Module 4: Navigating professional challenges.
Regulation and professionalism for medical students in Australia

Slide #	Narrator transcript
1	Welcome to the Medical Board of Australia's training package in regulation and professionalism for medical students. Module 4: Navigating professional challenges.
2	The Medical Board of Australia and the Australian Health Practitioner Regulation Agency acknowledge the Traditional Custodians of Country throughout Australia and their connection to land, sea and community. We pay our respects to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander Peoples.
3	Welcome. This is the fourth module in a series designed to help medical students understand the regulation of medical practitioners in Australia and the importance of professionalism and good communication in their practice. As the final module in this series, it could be the most challenging, but perhaps the most important. We will discuss key attributes that determine professional behaviours, which includes understanding that social values and opinions change over time. Being aware of these changes is critical for optimal patient care. The greatest privilege of being a doctor is that we spend our days helping people. People who might be suffering or grieving or sick or sad or lost. All of them are vulnerable. And they trust us to put their best interests first. In many instances, they don't have any other choice. So, we doctors have the profound moral obligation to respect that vulnerability and to be worthy of that trust.
4	Before we begin module 4, let's recap the previous modules. In Module 1: Protecting the public – the purpose of medical regulation we covered who's regulated and why, the concerns patients raise, and which organisations oversee medical regulation. In Module 2: Replacing fear with facts – understanding notifications we covered how notifications are managed and the Board's work in supporting professional practice. This included notifications about students. In Module 3: Listening – what matters to patients we covered what patients are looking for in their healthcare, why people make notifications, and why good communication is critical to good medical practice.
5	As you complete this module, you'll consider your role as a doctor, especially how to maintain public trust and professional boundaries. You'll learn appropriate responses to common boundary-related challenges doctors may face. You'll also recognise the importance of advocacy and leadership in the medical profession. Importantly, we will talk about why caring for your own health and wellbeing matters, and the expectations of being a 'fit and proper person'.

Slide #	Narrator transcript
	Building a positive culture of medical professionalism is important. In these modules, we aim to do this by explaining medical regulation, the expectations of the community and the requirements that the Medical Board has of practitioners. We use notification case studies to help students recognise lapses of professional behaviour.
6	What is a 'fit and proper person'? The Health Practitioner Regulation National Law legislates that a health practitioner must be a 'fit and proper person' to hold registration. Although the National Law does not define 'fit and proper person', its meaning has been interpreted by the Medical Board and Tribunals in line with community standards and expectations of the qualities and characteristics that are essential to the practice of the medical profession. Criminal offending can also mean that a doctor is not considered fit to practise. Based on previous decisions, a 'fit and proper person' includes a person who is: • honest • knowledgeable • moral • ethical, and • trustworthy. Being a fit and proper person is a continuing obligation from the time of your first registration and throughout your medical career.
7	Here's what to expect in this module. You'll hear reflections on what it is like transitioning from being a student to a doctor and what it means to practise as doctor and hold a patient's trust. Then, for a deeper look, you'll reflect on six case studies of notifications involving professional boundary violations. From here, you'll consider what it means to be a 'fit and proper person' in private and professional life, and finish with a quiz to confirm your understanding of this module.
8	You're about to take another big step in your career when you go from being a student to a doctor. Here are some quotes from new graduates. 'When I started working as a doctor after graduating, I realised how much I'd learned in my study – but also how much more there is to learn. As soon as I became a doctor, I felt trusted, but that I still had the responsibility to earn that trust by being the best doctor I can be.' 'As interns, we are fresh in the system, we've got a lot to learn and it's such a steep learning curve.' 'It was great to finally work, feel empowered, earn money and get to care for patients. You do find out that there's a lot more to medicine than you learn at uni and you'll be learning for a long time.'
9	As a doctor, you'll have the privilege of working across many communities. You will do important, life-changing work that will benefit your patients, their families, and yourself. 'One of the things I really love is the patients who I haven't seen for, you know, five or more years who you just come across in your life. You're going out to the cinema or on the street with my kids, and patients will come up to you and …. That's where, you know, I feel very proud that we were able to, as a service, help that person in that time.' 'I've worked in the city before, and I've worked as far rural as Kalgoorlie ... I did some stints in Meekatharra, where they flew me out in a little six-seater plane. It's just part of the fun not knowing

