



Aboriginal and Torres Strait
Islander Health Practice
Chinese Medicine
Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery
Occupational Therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Public consultation paper– compilation of Board specific documents and information for stakeholders of multiple Boards

April 2013

Consultation on Common Guidelines and Code

This document accompanies the all National Boards consultation paper which contains the revised proposed:

- revised *Guidelines for advertising*
- revised *Code of conduct*
- proposed *draft Social media policy*
- revised *Guidelines for mandatory notifications*

While the Guidelines for Advertising of Regulated Health Services, draft Social media policy and Guidelines for mandatory notifications are common to all National Boards, some National Boards have a board-specific Code of Conduct, or have made some board-specific changes to the Code of Conduct which has been adopted by most National Boards.

Accordingly, this document provides information about these differences to assist stakeholders of multiple National Boards.

It contains material from the following National Boards:

- Chiropractic Board of Australia
- Medical Board of Australia
- Medical Radiation Practice Board of Australia
- Nursing and Midwifery Board of Australia
- Optometry Board of Australia
- Pharmacy Board of Australia
- Psychology Board of Australia

Please provide feedback by email to guidelinesconsultation@ahpra.gov.au by close of business on 30 May 2013.

Chiropractic Board of Australia

The Chiropractic Board of Australia has already undertaken consultation on its Board specific code of conduct and is consulting further on its board specific code (attached) as part of this consultation process. The Board will also consider any relevant changes arising from consultation on the common documents and shared Code of Conduct.

Medical Board of Australia

The Medical Board of Australia is reviewing its Code of Conduct *Good Medical Practice* and will be consulting over the next few months.

Medical Radiation Practice Board of Australia

The Medical Radiation Practice Board of Australia has developed a profession-specific appendix for the shared Code of Conduct to address specific issues relating to medical radiation practice and the consultation version of the Board's Code is attached.

Nursing and Midwifery Board of Australia

The Nursing and Midwifery Board of Australia (NMBA) will be consulting on the following four documents as part of the implementation of the 2013 - 2015 NMBA strategic plan:

1. Code of professional conduct for nurses in Australia; and
2. Code of ethics for nurses in Australia.
3. Code of professional conduct for midwives in Australia; and
4. Code of ethics for midwives in Australia;

Optometry Board of Australia

The Optometry Board of Australia's *Code of conduct for optometrists* has undergone a significant revision to better align with the share Code of Conduct. The revised Board Code and a summary of changes is attached for consideration.

Pharmacy Board of Australia

The Board includes a reference to the Codes of Ethics of the Pharmaceutical Society of Australia and the Society of Hospital Pharmacists of Australia in its Code of Conduct as set out below and proposes to continue this.

The Pharmacy Board of Australia advises pharmacists to also be guided by a code of ethics relevant to their practice. The Board endorses the Code of Ethics for Pharmacists 2011 published by the Pharmaceutical Society of Australia Ltd and the Code of Ethics-February 2012 published by the Society of Hospital Pharmacists of Australia. Given the definition of practice as it applies to pharmacy, other codes of ethics may also be applicable to pharmacists' practice. Pharmacists are advised to ensure that in addition to complying with the Code of conduct for registered health practitioners that they be guided by the code(s) of ethics relevant to their practice.

Psychology Board of Australia

The Psychology Board of Australia is consulting about whether to continue using the Code of Ethics developed by the Australian Psychological Society or to use the Code of Conduct adopted by most National Boards. An extract from the Board's consultation paper follows:

Code of Ethics

Background

In 2010 the Psychology Board of Australia undertook a public consultation on the proposed codes and guidelines for the profession under the National Registration and Accreditation Scheme, including a proposal for a code of ethics (see Consultation paper 2 – codes and guidelines <http://www.psychologyboard.gov.au/News/Past-Consultations.aspx>).

The Board proposed to:

- a). initially adopt the Australian Psychological Society's (APS) *Code of Ethics* (2007) to serve as the overarching code of ethics, conduct and practice of registered psychologists in Australia
- b). engage with the APS and other relevant professional bodies to review the APS Code regularly, develop further ethical and practice guidelines as required and develop a new code in due course, with this review to occur within the first five years of commencement of the national registration and accreditation scheme on 1 July 2010
- c). consider existing State and Territory codes of conduct during the development of a new Psychology Board of Australia code.

The Board subsequently endorsed the APS *Code of Ethics* (2007) for the profession. The rationale for adopting the code included that it met the following requirements:

- **Clearly identified and defined ethical principles**
The Board believes that any code adopted for the psychology profession should be based on a set of clearly identified and defined ethical principles as is the case with the APS *Code of Ethics*. This reflects the belief of theorists in the field of moral decision making that decisions based upon principles tend to be more advanced than those based upon mere rule-following (Gilligan, 1993; Kohlberg, 1976).
- **Consistency**
Although there are differences between the Australian jurisdictions in respect of, for instance, different societal and cultural norms and different legal requirements, it is necessary to ensure that the ethical standards in Australia are consistent with those in other countries, and based on principles that are generally accepted by psychologists internationally.
- **Familiarity**
In 2010 psychologists registered with the eight previous state and territory boards transitioned into the National Scheme Board and were required to quickly adjust to significant changes in the

regulation of the profession including new registration standards, guidelines and policies. It was agreed that to assist the transition the Board should ideally adopt or approve an ethical code that outlines the standards most familiar to the majority of psychologists in Australia. At the time of transition the APS *Code of Ethics* as already the most widely used psychology code in Australia, applying to APS members who comprised roughly 70 per cent of Australian psychologists. Since 1 July 2010 the *Code of Ethics* has applied to 100 per cent of Australian psychologists.

- **Support**

The public consultation in 2010 indicated strong support from the profession for adoption of the APS code for the profession.

While the Board emphasises its independence from the APS and other professional bodies, it considers that it is important to avoid confusion that might arise from publishing alternative requirements or making changes that are not essential for the protection of the public.

The APS Code is a historical document that was first published by the Australian Branch of the British Psychological Society in 1949, predating state regulation of psychology in this country (Allan, 2010; O'Neil, 1987).

The APS *Ethical Guidelines*, which first appeared as an appendix to the 1986 APS Code, have been published as a separate document since 1997. While the *Ethical Guidelines* may be a useful supplement to the Code, the Board has not adopted the *Ethical Guidelines* for the profession. In the Board's opinion the Code provides sufficient guidance and the Board is not proposing to adopt the *Ethical Guidelines* in addition to the Code.

Review

The Board initially proposed to review the APS Code within the first five years of the commencement of the national registration and accreditation scheme, however the Board has adopted a three year review cycle policy for its codes, standards, guidelines and policies which is consistent with review cycle of the other national boards. Therefore the Board is due to review its endorsement of the APS *Code of Ethics* by 30 June 2013.

The three year review cycle means the Board has a busy schedule for 2013 with the majority of its registration standards and guidelines due for review by 30 June 2013. Therefore the Board does not propose to develop a new code for the profession at this stage but may consider doing so in the future.

The Board is requesting feedback on two options for the code -

1. Continue to endorse the APS Code of Ethics
2. Replace the APS Code of Ethics with the shared National Boards' Code of Conduct

Option 1

Continue to endorse the APS Code of Ethics until the next triennial review. It is the Board's view that the APS Code is still an appropriate code for the psychology profession for the reasons identified in the consultation paper 2.

The Board is seeking feedback from members of the profession and stakeholders on whether they agree with this view. Points to consider are:

- Is the current Code serving its purpose?
- Is the content helpful clear and relevant to the psychology profession?
- Do you have any other comments on the Board's endorsement of the Code?

The Board is not seeking feedback on proposals to amend the *Code of Ethics* as the code is produced by the APS and therefore the Board cannot make changes to the content. However feedback on the content

of the Code that supports your view that the Code should continue to be endorsed by the Board or that the Code should not continue to be endorsed by the Board is appreciated.

A copy of the APS *Code of Ethics* (2007) can be obtained from the APS website <http://www.psychology.org.au/about/ethics/>.

Option 2

Under the National Registration Scheme there is a Code of Conduct that is shared by all National Boards (with minor profession specific variations) except for the Psychology Board of Australia, the Medical Board of Australia, and the Nursing and Midwifery Board of Australia.

The alternative to continuing endorsement of the APS Code is to adopt the shared code that has already been developed by other health professions.

To view the shared Code of Conduct visit the website of any of the 11 professions who use that code – there are links to the websites of all the professions in the National Scheme from the AHPRA website www.ahpra.gov.au/.

- Is the content helpful clear and relevant to the psychology profession? More or less so than the APS Code?
- Is the Code based on clearly identified and defined ethical principles?
- If the Psychology Board adopts the shared code should any content be added or deleted?
- Do you have any other comments on the shared Code?

If the Board were to adopt the shared code it would have some control over the content of the code – unlike the APS code. Although changes to the main document must be agreed to by all the professions that share the Code, profession specific appendices can be added.

Several of the other National Boards are currently consulting on the shared Code of Conduct to view the consultation papers please visit www.ahpra.gov.au/News/Current-Consultations.aspx and click through to the relevant consultation pages.

References

Allan, A. (2010). Introduction. In A. Allan & A. W. Love (Eds.), *Ethical practice in psychology - Reflections from the creators of the APS Code of Ethics* (pp. 1-11). Chichester, United Kingdom: John Wiley & Sons.

Gilligan, C. (1993). *In a different voice: Psychological theory and women's development* (2nd ed.). Cambridge MA: Harvard University Press.

Kohlberg, L. A. (1976). Moral stages and moralization: The cognitive developmental approach. In T. Lickona (Ed.), *Moral development and behavior: Theory, research and social issues* (pp. 31-53). New York: Holt.

O'Neil, W.M. (1987). *A century of psychology in Australia*. Sydney: Sydney University Press.

Attachments

Revised Code of conduct for chiropractors

Authority

This Code has been developed by the Chiropractic Board of Australia under section 39 of the Health Practitioner Regulation National Law Act as in force in each state and territory (the National Law).

Overview

This Code is substantially based on the common Code of Conduct adopted by a number of the National Boards as part of the national registration and accreditation scheme and has been modified, in parts, for the chiropractic profession.

This Code seeks to assist and support chiropractors to deliver safe and effective health services within an ethical framework. All health practitioners have a duty to make the care of patients their first concern and to practise safely and effectively. Maintaining a high level of professional competence and conduct is essential for good care.

This Code is a guide to the expected standards of behaviour of chiropractors in relation to:

- providing good care, including shared decision-making
- working with patients
- working with other practitioners
- working within the healthcare system
- minimising risk
- maintaining professional performance
- professional behaviour and ethical conduct
- ensuring health practitioners' health
- teaching, supervising and assessing
- public health activities
- radiology and radiography, and
- duration and frequency of care.
-

Making decisions about healthcare is the shared responsibility of the health practitioner and the patient (or their representative).

An important part of the health practitioner–patient relationship is effective communication. Relationships based on openness, trust and good communication will enable health practitioners to work in partnership with their patients.

Health practitioners have ethical and legal obligations to protect the privacy of people requiring and receiving care. Patients have a right to expect that health practitioners and their staff will hold information about them in confidence, unless information is required to be released by law or due to public interest considerations.

Health practitioners need to obtain informed consent for the care that they provide to their patients. Caring for children and young people brings additional responsibilities for health practitioners. Good practice involves genuine efforts to understand the cultural needs and contexts of different patients to obtain good health outcomes. Health practitioners need to be aware that some patients have additional needs and to modify their approach appropriately.

When adverse events occur, health practitioners have a responsibility to be open and honest in communication with patients and in reviewing what happened. In some circumstances, the relationship between a health practitioner and a patient may become ineffective or compromised, and may need to end.

Good relationships with colleagues and other health practitioners strengthen the health practitioner–relationship and enhance care.

Health practitioners have a responsibility to contribute to the effectiveness and efficacy of the healthcare system.

Minimising risk to patients is a fundamental component of practice. Good practice involves understanding and applying the key principles of risk minimisation and management to practice. Health practitioners maintaining and developing their knowledge, skills and professional behaviour are core aspects of good practice.

Teaching, supervising and mentoring health practitioners and students is important for their development and for the care of patients. It is part of good practice to contribute to these activities, and provide support, assessment, feedback and supervision for colleagues, health practitioners-in-training and students.

Definitions

‘Electronic’ means any digital form of communication, including email, Skype, internet, social media etc

‘Evidence informed context’ is the integration of the best available evidence with professional expertise to make decisions, in conjunction with patient preference, values and circumstances.

‘Patient’ includes client and health consumer.

‘Patient Centred’ implies being respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient need and values guide the decision making for that patient.

‘Practice’ means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a chiropractor 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 impact on safe, effective delivery of health services in the chiropractic profession.

