple, multilingual audiences.

The document is still somewhat lengthy. To aid navigation, it was suggested that introducing hyperlinks from the table of contents may be useful.

A comment was raised that the term "you" could be replaced with "the practitioner" to better align with similar documents from like agencies.

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 comment)

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

The power imbalance between patient and practitioner is recognised in the context of *Cultural safety for Aboriginal and Torres Strait Islander Peoples* (2.2), *Partnership* (4.1) and *Professional boundaries* (4.9).

PSA believes the issue of power imbalance is also relevant and important in relation to ***Section 4.2 Informed consent*** and warrants inclusion of a statement there which re-acknowledges this. Practitioners need to ensure that consent is well informed and that patients are aware of, and understand, other options; this is especially relevant with health service fees.

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 comment)

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

(No comment)

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.**

The consultation paper states that the aim of the National Boards is for the revised code to "benefit patient and consumer health and safety, especially vulnerable members of the community".

PSA believes the greater focus on Aboriginal and Torres Strait Islander Peoples in the revised document is appropriate and beneficial. PSA suggests additional mention of culturally and linguistically diverse people would be helpful, for example under section ***4.3 Children, young people and other patients who may have additional needs***.
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 comment)