Slide #	Narrator transcript
	what to expect. It's all part of discovering the local community, and each place has their own little special thing that they do. I'm really looking forward to where this medical degree will take me.' Just as important are the day-to-day routines and rituals: 'There's a lot of very pedestrian stuff in medicine, it's a very important mundaneness. Careful, exacting, precise, diligent work. Everything from good record-keeping, writing test slips, and talking to patients and their families.'
10	Reflecting on what you've learned as a medical student, as a patient and through the previous modules, consider these questions for the next stage of your career: Why is trust important for patients? What helps you trust a doctor? How will you build trust as a new doctor? Hierarchies, stress and power imbalance can challenge trust. What might foster trust in these environments?
11	The Medical Board's Code of conduct says that 'Doctors have a duty to make the care of patients their first concern and to practise medicine safely and effectively'. This means that doctors must be: • Honest • Trustworthy • Ethical • Truthful • Dependable • Compassionate • Confidential • Respectful • Culturally safe • Good and effective communicators. Every doctor is human, and not every day will be your best day. There are, however, expectations of how doctors should aim to conduct themselves. This includes, that doctors: • reflect regularly on their practice and its effectiveness • look after their own health and wellbeing • act appropriately online, including on social media • keep their skills and knowledge up to date • develop and refine their clinical judgement as they gain experience • contribute to their profession, and • demonstrate leadership. Consider these skills and attributes as you listen to the following case studies.
12	Case study 1 Some of the most high-profile medical regulation cases we hear in the media are about sexual boundary violations. However, this example shows a non-sexual relationship between a doctor and patient that was inappropriate because the doctor did not maintain professional boundaries and did not disclose their friendship when supervising the former patient.

Slide #	Narrator transcript
	Over a period of two years, the psychiatrist frequently treated the patient. Shortly after the treating relationship ended, the psychiatrist invited the patient to move in with her. They developed a close personal friendship. The former patient then moved out of the psychiatrist's home and went on to complete training as a psychiatrist. The psychiatrist supervised them as a registrar but did not disclose the conflict of interest to anyone.
13	After receiving a notification, the Medical Board investigated this case and determined that the psychiatrist's behaviour demonstrated professional misconduct, as she: • failed to maintain professional boundaries with the patient, in that shortly after the treatment relationship came to an end she invited and allowed the patient to live with her in her home, and • acted as the former patient's supervisor and failed to disclose or appropriately manage the conflict of interest that arose when she did so. The psychiatrist was reprimanded and disqualified for applying for medical registration for two years.
14	Here is the second case study. A GP was found to be treating their partner, who had a medical condition that required a high level of care. The partner was also regularly visiting another GP for treatment. When the partner was admitted to hospital with severe pain, the doctor's partner disclosed that they were the primary GP. After hearing that the GP was treating and prescribing (including restricted medications) for their partner, a practitioner at the hospital made a notification.
15	After reviewing the case, the Medical Board decided that the doctor's behaviour was not acceptable because prescribing to a family member means there is: • less objectivity and • risk to both patient and doctor. The Board imposed conditions specifically prohibiting the practitioner from treating family members, except in emergency situations. The GP appealed to a tribunal so they could continue to treat their partner. The tribunal upheld the Medical Board's decision, echoing that the code clearly stated that medical practitioners should strive at all times to avoid treating family members and others with whom they had a close personal relationship.
16	As a doctor, you'll likely feel a duty of care to everyone around you, including (and especially) your loved ones. Sometimes, you might feel pressure to provide your family and those close to you with medical care. Just a quick prescription or a referral to a specialist. The Medical Board's Code of conduct for doctors says that it is inappropriate to provide medical care to family and friends. This is because of the lack of objectivity, possible discontinuity of care, and risks to the patient and doctor. In particular, it is not acceptable to self-prescribe or prescribe to family and friends. In some cases, providing care is unavoidable, such as in an emergency. As one doctor explains: 'The code is explicit. I just say no now. I put it into a professional context and suggest they seek a medical opinion or consultation.'