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

‘Red Flags’ are findings which may indicate a more extensive disease process that should attract a clinician’s attention as a matter of priority

‘Social Media’ includes website 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) and microblogs such as twitter, content sharing websites such as YouTube and Instagram and discussion forums and message boards.

‘Treatment’, ‘Care’, ‘Management’ and ‘Health Care Services’ are terms that can be used interchangeably for the purposes of this code

Acknowledgements

The Chiropractic Board of Australia acknowledges with appreciation the following publications that have been consulted in the preparation of this Code:

- Australian Health Practitioner Regulation Agency. *Code of Conduct*
- Australian Medical Council. *Good Medical Practice: a Code of Conduct for Doctors in Australia*
- A.C.T. Allied Health Professions 2004. *Standards of Practice*
- *Health Practitioner Regulation National Law Act as enacted in each state and territory*
- Various Acts and regulations in each State that impact directly or indirectly on the conduct of practitioners, including (but not limited to) mandatory reporting of child abuse, freedom of information, equal opportunity, privacy and public records.
- Common law principles and decisions relating to matters such as consent, negligence, duty of care, contract law and vicarious liability.
- Various state and territory-based codes and guidelines that regulate the practice of chiropractic in various jurisdictions around Australia prior to the national scheme.

1 Introduction

1.1 Use of the Code

The Code of Conduct for Chiropractors (Code) seeks to assist and support chiropractors to deliver appropriate, safe and effective services within an ethical framework. Chiropractors have a professional responsibility to be familiar with this Code and to apply the guidance it contains.

This code should be read and considered as an entire document and as a document that integrates a number of other codes and standards. Chiropractors need to be aware of, and comply with all standards, guidelines and policies of the Chiropractic Board of Australia (the National Board).¹

This Code will be used:

- a) to support individual chiropractors in the task of providing good healthcare and fulfilling their professional roles and to provide a framework to guide professional judgement
- b) to assist the National Board in its role of protecting the public by setting and maintaining expectations of good practice – if professional conduct varies significantly from this Code, chiropractors will be held accountable to explain and justify their decisions and actions, and failure to meet this Code may have consequences for registration, and
- c) as an additional resource for a range of uses that contribute to enhancing the culture of professionalism in the Australian health system: for example, in chiropractic education; orientation, induction and supervision of students; and by administrators and policy makers.

Chiropractors must always act in accordance with the law. The Code is not a substitute for the provisions of the *Health Practitioner Regulation National Law Act as enacted in each state and territory* (the National Law), other relevant legislation and case law. If there is any conflict between the Code and the National Law, the law takes precedence.

Chiropractors are subject to a range of general legal obligations and specific obligations under legislation, for example, privacy, child protection and health records. Chiropractors should ensure that they are aware of these obligations and act in accordance with them.

The practice of chiropractic is challenging and rewarding. No code or guidelines can ever encompass every situation or replace the insight and professional judgment of chiropractors. Good practice means using this judgment to try to practise in a way that would meet the standards expected of you by your peers and the community.

While good healthcare respects the rights of patients, this Code is not a charter of rights. Health practitioners have critical roles in caring for people who are unwell, assisting people to recover and seeking to ensure people stay well.

This Code is not an exhaustive study of professional ethics or an ethics guide. The focus of this code is on good practice and professional behaviour. It is not intended as a mechanism to address disputes between professional colleagues in relation to termination of business relationships and disputes over clients.

1.2 Professional values and qualities

While individual health practitioners have their own personal beliefs and values, there are certain professional values on which all health practitioners are expected to base their practice. These professional values apply to the practitioners conduct regardless of the setting, including in person and electronically e.g. in the social media.

Health practitioners have a duty to make the care of patients their first concern and to practise safely and effectively.

¹ These can be found on the National Board's website at: www.chiropracticboard.gov.au and as appendices to this Code.

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

Health practitioners have a responsibility to protect and promote the health of individuals and the community.

Good practice is centred on patients. It involves health 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, and respectful of the beliefs and cultures of others, and recognising that these cultural differences may impact on the health practitioner – patient relationship and on the delivery of services. It also includes being aware that differences such as gender, sexuality and age may influence care needs and avoiding discrimination on the basis of these differences.

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

Professionalism embodies all the qualities described here and includes self-awareness and self-reflection. Health practitioners are expected to reflect regularly on whether they are practising effectively, on what is happening in their relationships with patients and colleagues, and on their own health and wellbeing. They 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 their profession.

All practitioners have a responsibility to recognise and work within the limits of their competence, scope and areas of practice. Areas of practice vary according to different roles; for example, health practitioners, education providers, researchers and managers will all have quite different competencies and scopes of practice.

Health practitioners should be committed to safety and quality in healthcare²

1.3 Australia and Australian health care

Australia is culturally and linguistically diverse. Health practitioners in Australia reflect the cultural diversity and this enhances our health care system and strengthens the health profession.

1.4 Substitute decision-makers

There are several conditions or situations in which patients may have limited competence or capacity to make independent decisions about their healthcare; for example, people with dementia or acute conditions that temporarily affect competence, and children or young people, depending on their age and capacity (see Section 3.5: Informed consent).

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

² See the Australian Commission on Safety and Quality in Health Care: www.safetyandquality.gov.au

2 Providing good care

2.1 Introduction

The practise of any health profession has both clinical and non-clinical aspects. Certain levels of professional values and behaviours are required of all chiropractors regardless of their practice. For those in clinical practice, providing good care to patients is their primary concern.

Providing good care includes:

- a) appropriately assessing the patient, taking into account their history (history includes relevant psychological, social and cultural aspects), views and conducting an appropriate physical examination
- b) ensuring that the diagnosis/clinical impression is reasonable, relevant, justifiable and based on sound clinical reasoning
- c) identifying 'red flags' and investigating, managing, co-managing or referring as appropriate
- d) formulating and implementing a reasonable management plan (including providing treatment/care and advice and, where relevant, arranging investigations and liaising with other treating practitioners)
- e) facilitating coordination and continuity of care, and
- f) recognising and respecting the rights of patients to make their own decisions.

2.2 Good practice

Maintaining a high level of professional competence and conduct is essential for the good practice of the profession. Good practice involves:

- a) recognising and working within the limits of the chiropractor's competence and scope of practice
- b) maintaining adequate knowledge and skills to provide safe and effective care, including providing treatment/care and advice and where relevant, arranging investigations and liaising with, or referring to, other health professionals
- c) practising patient-centred care, including encouraging patients to take interest in, and responsibility for, the management of their health and supporting them in this
- d) maintaining adequate records (see Section 9.4: Health records)
- e) considering the balance of benefit and harm in all clinical management decisions
- f) communicating effectively with patients (see Section 3.3: Effective communication)
- g) providing treatment/care options based on the best available information and practising in an evidence informed context and not being influenced by financial gain or incentives
- h) ensuring that services offered are provided with the best possible skill, care and competence
- i) taking steps to alleviate the symptoms and distress of patients
- j) supporting the right of the patient to seek a second opinion
- k) consulting and taking advice from colleagues when appropriate
- l) making responsible and effective use of the resources available to chiropractors (see Section 6.2: Wise use of healthcare resources), and
- m) ensuring that the chiropractor's personal views do not adversely affect the care of their patients.
- n) evaluating practice and the decisions made and action taken in providing good care

2.3 Shared decision-making

Making decisions about healthcare is the shared responsibility of the chiropractor and the patient. Patients may wish to involve their family, carer or others. (See Section 1.4 Substitute decision makers).

2.4 Decisions about access to care

A chiropractor's decision about access to care needs to be free from bias and discrimination.

Good practice involves:

- a) treating patients with respect at all times
- b) not prejudicing the care of a patient because the chiropractor believes that the behaviour of the patient has contributed to their condition

- c) upholding the duty of care to the patient and not discriminating on grounds irrelevant to healthcare, including age, race, religion, sex, disability or other grounds specified in anti-discrimination legislation
- d) investigating and treating patients on the basis of clinical need and the effectiveness of the proposed investigations or treatment/care, providing necessary services and not providing unnecessary services
- e) keeping chiropractors and their staff safe when caring for patients; appropriate action should be taken to protect chiropractors and their staff if a patient poses any risk to health or safety. The patient should not be denied care if reasonable steps can be taken to keep chiropractors and their staff safe
- f) being aware of the chiropractor's right to not provide or participate directly in treatment/care to which that chiropractor conscientiously objects ; informing patients and, if relevant, colleagues, of the objection, and not using that objection to impede access to treatment/care that is legal, and
- g) not allowing moral or religious views to deny patients access to healthcare, recognising that chiropractors are free to decline to provide or participate in that care personally.
- h) where care is declined appropriate referral should be made

2.5 Treatment/care in emergencies

Treating patients in emergencies (whether within practice or in a first aid situation) requires chiropractors to consider a range of issues in addition to the provision of best care. Good practice involves offering assistance in an emergency that takes account of the chiropractor's own safety, skills, the availability of other options and the impact on any other patients under the chiropractor's care, and continuing to provide that assistance until services are no longer required.

3 Working with patients

3.1 Introduction

Relationships based on respect, trust and good communication will enable chiropractors to work in partnership with patients.

3.2 Partnership

A good partnership between a chiropractor and the person they are caring for requires high standards of personal conduct. This involves the chiropractor:

- a) being courteous, respectful, compassionate and honest
- b) treating each patient as an individual
- c) protecting the privacy and right to confidentiality of patients, unless release of information is required by law or due to public interest considerations
- d) encouraging and supporting patients and, when relevant, their carer/s or family in caring for themselves and managing their health
- e) encouraging and supporting patients to be well-informed about their health and assisting patients to make informed decisions about their healthcare activities and treatment/care by providing information and advice to the best of the chiropractor's ability and according to the stated needs of the patient
- f) respecting the right of the patient to choose whether or not he or she participates in any treatment/care or acts on advice, and
- g) recognising that there is a power imbalance in the chiropractor–patient relationship. It is important to ensure that all decisions are directly relevant to clinical experience; unaffected by non-clinical motivations; and capable of being regarded so by reasonable observers in the circumstances (also see Section 9.2: Professional boundaries and Section 9.12: Financial and commercial dealings).

A good partnership between the chiropractor and the person they are caring for also involves the patient contributing to the effective therapeutic partnership by:

- a) working cooperatively, and in partnership with the chiropractor
- b) communicating effectively and with sincere intent
- c) being fair and accurate in providing feedback, and
- d) ensuring that any complaints are honest and reasonable in the circumstances.

3.3 Effective communication

An important part of the chiropractor–patient relationship is effective communication. This involves:

- a) listening to patients, asking for and respecting their views about their health and responding to their concerns and preferences
- b) encouraging patients to tell the chiropractor about their condition and how it has been managed including any other health advice they have received, any prescription or other medications they have been prescribed and any other conventional, alternative or complementary therapies they are using.
- c) informing patients of the nature and relevance of all aspects of their clinical care, including examination and investigations, giving them adequate opportunity to question or refuse interventions and treatment/care
- d) discussing with patients their condition and other available healthcare options, including their nature, purpose, possible positive and adverse consequences and limitations and reasonable alternatives wherever they exist
- e) endeavouring to confirm that a patient understands what the chiropractor has said
- f) ensuring that patients are informed of the material risks associated with any part of a proposed management plan
- g) responding to questions from patients and keeping them informed about their clinical progress
- h) making sure, wherever practical, that arrangements are made to meet the specific language, cultural and communication needs of patients and being aware of how these needs affect understanding
- i) becoming familiar with, and using wherever necessary, appropriately qualified persons to help meet the communication needs of patients, including those who require assistance because of their language skills, mental health, or because they are speech, hearing or sight impaired (in such cases practitioners should use trained translators and interpreters rather than family members or staff wherever possible)
- j) obtaining consent from the patient to use a person to interpret
- k) using social media, e-health and personally controlled electronic health records appropriately, and
- l) communicating appropriately with, and providing relevant information to, other stakeholders including members of the treating team where necessary and appropriate.

3.4 Confidentiality and privacy

Chiropractors have ethical and legal obligations to protect the privacy of people requiring and receiving care. Patients have a right to expect that chiropractors and their staff will hold information about them in confidence, unless release of information is required by law or public interest considerations. Good practice involves:

- a) treating information about patients as confidential and applying appropriate security to electronic and hard copy information
- b) seeking consent from patients before disclosing or sharing information.
- c) being aware of the requirements of the privacy and/or health records legislation (and common law) that operates in relevant states and territories and complying with these requirements to provide information held in all formats, including electronic information
- d) sharing information appropriately about patients' health care while remaining compliant with privacy legislation and professional guidelines about confidentiality
- e) providing appropriate surroundings to enable private and confidential consultations and discussions to take place where necessary, to the exclusion of all other persons
- f) ensuring that a patient's confidentiality, privacy and standards of care are maintained even in a practice setting where there is limited aural and visual privacy
- g) ensuring 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, and
- h) complying with relevant legislation, policies and procedures relating to consent,
- i) using appropriate consent forms for release of information which limits disclosure to relevant health and medical information, and
- j) ensuring that use of social media and e-health is consistent with the practitioner's ethical and legal obligations to protect privacy.

3.5 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. A useful guide to the information that chiropractors need to give to patients is available in the National Health and Medical Research Council (NHMRC) publication *General Guidelines for Medical Practitioners in Providing Information to Patients*.³

The NHMRC guidelines cover the information that chiropractors should provide about their proposed management or approach, including the need to provide more information where the risk of harm is greater and likely to be more serious, and advice about how to present information. Good practice involves:

- a) providing information to patients in a way they can understand before asking for their consent
- b) providing an explanation of the treatment/care recommended, its likely duration, expected benefits and cost, any alternative(s) to the proposed care and their relative risks/benefits, as well as the likely consequences of no care
- c) obtaining informed consent or other valid authority before undertaking any examination or investigation, providing treatment/care (this may not be possible in an emergency) or involving patients in teaching or research, including providing information on material risks
- d) consent being freely given, without coercion or pressure
- e) advising patients, when referring a patient for investigation or treatment/ care, that there may be additional costs, which they may wish to clarify before proceeding
- f) obtaining (when working with a patient whose capacity to give consent is or may be impaired or limited) the consent of people with legal authority to act on behalf of the patient, and attempting to obtain the consent of the patient as far as practically possible, and
- g) documenting consent appropriately, including considering the need for written consent for procedures that may result in serious injury or death.

3.6 Informed financial consent

Informed consent about healthcare also includes informed consent about financial matters. Good practice involves a discussion about fees in a manner appropriate to the relationship and should include discussion about the cost of all required services and a general agreement as to the level of treatment/care to be provided.

When choosing to use financial agreements, good practice involves:

- a) ensuring that any financial agreement is based on the clinical needs of the patient
- b) ensuring that the patient clearly understands the nature of all of the terms and conditions of the agreement
- c) ensuring that the agreement includes full written disclosure of all of the terms and conditions
- d) providing a reasonable 'cooling-off' period in accordance with applicable Australian consumer law and the circumstances of the patient
- e) offering a 'pay-as-you-go' alternative
- f) ensuring the agreement includes a reasonable refund policy, which includes no financial disadvantage for early termination of the agreement
- g) ensuring the amount, time and quality of care delivered does not differ between those patients (with similar conditions) on a pre-paid financial agreement, and those who are not.
- h) ensuring the agreement is reviewed every three months or 12 visits, whichever is the greatest, and
- i) ensuring agreements do not extend beyond three months or 12 visits, whichever is the greatest, unless there is clear and appropriate clinical justification to support a renewed period of agreement and care.

3.7 Children and young people

Caring for children and young people brings additional responsibilities for chiropractors. This section should be read in close conjunction with Sections 2.1 and 2.2: Good practice.

³ Available at www.nhmrc.gov.au under Guidelines.

Good practice with children and young people involves:

- a) recognising that children have their own special needs and considerations
- b) placing the interests and wellbeing of the child or young person first
- c) identifying 'red flags' particular to children and young people and investigating, managing, co-managing or referring as appropriate
- d) ensuring informed consent to providing care for children involves the patient's parent and/or guardian being provided with clinically relevant information for the chiropractic management of the child; unless a chiropractor judges that a child is of sufficient age and mental and emotional capacity to give their own consent to a service and relevant state and territory laws are complied with.
- e) ensuring that risks of care and alternatives to care are sufficiently explained as these are essential elements of informed consent (see Section 3.5: Informed consent)
- f) ensuring that, when communicating with a child or young person, chiropractors:
 - i. treat the child or young person with respect and listen to his or her views
 - ii. encourage questions and answer those questions to the best of their ability
 - iii. provide information in a way the child or young person can understand
 - iv. recognise the role of parents and/or guardians and, when appropriate, encourage the child or young person to involve his or her parents and/or guardians in decisions about care, and
 - v. remain alert to children and young people who may be at risk and notify appropriate child protection authorities as required by law.
- g) ensuring that x-rays of children are obtained only where there are clinical indications for the procedure (see also Appendix 2: Guideline in relation to radiology/radiography), and
- h) ensuring compliance with the special requirements relating to record keeping for minors and children that are set out in relevant state and territory legislation.

3.8 Culturally safe and sensitive practice

Understanding the cultural diversity that exists and how this impacts on the delivery of healthcare is an important consideration for health practitioners. Good practice involves genuine efforts to understand the cultural needs and contexts of different patients to obtain good health outcomes. This includes:

- a) having knowledge of, respect for and sensitivity towards the cultural needs of the community practitioners serve, including those of Aboriginal and/or Torres Strait Islander Australians and those from culturally and linguistically diverse backgrounds. For example, cultural issues may mean a patient needs to be consulted or treated by a practitioner of the same gender, resulting in better and safer outcomes
- b) acknowledging the social, economic, cultural and behavioural factors influencing health, both at individual and population level
- c) understanding that a chiropractor's own culture and beliefs influence his or her interactions with patients, and
- d) adapting practice to improve engagement with patients and healthcare outcomes.

3.9 Patients with additional needs

Some patients (including those with impaired decision-making capacity) have additional needs. Good practice in managing the care of these patients includes:

- a) paying particular attention to communication
- b) being aware that increased advocacy by a practitioner may be necessary to ensure a patient's fair access to healthcare
- c) recognising that there may be a range of people involved in their care such as carers, family members or a guardian, and involving them when appropriate, and
- d) being aware that these patients may be more vulnerable.

3.10 Relatives, carers and partners

Good practice involves:

- a) being 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, being responsive in providing information.

3.11 Adverse events and open disclosure

When adverse events occur, chiropractors have a responsibility to be open and honest in communication with the patient and in reviewing what happened and reporting appropriately (also see Section 7.2(a)). When something goes wrong, good practice involves:

- a) recognising what has happened
- b) acting immediately to rectify the problem, if possible, including seeking any necessary help and advice
- c) explaining to the patient as promptly and fully as possible what has happened and the anticipated short-term and long-term consequences
- d) acknowledging any patient distress and providing appropriate support
- e) providing an expression of regret as soon as possible in accordance with 'Open Disclosure' good practice
- f) complying with any relevant policies, procedures and reporting requirements, subject to advice from a professional indemnity insurer
- g) reviewing adverse events and implementing changes to reduce the risk of recurrence (see Section 7: Minimising risk)
- h) reporting adverse events to the relevant authority as required (see Section 7: Minimising risk), and
- i) ensuring patients have access to information about the process for making a complaint (for example, through the relevant board or healthcare complaints commission).

3.12 When a complaint is made by a patient

Patients who are not satisfied have a right to complain about their care. When a complaint is made, good practice involves:

- a) acknowledging the person's right to complain
- b) working with the person to resolve the issue where possible
- c) providing a prompt, open and constructive response, including an explanation and, if appropriate, an apology or expression of regret
- d) ensuring the complaint does not adversely affect the person's care; in some cases, it may be advisable to refer the person to another practitioner, and
- e) complying with the requirements of any relevant complaints legislation (including the notification provisions of the National Law).

3.13 Ending a professional relationship

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

3.14 Personal relationships

Good practice recognises that a chiropractor providing care to those with whom they are in a close relationship, for example, close friends, work colleagues and family members, can be inappropriate because of the lack of objectivity, and should be avoided where possible. When a chiropractor chooses to provide care to those with whom they are in a close relationship with, good practice requires that:

- a) the conflict of interest be acknowledged and declared,
- b) adequate records are kept
- c) confidentiality is maintained
- d) adequate assessment occurs
- e) appropriate consent is obtained for the circumstances which is acknowledged by both the chiropractor and patient,
- f) the personal relationship does not in any way impair clinical judgement, and
- g) an option to discontinue care is maintained at all times.

3.15 Working with multiple patients

Where chiropractors are considering treating multiple patients simultaneously in class or group work, or more than one individual patient at the same time, they should consider whether this mode of treatment/care is appropriate for the patients involved.

Chiropractors should be especially conscious of the privacy and confidentiality of their patients in such environments (see also Section 3.4: Confidentiality and privacy).

3.16 Closing a practice

When closing or relocating a practice, good practice involves:

- a) giving advance notice where possible, and as early as possible, and
- b) facilitating arrangements for the continuing care of all current patients, including the transfer or appropriate management of all patient records in accordance with the legislation governing privacy and health records in the jurisdiction.

4 Modalities

4.1 Use of diagnostic and therapeutic modalities in chiropractic practice

Chiropractors use varying diagnostic and therapeutic tools, tests and procedures in the assessment and management of patients. Ensuring a high level of competence and skill in using particular diagnostic or therapeutic modalities is essential to good care.

Chiropractors should ensure that they are appropriately trained, skilled and qualified to practice any modalities used. In addition, chiropractors should be aware of any relevant local, state or territory laws that may affect the practice of different modalities.

Good practice involves:

- a) a full and thorough assessment of patients using tools, tests and procedures that are appropriate for the gathering of information necessary to form a reasonable diagnosis or clinical impression
- b) understanding the validity and reliability of any modality used and appropriate incorporation into their clinical regime
- c) only using diagnostic tools, tests and procedures in accordance with established protocols for their appropriate use (see also Appendix 2: Guideline in relation to radiology/ radiography)
- d) evaluating and reporting the data obtained in a contextual way to ensure that a reasonable and relevant diagnosis/clinical impression is formed, and that appropriate and necessary care is provided
- e) when using tools, tests and procedures in formulating a diagnosis/clinical impression, management plan and/or for prognostic purposes, the tools used should be for conditions where there are demonstrated acceptable levels of reliability and validity, and
- f) not misrepresenting the clinical value or significance of the findings of any tool, test or procedure.

5 Working with other practitioners

5.1 Respect for colleagues and other practitioners

Good care is enhanced when there is mutual respect and clear communication between all health professionals. Good practice involves:

- a) communicating clearly, effectively, respectfully and promptly with colleagues and other practitioners on professional matters, and
- b) acknowledging and respecting the contribution of all practitioners involved in patient care
- c) behaving professionally and courteously to colleagues and other practitioners at all times including when using social media.

5.2 Delegation, referral and handover

‘Delegation’ involves a chiropractor asking another practitioner (with appropriate education and competency) to provide care on behalf of the delegating chiropractor while he or she retains overall responsibility for the care of the patient.

‘Referral’ involves a chiropractor sending a patient to obtain an opinion or treatment/care 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 chiropractor’s expertise or scope of practice.

‘Handover’ is the process of transferring all responsibility to another practitioner.

Good practice involves:

- a) taking reasonable steps to ensure that the person to whom the chiropractor delegates, refers or hands over has the qualifications, experience, knowledge and skills to provide the care required
- b) understanding that, although the delegating chiropractor will not be accountable for the decisions and actions of those to whom he or she delegates, the delegating chiropractor remains responsible for the overall management of the patient and for the decision to delegate, and

- c) always communicating sufficient information about the patient and the treatment/care needed to enable the continuing care of the patient.

5.3 Working with other practitioners

Many chiropractors work closely with a wide range of other practitioners, with benefits for patient care. In addition practitioners who are employers are vicariously liable for the actions of their employees. Effective collaboration is a fundamental aspect of good practice when working with other practitioners.

The care of patients is improved when there is mutual respect and clear communication, as well as an understanding of the responsibilities, capacities, constraints and ethical codes of each other's health professions.

Working with other practitioners does not alter a chiropractor's personal accountability for professional conduct and the care provided. Good practice involves:

- a) understanding the particular role of each practitioner and attending to the responsibilities associated with their own role
- b) advocating for a clear delineation of roles and responsibilities, including that there may be a recognised team leader or coordinator, although care within the team may be provided by different practitioners from different health professions within different models of care
- c) communicating effectively with other practitioners
- d) informing patients about the roles of other practitioners
- e) acting as a positive role model for other practitioners, and
- f) understanding the nature and consequences of bullying and harassment, and seeking to avoid or eliminate such behaviour between all treating practitioners.
- g) supporting students and practitioners receiving supervision.

5.4 Delegation to unregistered staff, chiropractic students and assistants

It will be necessary at times in practice to delegate some clinical activities to staff, students or assistants. When delegating clinical activities, chiropractors have a responsibility to ensure that the person to whom they are delegating can safely and competently perform the delegated activity. When delegating clinical activities to unregistered staff, chiropractic students not undertaking a supervised external clinical placement and assistants, good practice involves:

- a) only delegating activities that do not require the unique skill, knowledge, discretion and judgment of a chiropractor
- b) ensuring that the delegate has adequate skills, training, expertise or proficiency in the activity
- c) ensuring that the delegate fully understands what is expected of them in performing the activity
- d) obtaining specific consent from the patient for a delegate to perform the activity
- e) recognising that the chiropractor who delegates an activity to another person is accountable, not only for their decision to delegate, but also for monitoring and reviewing the delegate's standard of performance.