Slide #	Narrator transcript
	How will you draw professional boundaries between yourself, your family and your friends? What are some ways you can support and care for your loved ones without treating them?
17	Racism and cultural safety issues The Medical Board works in collaboration with Ahpra and other stakeholders to build support and a commitment to eliminating racism in healthcare. This is something we can all participate in. The Medical Training Survey is a national survey available to all doctors in training. It is conducted each year to understand how to improve medical training. In 2022, 20% of Aboriginal and Torres Strait Islander trainees who responded to the survey said they experienced racism, compared to 6% of all trainees who responded. 30% of Aboriginal and Torres Strait Islander trainees said they witnessed racism, compared to 13% of all trainees nationally. These results show that doctors are experiencing and witnessing racist behaviour in their workplace, something which Dr Anne Tonkin, Chair of the Medical Board, says is 'totally unacceptable'.
18	Now consider this incidence of racism experienced by an Aboriginal patient: 'The doctor said that I was not Aboriginal when in fact I am ... he stated I was suicidal and not black enough to be Aboriginal'. This is racism. It is never an acceptable way to talk to or think about any patient. Consider if you witnessed this behaviour or heard about it. How would you help your colleague to understand what they did was culturally unsafe? Asking a patient whether they identify as an Aboriginal and/or Torres Strait Islander instead of making an assumption is important. It helps to better understand the patient's background and worldviews, and ensure that culturally safe care is provided. Take a moment to think about what you can do as a medical student and then as a new graduate doctor to ensure you contribute towards eliminating racism.
19	The Medical Board is committed to cultural safety for Aboriginal and Torres Strait Islander Peoples. Through shared leadership, setting standards and applying the relevant legislation, we work towards a goal of Aboriginal and Torres Strait Islander Peoples having access to, and working within, a health system that is culturally safe and free from racism. Read section 4.7 of the Medical Board's Code of conduct and the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy to understand the Medical Board's expectation of culturally safe practice.
20	Our fourth case study explores an example of misuse of pronouns. It demonstrates how important it is to use correct and respectful language. Listen to this patient's experience: 'I am a transgender man and I made sure the doctor I saw was aware of this. But despite this, the doctor continued to refer to me as female throughout the consult and again in the medical report they subsequently wrote. I was distressed. The doctor needs to improve the way she communicates so I made a complaint.'

Slide #	Narrator transcript
	What questions and issues does this scenario raise?
21	After listening to this patient's experience, reflect on these three questions: Why is using someone's correct pronouns an essential part of good medical care? If you were treating this patient, what are some things you could do to ensure they felt safe and respected? If you inadvertently use incorrect pronouns or contradict the patient's gender identity, what would you do to rectify that?
22	Trans and gender diverse people have a right to culturally safe healthcare. Practitioners need to ensure they use respectful language, including correct pronouns. Practitioners should be aware that trans and gender diverse people often face barriers to accessing safe healthcare, including that their medical and other records may not accurately reflect their gender identity. In this case, the Medical Board accepted the doctor's explanation that she was quoting from clinical reports when she used incorrect terms, and that it would not happen again in future. The ongoing risk of the practitioner's conduct in clinical practice for future patients was assessed as low, so no further regulatory action was taken. Medical practitioners need to be sensitive, well-informed and current. The Medical Board is mindful of changing community expectations, awareness and sensitivities about gender identity. This case highlights how important it is to use correct language and have clear and respectful communication with trans and gender diverse people. The Code of conduct makes it clear that respecting gender diversity is a part of culturally safe care.
23	Time for our fifth case study. We hear from a victim/survivor of family violence, and her experience reporting it to her GP after a few attempts of reaching out for help. 'It was actually my wonderful GP who helped me the most. I was so upset and unwell one weekend, and I had 10 out of 10 pain ringing in my ears and my head. My GP gave me a script for a really strong pain medication. My husband was an addict and he took it from me. I had to call my GP the next day and tell her what happened and ask for a new script, because I couldn't get out of bed. I was so nervous about talking to her, but she actually believed me, and she said, "Let's just get this pain under control so that you can look after your babies and have a chat about what's going on". And that was the first time that I felt believed in, or that I felt like I could trust someone.'
24	After listening to this story, the Chair of the Medical Board, Dr Anne Tonkin, responded to say: 'I think the key thing for health practitioners in this area is that they educate themselves about family violence and about the most effective way in which they can respond to somebody who shares that sort of story with them. Health practitioners are usually one of the earliest groups of people who find out from an individual that they're in this kind of situation and it's crucial that the person who hears about it first knows how to respond effectively and support that person and help them.'