Note: Section 5.4 does not apply to registered chiropractic students undertaking a supervised external clinical placement as a part of a National Board-approved program of study.

6 Working within the healthcare system

6.1 Introduction

Chiropractors have a responsibility to contribute to the effectiveness and efficiency of the healthcare system.

6.2 Wise use of healthcare resources

It is important to use healthcare resources wisely. Good practice involves:

- a) ensuring that the services provided are appropriate for the assessed needs of the patient and are reasonably required, necessary and not excessive, upholding the right of patients to gain access to the necessary level of healthcare, and, whenever possible, helping them to do so
- b) supporting the transparent and equitable allocation of healthcare resources, and
- c) understanding that the use of resources can affect the access other patients have to healthcare resources.

6.3 Health advocacy

There are significant disparities in the health status of different groups in the Australian community. These disparities result from social, cultural, geographic, health-related and other factors. Good practice involves using expertise and influence to protect and advance the health and wellbeing of individual patients, communities and populations.

6.4 Public health matters

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

On any public health matter, practitioners are obliged to provide balanced, unbiased and evidence informed information in order to enable members of the public to make informed health decisions. Good practice involves:

- a) understanding the principles of public health, including health education, health promotion, disease prevention, and control and screening
- b) participating in efforts to promote the health of the community and being aware of obligations in disease prevention, including screening and reporting notifiable diseases where relevant, and
- c) undertaking public health assessments in accordance with the National Board's attached guidelines (see Appendix 1: Guideline in relation to public health assessments).

7 Minimising risk

7.1 Introduction

Risk is inherent in healthcare. Minimising risk to patients is an important component of practice. Good practice involves understanding and applying the key principles of risk minimisation and management in practice.

7.2 Risk management

Good practice in relation to risk management involves:

- a) being aware of the principles of open disclosure and a non-punitive approach to incident management (a useful reference is the Australian Commission on Safety and Quality in Health Care's (ACSQHC) *National Open Disclosure Standard*⁴)
- b) participating in systems of quality assurance and improvement
- c) participating in systems for surveillance and monitoring of adverse events and 'near misses', including reporting such events

⁴ Available at www.safetyandquality.gov.au under Publications.

- d) if a chiropractor has management responsibilities, making sure that systems are in place for raising concerns about risks to patients
- e) working in practice and within systems to reduce error and improve the safety of patients, and supporting colleagues who raise concerns about the safety of patients, and
- f) taking all reasonable steps to address the issue if there is reason to think that the safety of patients may be compromised.

7.3 Chiropractor performance

The welfare of patients may be put at risk if a chiropractor is performing poorly. Good practice involves:

- a) chiropractors complying with statutory reporting requirements, including those under the National Law⁵
- b) chiropractors recognising and taking steps to minimise the risks of fatigue, including complying with relevant state and territory occupational health and safety legislation
- c) following the guidance in Section 10.2 if a chiropractor knows or suspects that he or she has a health condition that could adversely affect their judgment or performance
- d) chiropractors taking steps to protect patients from being placed at risk of harm by a colleagues' conduct, practise or ill health
- e) chiropractors taking appropriate steps to assist a colleague to receive help if there are concerns about the colleague's performance or fitness to practise, and
- f) seeking advice, if a chiropractor is not sure what to do, from an experienced colleague, employer/s, practitioner health advisory service, professional indemnity insurer, the National Board or a professional organisation.

8 Maintaining professional performance

8.1 Introduction

Maintaining and developing knowledge, skills and professional behaviour are core aspects of good practice. This requires 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 chiropractor's working life as science and technology develop and society changes.

8.2 Continuing professional development (CPD)

Development of knowledge, skills and professional behaviour must continue throughout a chiropractor's working life. The National Law requires that chiropractors (and all of the regulated health professions) keep their knowledge and skills up-to-date through CPD to ensure that chiropractors can continue to work within their competence and scope of practice. Refer to the National Board's *Registration Standard and guideline regarding CPD*.⁶

9 Professional behaviour

9.1 Introduction

In professional life, chiropractors must display a standard of behaviour that warrants the trust and respect of the community. Good practice involves:

- a) observing and practising the principles of ethical conduct, and
- b) practitioners conducting themselves appropriately in public whilst representing themselves as a registered chiropractor.

9.2 Professional boundaries

⁵ Refer to the National Board's Guideline on mandatory reporting at: www.chiropracticboard.gov.au under Codes and Guidelines

⁶ Available at: www.chiropracticboard.gov.au under Code and Guidelines.

Professional boundaries allow a practitioner and a patient to engage safely in a therapeutic relationship.

Professional boundaries refers to the clear separation that should exist between a chiropractor's professional conduct that is aimed at meeting the health needs of patients, and a chiropractor's own personal views, feelings and relationships that are not relevant to the therapeutic relationship.

Professional boundaries are integral to a good chiropractor–patient relationship. They promote good care for patients and protect both parties. Good practice involves:

- a) maintaining professional boundaries so that patients are not exploited financially, physically, emotionally or sexually.
- b) never using a professional position to establish or pursue a sexual, exploitative or otherwise inappropriate relationship with anybody under a chiropractor's care; this includes those close to the patient, such as their carer, guardian, spouse or the parent of a child patient
- c) recognising that sexual relationships with people who have previously been a patient are often inappropriate, depending on the extent of the professional relationship and the vulnerability of the person who was previously a patient, and
- d) avoiding the expression of a chiropractor's personal beliefs to patients in ways that exploit their vulnerability or that are likely to cause them distress.

9.3 Reporting requirements

Chiropractors have statutory responsibility under the National Law to report matters to the National Boards (refer to the National Board's *Guideline on mandatory reporting*⁷ and sections 130 and 141 of the National Law).

Chiropractors also have professional obligations to report to the National Board and their employer/s if they have had any limitations placed on their practice. Good practice involves:

- a) being aware of the National Board's reporting requirements
- b) complying with any reporting requirements that apply to practice, and
- c) seeking advice from the National Board or professional indemnity insurer if chiropractors are unsure about their obligations.

9.4 Health records

Maintaining clear, appropriate, factual, objective and accurate health records is essential for the continuing good care of patients. Chiropractors should be aware of relevant state and territory legislation in relation to health records management. Good practice involves:

- a) keeping accurate, up-to-date, contemporaneous and legible records that report relevant details of clinical history, clinical findings and determinations, investigations, information given to patients, medication and other management details in a form that can be understood by other health practitioners
- b) ensuring that records are held securely and are not subject to unauthorised access, regardless of whether they are held electronically and/or in hard copy
- c) ensuring that records show respect for patients and do not include demeaning or derogatory remarks
- d) ensuring that records contain sufficient information to allow another chiropractor to continue the management of the patient and to facilitate continuity of chiropractic care
- e) making records at the time of events or as soon as possible afterwards and including a record of every patient consultation
- f) ensuring that where a health record is to be changed, it is initialled, dated and tracked and, where possible, the previous entry is visible
- g) recognising the right of patients to access information contained in their health records and facilitating that access
- h) promptly facilitating the transfer of health information when requested by patients, and

⁷ Available at: www.chiropracticboard.gov.au under Code and Guidelines.

- i) ensuring where health records are destroyed it is done in a way that is compliant with any relevant state or territory legislation and the information is de-identified and unable to be retrieved.

9.5 Insurance

Chiropractors have a statutory requirement to ensure that they and their practice are appropriately covered by professional indemnity insurance (please refer to the National Board's Professional Indemnity Insurance Registration Standard⁸).

9.6 Advertising

Advertisements for services can be useful in providing information for patients. All advertisements must conform to relevant consumer protection legislation, and State and Territory fair trading Acts and, if applicable, legislation regulating the advertising of therapeutic goods. In addition, the National Law is specific in its direction regarding the use of protected titles, including specialist titles. Good practice involves:

- a) complying with the National Board's *Guidelines on advertising*⁹ and relevant State and Territory legislation and Commonwealth Law.
- b) making sure that any information published about services is factual and verifiable
- c) ensuring that when using a title, it is not used in a way that may mislead or deceive, for example the title 'Doctor'/'Dr' must only be used in a manner which clearly associates its use with the practice of chiropractic (e.g. Dr J Smith – Chiropractor). Also refer to Section 6.4: Advertising of qualifications and titles in the National Board's *Guidelines on advertising*
- d) ensuring that business names or titles do not give the impression that the nominee is a specialist in an area of practice unless the chiropractor is recognised by the National Board as having relevant special expertise in the form of skills, knowledge, training or qualifications.

9.7 Legal, insurance and other assessments

When a chiropractor is contracted by a third party to provide a legal, insurance or other assessment of a person who is not his or her patient, the usual therapeutic chiropractor–patient relationship does not exist. In this situation, good practice involves:

- a) applying the standards of professional behaviour described in this Code to the assessment; in particular, being courteous, alert to the concerns of the person and ensuring the person's consent
- b) explaining to the person the chiropractor's area of practice, role and the purpose, nature and extent of the assessment to be conducted
- c) anticipating and seeking to correct any misunderstandings that the person may have about:
 - i. the nature and purpose of the assessment and report, and
 - ii. the impartiality of the report (see Section 9.8: Reports, certificates and giving evidence)
- d) recognising that the practitioner is likely to have a duty to report the findings to the party paying for the assessment
- e) recognising that if an unrecognised, serious problem is discovered during the assessment, there is a duty of care to inform the patient and/or their treating practitioner.

9.8 Reports, certificates and giving evidence

The community places a great deal of trust in chiropractors. Consequently, chiropractors 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 involves:

- a) only writing reports and certificates that are valid and accurate and in compliance with any relevant state or territory legislation
- b) only signing documents believed to be accurate and current

⁸ Available at: www.chiropracticboard.gov.au under Code and Guidelines.

⁹ Available at: www.chiropracticboard.gov.au under Code and Guidelines.

- c) taking reasonable steps to verify the content before signing a report or certificate and not deliberately omitting relevant information
- d) if so agreed, preparing or signing documents and reports within a reasonable and justifiable timeframe, and
- e) making clear the limits of a chiropractor's knowledge and not giving opinion beyond those limits when providing evidence.

9.9 Curriculum vitae

When providing curriculum vitae, good practice involves:

- a) providing accurate, truthful and verifiable information about a chiropractor's experience and qualifications, and
- b) not misrepresenting by misstatement or omission a chiropractor's experience, qualifications or position.

Also see Section 11.3: Assessing colleagues in relation to providing references for colleagues.

9.10 Investigations

Chiropractors 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. Professional conduct involves:

- a) cooperating with any legitimate inquiry or investigation into the treatment/care of a patient, and
- b) assisting the coroner when an inquest or inquiry is held into the death of a patient by responding to their enquiries and by offering all relevant information.

9.11 Conflicts of interest

Patients rely on the independence and trustworthiness of chiropractors for any advice or treatment/care offered. A conflict of interest in practice arises when a chiropractor, entrusted with acting in the interests of a patient, also has financial, professional or personal interests or relationships with third parties that may affect his or her 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 chiropractor's primary duty to the patient, chiropractors must recognise and resolve this conflict in the best interests of the patient. Good practice involves:

- a) recognising potential conflicts of interest that may arise in relation to initiating or continuing a professional relationship with a patient
- b) acting in the best interests of patients when making referrals and when providing or arranging treatment/care
- c) informing patients when a chiropractor has an interest that could affect, or could be perceived to affect, patient care or choice
- d) recognising that marketing may influence chiropractors and being aware of ways in which their practice may be influenced
- e) not asking for, or accepting, any inducement, gift or hospitality of more than minimal value from companies that sell or market products that may affect or be seen to affect the way chiropractors treat or refer patients
- f) not asking for, or accepting, fees for meeting sales representatives
- g) not offering inducements to colleagues or entering into arrangements that could be perceived to provide inducements, and
- h) not allowing any financial or commercial interest in a hospital, other healthcare organisation or company providing healthcare services or products to adversely affect the way in which patients are treated: when chiropractors or their immediate family have such an interest, and that interest could be perceived to influence the care provided, chiropractors must inform their patients.

9.12 Financial and commercial dealings

Chiropractors must be honest and transparent in financial arrangements with patients. Good practice involves:

- a) not exploiting the vulnerability or lack of knowledge of patients when providing or recommending services
- b) not encouraging patients to give, lend or bequeath money or gifts that will benefit a chiropractor directly or indirectly
- c) not becoming involved financially with patients; for example, through loans or investment schemes
- d) not influencing patients or their families to make donations to other people or organisations in which the chiropractor has a pecuniary interest
- e) not directly or indirectly sharing or agreeing to share fees paid by a patient with any other person who is not an employer, employee, principal or associate of the chiropractor, or receive other forms of remuneration, without the informed financial consent of the patient, and
- f) being transparent in financial and commercial matters relating to work, including dealings with employers, insurers and other organisations or individuals and in particular:
 - i. declaring any relevant and material financial or commercial interest that a chiropractor or his or her family might have in any aspect of the care of the patient, and
 - ii. declaring to patients any professional and financial interest in any product a chiropractor might endorse or sell from his or her practice, and not making an unjustifiable profit from the sale or endorsement.

10 Ensuring chiropractors health

10.1 Introduction

As a chiropractor, it is important to maintain health and wellbeing. This includes seeking an appropriate work-life balance.

10.2 Chiropractors health

Good practice involves:

- a) attending an appropriate practitioner to meet health needs
- b) seeking expert, independent, objective advice when a chiropractor needs healthcare and being aware of the risks of self-diagnosis and self-treatment/care
- c) understanding the principles of immunisation against communicable diseases
- d) recognising the impact of fatigue on a chiropractor's health and ability to care for patients and endeavouring to work safe hours whenever possible
- e) being aware of any practitioner health program in the relevant states and territories if advice or help is needed, and
- f) if a chiropractor knows or suspects that he or she has a health condition or impairment that could adversely affect judgment, performance or the health of patients:
 - i. not relying on self-assessment of the risk posed to patients
 - ii. consulting an appropriate health practitioner about whether, and in what ways, they may need to modify practice and following the treating practitioner's advice, and
 - iii. being aware of a chiropractor's responsibility under the National Law to notify the National Board in relation to certain impairments.

10.3 Other practitioners' health

Chiropractors have a responsibility to assist their colleagues to maintain good health. Good practice involves:

- a) providing practitioners who are patients with the same quality of care provided to other patients
- b) notifying the relevant National Board if treating another registered health practitioner who has placed patients at risk of substantial harm when practicing their profession because they have an impairment (refer to the National Board's *Guidelines on mandatory reporting*¹⁰); this is a professional responsibility, as well as a responsibility under the National Law
- c) notifying the relevant National Board and encouraging a colleague (who is not a patient) to seek appropriate help if it is believed the colleague may be ill and/or impaired;

¹⁰ Available at: www.chiropracticboard.gov.au under Code and Guidelines.

- d) recognising the impact of fatigue on the health of colleagues, including those under supervision, and facilitating safe working hours wherever possible.

11 Teaching, supervising and assessing

11.1 Introduction

Teaching, supervising and mentoring chiropractors and students is important for their development and for the care of patients. It is part of good practice to contribute to these activities and provide support, assessment, feedback and supervision for colleagues, chiropractors-in-training and students. It also adds value to the supervisor's practice through engagement with the person being supervised and their learning needs. There are a range of supervision models being adopted in the health professions, including coaching, mentoring, observing and shadowing.

11.2 Teaching and supervising

Good practice involves:

- a) seeking to develop the skills, attitudes and practices of an effective teacher, whenever a chiropractor is involved in teaching
- b) as a supervisor, recognising that the onus of supervision cannot be transferred
- c) making sure that any chiropractor or student under supervision receives adequate oversight and feedback, including undertaking an assessment of each student supervised; reflecting on that student's ability, competence and learning requirements; and planning his or her supervision based on that assessment rather than any external direction, and
- d) avoiding any potential for conflict of interest in the supervisory relationship; for example, by supervising someone who is a close relative or friend, or where there is another potential conflict of interest that could impede objectivity and/or interfere with the supervised person's achievement of learning outcomes or relevant experience.

11.3 Assessing colleagues

Assessing colleagues (including students) is an important part of making sure that the highest standards of practice are achieved. Good practice involves:

- a) being honest, objective and constructive when assessing the performance of colleagues; patients will be put at risk of harm if an assessment describes as competent someone who is not, and
- b) when giving references or writing reports about colleagues, providing accurate and justifiable information promptly and including all relevant information.

11.4 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 involves:

- a) treating students with respect and patience
- b) making the scope of the student's role in patient care clear to the student, to patients and to other members of the healthcare team, and
- c) informing patients about the involvement of students and encouraging their consent for student participation, while respecting their right to choose not to consent.

12 Undertaking research

12.1 Introduction

Research involving humans, their tissue samples or their health information is vital in improving the quality of healthcare, reducing uncertainty for patients now and in the future, and in improving 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)*. Chiropractors undertaking research should familiarise themselves with, and follow, these guidelines. In addition, research involving animals is governed by legislation in states and territories, and by guidelines issued by the NHMRC.

12.2 Research ethics

Being involved in the design, organisation, conduct or reporting of health research involving humans brings particular responsibilities for chiropractors. Practitioners should refer to the NHMRC guidelines on this topic for detailed information¹¹. The key responsibilities, drawn from the NHMRC guidelines, include:

- a) providing participants the respect and protection that is due to them
- b) acting with honesty and integrity
- c) ensuring 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) disclosing the sources and amounts of funding for research and any potential or actual conflicts of interest to the human research ethics committee
- e) ensuring 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
- f) ensuring that any dependent relationship between chiropractors and their patients is taken into account in the recruitment of patients as research participants
- g) seeking 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 that there is other lawful authority to proceed
- h) adhering to the approved research protocol
- i) monitoring the progress of the research and reporting adverse events or unexpected outcomes promptly
- j) respecting the entitlement of research participants to withdraw from any research at any time and without giving reasons
- k) adhering to the guidelines regarding publication of findings, authorship and peer review, and
- l) reporting possible fraud or misconduct in research as required under the Australian Code for the Responsible Conduct of Research issued by the NHMRC.

12.3 Treating chiropractors and research

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

- a) Understanding and complying with the guidance set out in section 12.2 Research ethics
- b) respecting the right of patients to withdraw from a study without prejudice to their treatment/care, and
- c) ensuring that a decision by patients not to participate does not compromise the chiropractor–patient relationship or the care of the patient.

Appendix 1

Guideline in relation health activities performed by chiropractors in a public setting

The aim of this appendix is to assist chiropractors in performing health activities in a public setting in a safe and responsible manner. Chiropractors undertaking health activities in public setting should also be aware of, and comply with, the provisions of the *Health Practitioner Regulation National Law Act as enacted in each state and territory (National Law)* that relate to advertising, the Code of Conduct as a whole, with particular reference to Sections 6.4, 9.1 and 9.2, and the National Board's guidelines on advertising, which can be found at:

¹¹ <http://www.nhmrc.gov.au/health-ethics/human-research-ethics/ahec-guidelines-research-involving-humans>

Health Activities in a Public Setting

For the purposes of this appendix, **'health activities in a public setting'** means any activity that involves a chiropractor offering a service of either assessing the health of another party or providing health information (including spinal screenings) in a public setting **for the purposes of promoting the health of the public**. For the purpose of this Code, a public setting for this activity would be deemed to be somewhere separate from the place where a practitioner might normally conduct paid clinical consultations.

Health activities in a public setting are fundamentally undertaken to disseminate information and understanding of health-related matters to the public and to undertake relevant health assessments in a public setting.

These activities must be undertaken in the public interest and seek to promote the health of the public and therefore **must not be seen to have a direct promotional benefit to the practitioner(s)** undertaking the activity. Examples of where a health activity in a public setting may be perceived as promotional may include but is not limited to; the use of practitioner specific signage, use of letterheads, stamped brochures, business cards as part of the public health activity etc.

It is the responsibility of the individuals involved to ensure that, if required, all necessary permits are in place prior to the commencement of a health activity in a public setting. No notification to the Chiropractic Board of Australia (the National Board) is necessary.

Whilst the content and materials associated with a health activity in a public setting are not necessarily deemed as advertising for the purposes of the Chiropractic Guidelines for the Advertising of Health Services, it is expected that the material provided as part of such activities should in principle, be consistent with *Chiropractic Guidelines for the Advertising of Health Services*.

Good practice in relation to health activities in a public setting involves:

- a) ensuring that any information provided to participants is not false, misleading, deceptive or elicits unwarranted fear in the mind of the participant
- b) providing the participant with contact details at their request, but should not include obtaining contact information from participants or the making of appointments at the time of the activity
- c) not making unsolicited contact with participants after a public health activity
- d) any screening, analysis or advice only being performed by a registered chiropractor or a registered student participating in an approved supervised practice program (students should be in their final year of study in an approved program)
- e) ensuring that members of the public are aware of the purpose of, and the limitations of the health activity, e.g. ensuring that members of the public are aware that the purpose of a spinal screening is to give the participant an overview of the general state of their posture and is not a comprehensive spinal examination
- f) no fee being charged for the activity
- g) practitioners providing balanced, non-biased and evidence informed information in order to enable members of the public to make informed health decisions and considerations

For the purposes of this appendix **'promotional activities'** are defined as any activities undertaken by a practitioner in any setting that confer a direct promotional benefit to the practitioner(s) involved.

These activities must comply with, the *Health Practitioner Regulation National Law as enacted in each state and territory*, the Code of Conduct, with particular reference to Sections 6.4, 9.1 and 9.2 , and the Chiropractic Guidelines for the Advertising of Health Services, which can be found at: www.chiropracticboard.gov.au .

Good practice in relation to promotional activities includes the good practice principles for health activities in a public setting (a) to g) above and strict adherence to the Chiropractic Guidelines for the Advertising of Health Services. Practitioners must also ensure that the promotional activity is represented as a promotional activity

Spinal screenings may be either a health activity or a promotional activity dependent upon the characteristics of each event.

Appendix 2

Guideline in relation to radiology/ radiography

Radiographic imaging is part of the suite of diagnostic procedures offered by chiropractors, either in a chiropractic office or through referral.

Chiropractors use radiography for several purposes following the identification of various history and examination findings, including: confirmation of diagnosis/pathology; determining appropriateness of care and; identifying contraindications or factors that would affect or modify the type of treatment/care proposed.

The aim of this guideline is to assist chiropractors in referring for, and undertaking, radiology and radiography procedures in a safe and responsible manner.

Chiropractors must comply with the provisions of the code of practice for radiation protection and the Application of Ionizing Radiation by Chiropractors (2009) or any subsequent version as published by the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA Code), and applicable commonwealth, state or territory laws in relation to best practice (see www.arpansa.gov.au under Publications).

The Chiropractic Board of Australia (the National Board) recommends that practitioners note the following key points from the ARPANSA Code:

1. The key purposes of the ARPANSA Code are to:

- establish radiation protection principals (including the necessity to maintain equipment in accordance with applicable state and territory legislation).
- establish the regulatory requirements for the application of ionising radiation, in the context of good practice, to ensure that risks associated with radiation exposure to the patient are optimised and are as low as reasonably achievable
- set the requirements for a comprehensive Radiation Management Plan
- establish the roles and responsibilities of persons involved in the process, including the chiropractor as the person responsible for the justification and optimisation of the procedure, and
- establish a process for the management and reporting of radiation incidents.

2. The key radiation protection principles of the ARPANSA Code are:

Justification – No practice involving exposure to radiation should be adopted unless it produces sufficient benefit to the exposed individuals or to society to offset the radiation detriment it causes – the procedure must be justified for that individual patient.

Optimisation – radiation doses must be kept ‘as low as reasonably achievable’ (ALARA).

Dose limits – applications of ionising radiation must be managed in a way so as not to exceed dose limits specified in RPS1.

Additional key points in relation to radiology/ radiography

In addition to the ARPANSA Code, the National Board reaffirms and clarifies the following key points:

- a) Before a procedure involving exposure of an individual to ionising radiation is approved or commenced the indications for it must be clinically justified by the chiropractor based upon an ‘evidence informed context’
- b) Exposure to radiation should not be adopted unless it produces sufficient benefit to the exposed individuals or to society to offset the radiation detriment it may cause.

The ultimate judgement regarding the application of any radiation-based procedure must be made by the chiropractor in light of all the circumstances presented and in an ‘evidence informed context’.

Appendix 3

Guideline in relation to duration and frequency of care

The aim of this guideline is to assist chiropractors in their clinical decision-making. This section should be read in close conjunction with Sections 2.1 and 2.2.