Slide #	Narrator transcript
	Health practitioners are often one of the earliest groups to become aware of family violence. Doctors need to educate themselves on how to respond effectively to support survivors.
25	Take your time to consider these questions: How might your role as a doctor involve supporting someone in a family violence situation? What are some ways that the clinical care you provide be different when you are treating a victim/survivor? Consider that you might also treat a perpetrator. Would your responsibilities as a doctor change in this situation?
26	Here is our sixth and final case study. A patient who was 10 weeks pregnant was concerned about having a baby with a chromosomal abnormality and requested non-invasive prenatal testing (NIPT). The doctor refused to send her for these tests due to his religious beliefs. He advised the patient that antenatal screening was not warranted and did not discuss other options with her or refer her to another doctor. There was no signage or advice at the clinic to suggest that the doctor would not provide this referral or service. The patient lived in a rural town, so it was difficult to see another doctor. When the patient attended the hospital for her first midwife appointment, she was advised about options for antenatal screening. However, as she was now beyond her first trimester, the tests were no longer available to her.
27	When the Medical Board investigated the complaint, the doctor admitted he did not advise patients that he would not refer them for certain tests and procedures, or inform them of options available due to his personal beliefs. The doctor was advised to display appropriate signage and inform patients that he would not provide some services or referrals so they could choose to see another doctor if required.
28	As a person, you're entitled to have your own personal beliefs. As a doctor, you need to ensure that those beliefs do not affect your ability to practise safely and to respect your patients' needs. According to the Code of conduct, good medical practice involves: • Practising in a way that is culturally safe and respectful • Recognising that doctors and patients may have differing beliefs, and • Ensuring that differences in beliefs do not impact on the care the patient receives.
29	Let's take time to recap. Reflecting on this module about navigating professional challenges, consider these statements and note down whether you think they are true or not. We'll give the answers on the next slide.

Slide #	Narrator transcript
30	How did you go? To treat a patient well, I need to understand, respect and appropriately acknowledge their cultural background and gender identity. True. Cultural background and gender identity are central to who we are, and it can be harmful if they are not acknowledged or respected. I can easily tell what pronouns to use and will rarely need to ask. False. Never assume anyone's pronouns. It is best to use a patient's name, and respectfully ask what pronouns they'd like used. Doctors are responsible for continuous reflection and staying informed about important issues, such eliminating racism in their workplace. True. It's your responsibility as a doctor to stay informed about sociocultural issues that may present in your practice. It's okay for me to prescribe medication to myself. False. Prescribing for yourself is not good practice and does not comply with the Code of conduct. You should see another independent doctor for check-ups, any concerns and prescriptions. As a doctor, my personal behaviour is part of my professional reputation and responsibilities. True. Your personal behaviour should earn the trust and respect of the community. Part of being a good doctor is looking after my own health and wellbeing, including having my own GP. True. Just as you care for your patients you need to care for yourself.
31	For more detailed information, we recommend you review the following resources. Save the links to have them available in case you want to revisit them again in the future. Good medical practice: a code of conduct for doctors in Australia 1800 RESPECT is the national domestic, family and sexual violence counselling, information and support service. The RACGP's White Book is a resource for doctors to respond effectively and empathetically to domestic abuse and family violence.
32	Congratulations. You've now completed the Medical Board's fourth and final module in the training package in regulation and professionalism for medical students. Reflect on what you've learned through these modules about the purpose of medical regulation, replacing fear with facts, listening, and navigating some professional challenges.
33	Thank you for completing this module.