The Chiropractic Board of Australia supports and recommends that practitioners are familiar with the following key points:

1. A program of care should be developed in a patient centred and evidence informed context and:
 - a) be based on clinical need,
 - b) be consistent with accepted standards of chiropractic care by the profession
 - c) be tailored to the specific needs and expectations of each patient.
 - d) consider the natural history of the condition, and
 - e) be based on a reasonable clinical impression/diagnosis.
 - f) include any proposed management
 - g) include expected measurable outcome of care
 - h) include a reasonable estimate of the timeframe for achieving expected outcomes
 - i) include a plan for review/reassessment, and
 - j) where clinically indicated, include details of any co-management and/or referral, and

2. Review/reassessment should be periodic, and should include:
 - a) validated objective and subjective outcome measures
 - b) evaluation of the benefit of care to the patient
 - c) identification of whether the original diagnosis/clinical impression should be modified (this may indicate a need for a reassessment, change in treatment/care/procedure or the obtaining of a second opinion or referral)
 - d) clinical justification for care to continue, or not
 - e) the number of further visits proposed (which should be appropriate, necessary and not arbitrary or excessive), and
 - f) an understanding and agreement by the patient of the aims surrounding the proposed program of care.

3. A patient may elect some form of ongoing or supporting treatment/care as a part of their overall health management. This form of care has the same requirements in relation to informed consent and explanation of anticipated outcomes as any other care.

4. Should any patient elect to undergo regular chiropractic examination or treatment/care in the absence of symptoms, it is the responsibility of the practitioner to provide the patient (parent /guardian for children) with a balanced, evidence informed view of the clinical justification for such procedures.

Review

This Registration Standard will commence on <<insert date>>.

The Board will review this Registration Standard at least every three years.

Medical Radiation Practice Board of Australia – Appendix A to Code of Conduct

The preceding Code of Conduct is one that is common to a large number of health professions. There are some provisions in the common Code of Conduct that require clarification in order to be relevant to medical radiation practitioners.

The following items are provided for clarification and additional expectations for medical radiation practitioners.

Providing Good Care

Medical radiation practitioners are part of the health care team providing health and medical care to patients of clients. In providing good care, medical radiation practitioners must

- a) recognise the limits to a practitioner's own skills and competence and seek advice or refer a patient to another practitioner when this is in the best interests of the patients, ensuring the patient's health, welfare and safety is not put at risk or adversely affected
- b) appropriately encourage patients or clients to take interest in, and responsibility for the management of their health and where appropriate support them in this
- c) consistent with accepted medical radiation practice, taking steps to alleviate the symptoms and distress of patients or clients, whether or not a cure is possible

Effective Communication

Effective communication with patients and clients involves informing patients of the nature of their medical radiation diagnostic investigation or therapeutic treatment, and providing adequate opportunity to question or refuse investigation, intervention or treatment. In the usual course of medical radiation practice, communication about the results of diagnostic tests or therapeutic interventions should be between the referring health practitioner and the radiologist, nuclear medicine physician or radiation oncologists and as part of the clinical team, this can include the medical radiation practitioner. However, clinical situations will arise where the provision, to patients, of descriptions of the outcome of their diagnostic investigation or therapeutic treatment is consistent with the provision of good care. In providing such descriptions, medical radiation practitioners should be mindful of:

- a) Their clinical experience, formal training and assessed competence to provide such descriptions
- b) The established criteria and local policy relating to the provision of such descriptions
- c) The clinical context of the enquiry, the seriousness of the diagnosis or treatment, the privacy due to patients and support networks available to patients when communicating significant news.

Additionally, good communication also includes,

- d) listening to patients or clients, asking for and respecting their views about their health and responding to their concerns and preferences
- e) encouraging patients to provide information relevant to their examination, intervention or treatment
- f) informing patients or clients of the nature of examinations, interventions or therapy, and giving them adequate opportunity to question or refuse the examination, intervention and/or treatment

- g) endeavouring to confirm that a patient or client understands what a practitioner has said
- h) ensuring that patients or clients are informed of the material risks associated with an examination, treatment or intervention that is within the knowledge, skill and competence of the practitioner
- i) responding to questions from patients or clients and keeping them informed about the progress of their examination, treatment or intervention.

Radiation Protection

Medical Radiation Practitioners have a particular responsibility to patients and clients, their relatives and carers, to colleagues and to members of the public and the environment to practice in a way which promotes the safe use of radiation for the purposes of diagnosis and therapy. Good practice involves:

- a) Compliance to radiation management plans established at the practitioner's place of practice
- b) Accepting referrals for diagnostic imaging or radiation therapy only from a person authorised to make such a request
- c) Being able to justify the net benefit of the diagnostic investigation or therapeutic treatment that it produces sufficient benefit to the exposed individuals, or to society to offset the radiation detriment it causes. There is a particular responsibility for justification of a medical radiation practice in the case of patients who are young or pregnant, due to the known radio-sensitivity and longer life expectancy of the embryo, foetus, or young person.
- d) Optimising the radiation protection of the patient during diagnostic investigation or therapeutic treatment so as to achieve good clinical outcomes using the lowest possible radiation dose, according to the ALARA principle (As Low as Reasonably Achievable)
- e) Optimising radiation protection according to good workplace safety principles, for the practitioner him or herself, for the patient's relatives or carers, occupationally exposed colleagues, for members of the public, and for the environment.

Public consultation

xx March 2013

Draft revised Code of conduct for optometrists

Authority

This *Code of conduct for optometrists* (the Code) has been developed by the Optometry Board of Australia under section 39 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law).

Overview

The Code seeks to assist and support optometrists to deliver effective health services within an ethical framework. Optometrists have a duty to make the care of patients their first concern and to practise safely and effectively. Maintaining a high level of professional competence and conduct is essential for good care.

The Code contains important standards for optometrists' behaviour in relation to:

- providing good care
- working with patients
- working with other health practitioners
- working within the health care system
- minimising risk
- maintaining professional performance
- professional behaviour and ethical conduct
- ensuring practitioner health
- teaching, supervising and assessing, and
- research

Making decisions about health care is the shared responsibility of the optometrist and the patient (or their representative).

Relationships based on openness, trust and good communication will enable optometrists to work in partnership with their patients. An important part of the optometrist–patient relationship is effective communication in all forms, including in person, written and electronic (e.g. social media).

Optometrists have ethical and legal obligations to protect the privacy of people requiring and receiving care. Patients have a right to expect that optometrists and their staff will hold information about them in confidence, unless information is required to be released by law or public interest considerations.

Optometrists need to obtain informed consent for the care that they provide to their patients. Caring for children and young people brings additional responsibilities for optometrists.

Good practice involves genuine efforts to understand the cultural needs and contexts of different patients to obtain good health outcomes. Optometrists need to be aware that some patients have additional needs and modify their approach appropriately.

When adverse events occur, optometrists have a responsibility to be open and honest in communication with patients to review what has occurred.

In some circumstances, the relationship between an optometrist and a patient may become ineffective or compromised and may need to end.

Good relationships with colleagues and other health practitioners strengthen the optometrist–patient relationship and enhance care.

Optometrists have a responsibility to contribute to the effectiveness and efficacy of the health care system.

Minimising risk to patients is a fundamental component of practice. Good practice involves understanding and applying the key principles of risk minimisation and management to practice.

Maintaining and developing an optometrist’s knowledge, skills and professional behaviour are core aspects of good practice.

Teaching, supervising and mentoring practitioners and students is important for their development, and for the care of patients. It is part of good practice to contribute to these activities and provide support, assessment, feedback and supervision for colleagues, optometrists in training and students.

Definitions

Common terms used in this Code are defined in **appendix A** of this document.

1. Introduction

1.1 Use of the Code

This Code seeks to assist and support optometrists to deliver appropriate, effective services within an ethical framework. Practitioners have a professional responsibility to be familiar with this Code and to apply the guidance it contains.

This Code will be used:

- to support individual practitioners in the challenging task of providing good health care and fulfilling their professional roles and to provide a framework to guide professional judgement
- to assist the Board in its role of protecting the public by setting and maintaining standards of good practice - if professional conduct varies significantly from this Code, optometrists should be prepared to explain and justify their decisions and actions and serious or repeated failure to meet this Code may have consequences for registration, and
- as an additional resource for a range of uses that contribute to enhancing 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.

Optometrists must always act in accordance with the law. The Code is not a substitute for the provisions of the National Law, other relevant legislation and case law. If there is any conflict between the Code and the law, the law takes precedence. Optometrists

need to be aware of and comply with, the standards, guidelines and policies of the Optometry Board of Australia.

The Code does not address in detail the range of general legal obligations that apply to optometrists, such as those under privacy, child protection and anti-discrimination legislation. Optometrists should ensure that they are aware of their obligations under the general law and other legislation and act in accordance with them.

This Code is not an exhaustive study of professional ethics or an ethics guide. These standards of practice are generally found in documents issued by the board and/or professional bodies.

While good health care respects the rights of patients, this Code is not a charter of rights.¹²

The focus of this Code is on good practice and professional behaviour. It is not intended as a mechanism to address disputes between professional colleagues in relation to business relationships and disputes over patients.

1.2 Professional values and qualities

While individual optometrists have their own personal beliefs and values, there are certain professional values on which all optometrists are expected to base their practice. These professional values apply to the practitioner's conduct in all forms of communication including electronic (e.g. social media). (Refer to the definition section of this document)

Optometrists have a duty to make the care of patients their first concern and to practise safely and effectively. They must be ethical and trustworthy. Patients trust optometrists because they believe that, in addition to being competent, optometrists will not take advantage of them and will display qualities such as integrity, truthfulness, dependability and compassion. Patients also rely on optometrists to protect their confidentiality.

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

Good practice is centred on patients. It involves optometrists 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 and respectful of the beliefs and cultures of others, and recognising that these cultural differences may impact on the practitioner–patient relationship and on the delivery of services. It also includes being aware that differences such as gender, sexuality, age and belief systems may influence care needs and avoiding discrimination.

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

Professionalism embodies all the qualities described here and includes self-awareness and self-reflection. Optometrists are expected to reflect regularly on whether they are practising effectively, on what is happening in their relationships with patients and colleagues, and on their own health and wellbeing. They have a duty to keep their skills

¹² An example of a charter is the *Australian Charter of Healthcare Rights* issued by the Australian Commission on Safety and Quality in Health Care and available at www.safetyandquality.gov.au.

and knowledge up-to-date, refine and develop their clinical judgement as they gain experience, and contribute to their profession.

Optometrists have a responsibility to recognise and work within the limits of their competence and scope of practice. Scopes of practice vary according to different roles; for example, optometrists, researchers and managers will all have quite different competence and scopes of practice. Clinical optometrists need to consider whether they have the appropriate qualifications and experience to provide the clinical services they undertake.

Optometrists should be committed to safety and quality in health care.¹³

1.3 Australia and Australian health care

Australia is culturally and linguistically diverse. We inhabit a land that, for many ages, was held and cared for by Indigenous Australians, whose history and culture have uniquely shaped our nation. Our society is further enriched by the contribution of people from many nations who have made Australia their home.

Optometrists in Australia reflect the cultural diversity of our society and this diversity strengthens our profession.

There are many ways to practise optometry in Australia. Optometrists have critical roles in caring for people who require eye health care. This Code focuses on these roles. For optometrists with roles that involve little or no contact with patients, not all of this Code may be relevant, but the underpinning principles will still apply.

1.4 Substitute decision makers

There are several conditions or situations in which patients may have limited competence or capacity to make independent decisions about their eye health care; for example, people with dementia or acute conditions that temporarily affect competence and children or young people (depending on their age and capacity — refer to section 2.5 of this Code on ‘Informed consent’).

In this Code, reference to the terms ‘patient’ also includes substitute decision makers for patients who do not have the capacity to make their own decisions. These can be parents or a legally appointed decision maker. If in doubt, seek advice from the relevant guardianship authority.

2. Providing good care

2.1 Introduction

For optometrists in clinical practice, the care of the patient is the primary concern. Providing good care includes:

- (a) assessing the patient, taking into account his or her history, views and an appropriate physical examination where relevant; history includes relevant psychological, social and cultural aspects

¹³ Refer to Australian Commission on Safety and Quality in Health Care (www.safetyandquality.gov.au).

- (b) formulating and implementing a suitable management plan (including providing treatment and advice and, where relevant, arranging investigations and liaising with other treating practitioners)
- (c) facilitating coordination and continuity of care
- (d) recognising the limits to the optometrist's own skills and competence and referring a patient to another practitioner when this is in the best interests of the patient, and
- (e) recognising and respecting the rights of patients to make their own decisions.

2.2 Good care

Maintaining a high level of professional competence and conduct is essential for good care. Good practice involves:

- (a) recognising and working within the limits of an optometrist's competence and scope of practice
- (b) maintaining adequate knowledge and skills to provide safe and effective care
- (c) when changing the scope or nature of practice, ensuring that an optometrist has undertaken sufficient training and/or qualifications to achieve competency in that area¹⁴
- (d) practising patient-centred care, including encouraging patients to take interest in, and responsibility for the management of their health and supporting them in this, such as providing information on relevant support groups
- (e) maintaining adequate records (refer to section 7.4 of this Code for more information on 'Health records')
- (f) considering the balance of benefit and harm in all clinical management decisions
- (g) communicating effectively with patients (refer to section 2.3 of this Code for more information on 'Effective communication')
- (h) providing treatment options based on the clinical need and best available information
- (i) taking steps to alleviate patient symptoms and distress whether or not a cure is possible
- (j) supporting the right of patients to seek a second opinion
- (k) consulting and taking advice from colleagues when appropriate
- (l) making responsible and effective use of the resources available (refer to section 4.2 of this Code for more information on 'Wise use of health care resources')
- (m) ensuring that an optometrist's personal views do not adversely affect the care of a patient, and
- (n) using the available evidence base for the profession when practising and reflecting on and evaluating the treatment decisions and actions.

2.3 Shared decision making

Making decisions about health care is the shared responsibility of the treating optometrist and the patient. Patients may wish to involve their family, carer(s) or others (refer to section 1.4 of this Code for more information on 'Substitute decision makers').

2.4 Decisions about access to care

An optometrist's decisions about access to care need to be free from bias and discrimination. Good practice involves:

¹⁴ Refer to the Board's *Recency of practice registration standard* published under the Registration Standards tab of the Board's website

- (a) treating patients with respect at all times
- (b) not prejudicing the care of a patient because the optometrist believes that the behaviour of the patient has contributed to his or her condition
- (c) upholding the duty to the patient and not discriminating on grounds irrelevant to health care, including race, religion, sex, disability or other grounds specified in antidiscrimination legislation
- (d) investigating and treating patients on the basis of clinical need and the effectiveness of the proposed investigations or treatment and not providing unnecessary health services
- (e) keeping optometrists and their staff safe when caring for patients; action should be taken to protect optometrists and their staff if a patient poses a risk to the health or safety of the optometrist or their staff, but such a patient should not be denied care, if reasonable steps can be taken to keep optometrists and their staff safe
- (f) being aware of an optometrist's right to not provide or participate directly in treatments to which he or she conscientiously objects, informing patients and, if relevant, colleagues of the objection and not using the objection to impede access to treatments that are legal, and
- (g) not allowing an optometrist's moral or religious views to deny patients access to health care, recognising that an optometrist is free to decline to provide or participate personally in that care.

2.5 Treatment in emergencies

Treating patients in emergencies requires optometrists to consider a range of issues in addition to the provision of best care. Good practice involves offering assistance in an emergency that takes account of the optometrist's own safety, skills, the availability of other options and the impact on any other patients under the optometrist's care and continuing to provide that assistance until services are no longer required.

3. Working with patients

3.1 Introduction

Relationships based on respect, trust and good communication will enable practitioners to work in partnership with patients.

3.2 Partnership

A good partnership between an optometrist and the person he or she is caring for requires high standards of personal conduct. This involves:

- (a) being courteous, respectful, compassionate and honest
- (b) treating each patient as an individual
- (c) protecting the privacy and right to confidentiality of patients, unless release of information is required by law or by public interest considerations
- (d) encouraging and supporting patients and, when relevant, their carer(s) or family in caring for themselves and managing their health
- (e) encouraging and supporting patients to be well informed about their health and assisting patients to make informed decisions about their health care activities and treatments by providing information and advice to the best of an optometrist's ability and according to the stated needs of patients
- (f) respecting the right of patients to choose whether or not they participate in any treatment or accept advice, and

- (g) recognising that there is a power imbalance in the optometrist–patient relationship and not exploiting patients physically, emotionally, sexually or financially (refer to section 7.2 of this Code for more information on ‘Professional boundaries’ and section 7.12 for more information on ‘Financial and commercial dealings’).

3.3 Effective communication

An important part of the optometrist–patient relationship is effective communication. This involves:

- (a) listening to patients, asking for and respecting their views about their health and responding to their concerns and preferences
- (b) encouraging patients to tell optometrists about their condition and how they are managing it, including other health advice they have received, any prescription or other medications they have been prescribed and any other conventional, alternative or complementary therapies they are using
- (c) informing patients of the nature of and need for all aspects of their clinical care, including examination and investigations and giving them adequate opportunity to question or refuse intervention and treatment
- (d) discussing with patients their condition and the available health care options, including their nature, purpose, possible positive and adverse consequences, limitations and reasonable alternatives wherever they exist
- (e) endeavouring to confirm that a patient understands what an optometrist has said
- (f) ensuring that a patient is informed of the material risks associated with any part of a proposed management plan
- (g) responding to the questions of patients and keeping them informed about their clinical progress
- (h) making sure, wherever practical, that arrangements are made to meet the specific language, cultural and communication needs of patients and being aware of how these needs affect understanding, and
- (i) being aware of the availability of qualified language interpreters or cultural interpreters to help meet the communication needs of patients including those who require assistance because of their English skills or because they are speech or hearing impaired. Wherever possible and practical, optometrists should use trained translators and interpreters rather than family members or other staff.
- (j) using all forms of communication, including electronic (e.g. social media), consistent with this code
- (k) a health practitioner must communicate with and provide relevant information to other stakeholders including members of the treating team.

3.4 Confidentiality and privacy

Optometrists have ethical and legal obligations to protect the privacy of people requiring and receiving care. Patients have a right to expect that optometrists and their staff will hold information about them in confidence unless release of information is required by law or public interest considerations. Good practice involves:

- (a) treating information about patients as confidential and applying appropriate security to all forms of records, including electronic
- (b) seeking consent from patients before disclosing information where practicable
- (c) being aware of National privacy laws and the State and Territory privacy laws in which the optometrist practises and applying these requirements to information held in all formats, including electronic information

- (d) sharing information appropriately about patients for their health care, consistent with privacy legislation and professional guidelines about confidentiality
- (e) where relevant, being aware that there are complex issues relating to genetic information and seeking appropriate advice about disclosure of such information
- (f) providing appropriate surroundings to enable private and confidential consultations and discussions to take place
- (g) ensuring that all staff are aware of the need to respect the confidentiality and privacy of patients, and refrain from discussing patients in a nonprofessional context
- (h) complying with relevant legislation, policies and procedures relating to consent
- (i) using consent processes, including formal documentation if required, for the release and exchange of health and medical information, and
- (j) ensuring that use of electronic communication and records (e.g. social media and e-health records) is consistent with an optometrist's legal obligations to protect privacy.

3.5 Informed consent

Informed consent is a person's voluntary decision about health care that is made with knowledge and understanding of the benefits and risks involved¹⁵. Good practice involves:

- (a) providing information to patients in a way they can understand before asking for their consent
- (b) obtaining informed consent or other valid authority before undertaking any examination or investigation, providing treatment (this may not be possible in an emergency) or involving patients in teaching or research
- (c) when working with a patient whose capacity to give consent is or may be impaired or limited, obtaining the consent of persons with legal authority to act on behalf of the patient and attempting to obtain the consent of the patient as far as practically possible, and
- (d) documenting consent appropriately, including considering the need for written consent for procedures which may result in serious injury or death.

Fees and Financial Consent

Informed financial consent is a person's voluntary decision about health care that is made with knowledge and understanding of the costs involved. Good practice involves:

- (a) providing information on costs likely to be incurred in the delivery of a health service in a way that the patient can understand
- (b) obtaining informed financial consent or any other valid authority before undertaking any examination, investigation or treatment provision (this may not be possible in an emergency)
- (c) advising the patient that there may be additional costs, which he or she may wish to clarify before proceeding, when referring a patient for investigation or treatment, and
- (d) obtaining the consent of persons with legal authority to act on behalf of the patient and attempting to obtain the consent of the patient as far as practically possible when working with a patient whose capacity to give consent is or may be impaired or limited.

¹⁵ A useful guide to the information that practitioners need to give to patients is available in the NHMRC publication *General Guidelines for Medical Practitioners in Providing Information to Patients* (www.nhmrc.gov.au).

3.6 Children and young people

Caring for children and young people brings additional responsibilities for optometrists. Good practice involves:

- (a) placing the interests and wellbeing of the child or young person first
- (b) considering the capacity of the child or young person for decision making and consent; in general, where an optometrist judges that a person is of a sufficient age and of sufficient mental and emotional capacity to give consent to a service, he or she should be able to request and provide informed consent to receive services without the consent of a parent, guardian or other legal representative, and
- (c) ensuring that, when communicating with children or young people, optometrists:
 - treat them with respect and listen to their views
 - encourage questions and answer their questions to the best of an optometrist's ability
 - provide information in a way they can understand
 - recognise the role of parents or guardians and, when appropriate, encourage children and young people to involve their parents or guardians in decisions about their care, and
 - remain alert to children and young people who may be at risk and notify appropriate authorities as required by law. Including where a parent is refusing treatment for his or her child or young person and this decision may not be in the best interests of the child or young person.

3.7 Culturally safe and sensitive practice

Good practice involves an understanding of the cultural needs and contexts of all patients to obtain good health outcomes. This includes:

- (a) having knowledge of, respect for, and sensitivity towards the cultural needs of the community optometrists serve, including those of Aboriginal and/or Torres Strait Islander descent and those from culturally and linguistically diverse backgrounds. For example, better and safer outcomes may be achieved for some patients if they are able to be consulted or treated by a practitioner of the same gender
- (b) acknowledging the social, economic, cultural, historical and behavioural factors influencing health, both at individual and population levels
- (c) understanding that an optometrist's own culture and beliefs influence his or her interactions with patients, and
- (d) adapting practice to improve engagement with patients and health care outcomes.

3.8 Patients who may have additional needs

Some patients (including those with impaired decision- making capacity) have additional needs. Good practice in managing the care of these patients includes:

- (a) paying particular attention to communication
- (b) being aware that increased advocacy may be necessary to ensure just access to health care
- (c) recognising that there may be a range of people involved in their care, such as carers, family members or a guardian, and involving them when appropriate, and
- (d) being aware that these patients may be at greater risk.

3.9 Relatives, carers and partners

Good practice involves:

- (a) being 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, be responsive to their requests for information.

3.10 Adverse events and open disclosure

When adverse events occur, optometrists have a responsibility to be open and honest in communication with patients, to review what has occurred and to report appropriately. When something goes wrong, good practice involves:

- (a) acknowledging what has happened
- (b) acting immediately to rectify the problem, if possible, including seeking any necessary help and advice
- (c) explaining to patients as promptly and fully as possible what has happened and the anticipated short-term and long-term consequences
- (d) acknowledging any distress of patients and providing appropriate support
- (e) complying with any relevant policies, procedures and reporting requirements subject to advice from the optometrist's professional indemnity insurer
- (f) reviewing adverse events and implementing changes to reduce the risk of recurrence (see Section 6 'Minimising risk')
- (g) reporting adverse events to the relevant authority as required (see Section 6 'Minimising risk')
- (h) ensuring patients have access to information about the processes for making a complaint; for example, through the Optometry Board of Australia (the Board) or a health care complaints commission (also refer to section 6.2(a) of this Code for more information on Open disclosure).

3.11 When a complaint is made

Patients have a right to complain about their care. When a complaint is made, good practice involves:

- (a) acknowledging the person's right to complain
- (b) working with the person to resolve the issue where possible
- (c) providing a prompt, open and constructive response including an explanation and, if appropriate, an apology
- (d) ensuring the complaint does not affect the person's care adversely; in some cases, it may be advisable to refer the person to another practitioner, and
- (e) complying with relevant complaints legislation, policies and procedures.

3.12 Ending a professional relationship

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

3.13 Understanding boundaries

Good practice recognises that providing care to those in a close relationship, 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. When a practitioner chooses to provide care to those in a close relationship, good practice requires that:

- adequate records are kept

- confidentiality is maintained
- adequate assessment occurs
- appropriate consent is obtained to the circumstances which is acknowledged by both the practitioner and patient
- the personal relationship does not in any way **impair clinical judgement**, and
- at all times an option to discontinue care is maintained.

Optometrists should also refer to section 8.2 of these guidelines for more information on professional boundaries.

3.14 Working with multiple patients

Where practitioners treat multiple patients at the same time, they should consider whether this mode of treatment is appropriate to the patients involved, **including whether it could compromise the quality of care** (see also section 3.4 of this Code for more information on Confidentiality and Privacy)

3.15 Closing or relocating a practice

When closing or relocating a practice, or when an optometrist moves between different practices, good practice involves:

- (a) giving advance notice where **possible and as early as possible**, and
- (b) facilitating 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.¹⁶

4. Working with other practitioners

4.1 Introduction

Good relationships with colleagues and other practitioners strengthen the practitioner–patient relationship and enhance care of patients.

4.2 Respect for colleagues and other practitioners

Good care is enhanced when there is mutual respect and clear communication between all practitioners involved in the care of the patient. Good practice involves:

- (a) communicating clearly, effectively, respectfully and promptly with colleagues and other practitioners caring for the patient
- (b) acknowledging and respecting the contribution of all practitioners involved in the care of the patient, and
- (c) behaving professionally and courteously to colleagues and other practitioners at all times, including when using social media.

4.3 Delegation, referral and handover

‘Delegation’ involves a practitioner asking another practitioner to provide care on behalf of the first practitioner who retains overall responsibility for the care of the patient.

‘Referral’ involves sending a patient to obtain an opinion or treatment from another practitioner and usually involves the transfer (in part) of responsibility for the person’s

¹⁶ Also refer to the Board’s *Policy on health records* published under the Policies, Codes and Guidelines tab of the Board’s website.

care for a defined time and a particular purpose, such as care that is outside the first practitioner's expertise or scope of practice. 'Handover' is the process of transferring all responsibility to another practitioner. Good practice involves:

- (a) taking reasonable steps to ensure that any person to whom a practitioner delegates, refers or hands over has the qualifications, experience, knowledge and skills to provide the care required
- (b) understanding that although a delegating practitioner will not be accountable for the decisions and actions of those to whom he or she delegates, he or she remains responsible for the overall management of the patient and for the decision to delegate, and
- (c) always communicating sufficient information about the patient and the treatment needed to enable the continuing care of the patient.

4.4 Teamwork

Optometrists work closely with other practitioners. In addition, employers are vicariously liable for the actions of their employees.

Effective collaboration is a fundamental aspect of good practice when working as a team. The care of patients is improved when there is mutual respect and clear communication as well as an understanding of the responsibilities, capacities, constraints and ethical codes of each other's health professions. Working in a team does not alter a practitioner's personal accountability for professional conduct and the care provided. When working in a team, good practice involves:

- (a) understanding a practitioner's particular role in the team and attending to the responsibilities associated with that role
- (b) advocating for a clear delineation of roles and responsibilities, including that there is a recognised team leader or coordinator
- (c) communicating effectively with other team members
- (d) informing patients about the roles of team members
- (e) acting as a positive role model for team members
- (f) understanding the nature and consequences of bullying and harassment, and seeking to eliminate such behaviour in the workplace, and
- (g) supporting others in the team including students and practitioners receiving supervision within the team¹⁷

4.5 Coordinating care with other practitioners

Good patient care requires coordination between all treating practitioners. Good practice involves:

- (a) communicating all the relevant information in a timely way, and
- (b) ensuring that it is clear to the patient, the family and colleagues who has ultimate responsibility for coordinating the care of the patient.

5. Working within the health care system

5.1 Introduction

¹⁷ Also refer to the Board's *Supervision guidelines for optometrists* published under the Policies, Codes and Guidelines tab of the Board's website.

Optometrists have a responsibility to contribute to the effectiveness and efficiency of the health care system.

5.2 Wise use of health care resources

It is important to use health care resources wisely. Good practice involves:

- (a) ensuring that the services provided appropriate for the assessed needs of the patient and are not excessive, unnecessary or not reasonably required
- (b) upholding the right of patients to gain access to the necessary level of health care and whenever possible helping them to do so
- (c) supporting the transparent and equitable allocation of health care resources, and
- (d) understanding that the use of resources can affect the access other patients have to health care resources.

5.3 Health advocacy

There are significant disparities in the health status of different groups in the Australian community. These disparities result from social, cultural, geographic, health-related and other factors. In particular, those of Aboriginal or Torres Strait Islander descent bear the burden of gross social, cultural and health inequity.

Other groups may experience health disparities including people with intellectual or physical disabilities, those from culturally and linguistically diverse backgrounds and refugees.

Good practice involves using expertise and influence to protect and advance the health and wellbeing of individual patients, communities and populations.

5.4 Public health

Optometrists have a responsibility to promote the health of the community through disease prevention and control, education and, where relevant, screening. Good practice involves:

- (a) understanding the principles of public health, including health education, health promotion, disease prevention, and control and screening, and
- (b) participating in efforts to promote the health of the community and being aware of the obligations of optometrists in disease prevention, including screening and reporting notifiable diseases where relevant.

6. Minimising risk

6.1 Introduction

Risk is inherent in health care. Minimising risk to patients is an important component of practice. Good practice involves understanding and applying the key principles of risk minimisation and management in practice.

6.2 Risk management

Good practice in relation to risk management involves:

- (a) being aware of the principles of open disclosure and a non-punitive approach to incident management¹⁸
- (b) participating in systems of quality assurance and improvement
- (c) participating in systems for surveillance and monitoring of adverse events and ‘near misses’, including reporting such events to the relevant authority
- (d) making sure that systems are in place for raising concerns about risks to patients (if an optometrist has management responsibilities)
- (e) working in practice and within systems to reduce error and improve patient safety, and supporting colleagues who raise concern about the safety of patients, and
- (f) taking all reasonable steps to address the issue if there is reason to think that the safety of patients may be compromised.

6.3 Practitioner performance

The welfare of patients may be put at risk if an optometrist is performing poorly. If there is a risk, good practice involves:

- (a) complying with statutory reporting requirements, including those under the National Law 3
- (b) recognising and taking steps to minimise the risks of fatigue, including complying with relevant State and Territory occupational health and safety legislation
- (c) following the guidance in section 8.2 of this Code on ‘Personal health’ if an optometrist knows or suspects that he or she has a health condition that could adversely affect judgement or performance
- (d) taking steps to protect patients from risk of being placed at harm posed by a colleague’s conduct, practice or ill health
- (e) taking appropriate steps to assist a colleague to receive help if there are concerns about a colleague’s performance or fitness to practise, and
- (f) seeking advice from an experienced colleague, employer(s), practitioner health advisory services, professional indemnity insurers, the Board or Optometrists Association Australia, or other professional body if an optometrist is not sure what to do.

7. Maintaining professional performance

7.1 Introduction

Maintaining and developing knowledge, skills and professional behaviour are core aspects of good practice.

Self-reflection and participation in relevant professional development, practice improvement and performance appraisal processes to develop continually an optometrist’s professional capabilities is essential and must continue through his or her working life to meet the demands of scientific, technological and societal changes.

7.2 Continuing professional development

Development of knowledge, skills and professional behaviour must continue throughout a practitioner’s working life. Good practice involves keeping knowledge and skills up-to-date to ensure that practitioners continue to work within their competence and scope of

¹⁸ A useful reference is the Australian Commission on Safety and Quality in Health Care’s National Open Disclosure Standard published at www.safetyandquality.gov.au.

practice. The National Law requires practitioners to undertake CPD. Optometrists should refer to the Board's registration standard and guidelines regarding CPD for details of these requirements.

8. Professional behaviour

8.1 Introduction

In professional life, optometrists must display a standard of behaviour that warrants the trust and respect of the community. This includes observing and practising the principles of ethical conduct. The guidance contained in this section emphasises the core qualities and characteristics of good optometrists outlined in Section 1.2 – Professional values and qualities.

8.2 Professional boundaries

Professional boundaries define the limits of behaviour, which allow an optometrist and a patient to engage safely and effectively in a therapeutic relationship. These boundaries are based upon trust, respect and the appropriate use of power.

Professional boundaries are integral to a good optometrist–patient relationship. They promote good care for patients and protect both parties. Good practice involves:

- (a) maintaining professional boundaries
- (b) never using the professional position to establish or pursue a sexual, exploitative or otherwise inappropriate relationship with anybody under an optometrist's care; this includes those close to patients, such as their carer(s), guardian, spouse or the parent of a patient who is a child or young person
- (c) recognising that sexual and other personal relationships with people who have previously been an optometrist's patient are usually inappropriate, depending on the extent of the professional relationship and the vulnerability of a previous patient or client, and
- (c) avoiding the expression of an optometrist's personal beliefs to his or her patients in ways that exploit their vulnerability or that are likely to cause them distress.

8.3 Reporting obligations

Optometrists have statutory responsibility under the National Law to report various proceedings or findings to the Board (refer to the Board's Guidelines on mandatory reporting and sections 130 and 141 of the National Law). They also have professional obligations to report to the Board and their employer(s) if they have had any limitations placed on their practice. Good practice involves:

- (a) being aware of these reporting obligations
- (b) complying with any reporting obligations that apply to practice
- (c) seeking advice from the Board, Optometrists Association Australia, or other professional association or professional indemnity insurer if optometrists are unsure about their obligations.

8.4 Health records

Maintaining clear and accurate health records is essential for the continuing good care of patients¹⁹. Good practice involves:

- (a) keeping accurate, up-to-date, **factual** 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 interpreted by other health practitioners including optometrists
- (b) ensuring records are held securely and are not subject to unauthorised access regardless of whether they are held electronically and/or in hard copy
- (c) ensuring records show respect for patients and do not include demeaning or derogatory remarks
- (d) ensuring records are sufficient to facilitate continuity of care
- (e) making records at the time of events or as soon as possible afterwards
- (f) recognising the rights of patients to access information contained in their records and facilitating that access, and
- (g) facilitating the transfer of health information promptly when requested by the patient.

8.5 Professional Indemnity Insurance

Optometrists have a statutory requirement to ensure they are covered appropriately by professional indemnity insurance.²⁰

8.6 Advertising

Good practice involves complying with the Board's *Guidelines for the advertising of regulated health services* and relevant legislation.

Advertisements for services can be useful in providing information for patients. All advertisements must conform to guidelines issued by the Board on the advertising of regulated health services, relevant consumer protection legislation and commonwealth, state and territory legislation **including that covering advertising of therapeutic goods.**

8.7 Assessment requested by a third party

When optometrists are contracted by a third party to provide a legal, insurance or other assessment of a person who is not their patient, the usual therapeutic optometrist–patient relationship does not exist. In this situation, good practice involves:

- (a) applying the standards or professional behaviour described in this Code to the assessment; in particular, being courteous, alert to the concerns of the person and ensuring the person's consent
- (b) explaining to the person the optometrist's area of practice, role and the purpose, nature and extent of the assessment to be conducted
- (c) anticipating and seeking to correct any misunderstandings that the person may have about the nature and purpose of the assessment and report

¹⁹ Refer also to the Board's *Policy on health records* published at the Policies, Codes and Guidelines tab of the Board's website.

²⁰ Refer to the Board's *Professional indemnity insurance arrangements registration standard* available under the Registration Standards tab of the Board's website.

- (d) providing an impartial report (see Section 7.8 'Reports, certificates and giving evidence'), and
- (e) recognising that if an unrecognised, serious problem is discovered during the assessment, optometrists have a duty of care to inform the patient or his or her treating practitioner.

8.8 Reports, certificates and giving evidence

Optometrists have been given the authority to sign documents such as sickness certificates on the assumption that they will only sign statements that they know or reasonably believe to be true. Good practice involves:

- (a) being honest and not misleading when writing reports and certificates and only signing documents believed to be accurate
- (b) taking reasonable steps to verify the content before signing a report or certificate and not omitting relevant information deliberately
- (c) preparing or signing documents and reports within a reasonable and justifiable timeframe, and
- (d) making clear the limits of an optometrist's knowledge and not giving opinion beyond those limits when providing evidence.

8.9 Curriculum vitae

When providing curriculum vitae, good practice involves:

- (a) providing accurate, truthful and verifiable information about an optometrist's experience and qualifications, and
- (b) not misrepresenting by misstatement or omission an optometrist's experience, qualifications or position (also refer to Section 10.3 – Assessing colleagues in relation to providing references for colleagues).

8.10 Investigations

Optometrists 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 an optometrist's professional indemnity insurer. Good practice involves:

- (a) cooperating with any legitimate inquiry into the treatment of a patient and with any complaints procedure that applies to an optometrist's work
- (b) disclosing to anyone entitled to ask for it information relevant to an investigation into the conduct, performance or health of an optometrist or a colleague, and
- (c) assisting the coroner when an inquest or inquiry is held into the death of a patient by responding to his or her enquiries, and by offering all relevant information.

8.11 Conflicts of interest

Patients rely on the independence and trustworthiness of optometrists for any advice or treatment offered. A potential conflict of interest in practice arises when an optometrist, entrusted with acting in the interests of a patient, also has financial, professional, or personal interests or relationships with third parties that may affect the 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 optometrist's primary duty to the patient, optometrists must recognise and resolve this conflict in the best interests of the patient.

Good practice involves:

- (a) recognising potential conflicts of interest that may arise in relation to initiating or continuing a professional relationship with a patient
- (b) acting in the best interests of patients when making referrals, and when providing or arranging treatment or care
- (c) informing patients when optometrists have an interest that could affect or could be perceived to affect care of patients
- (d) recognising that pharmaceutical and other marketing may influence optometrists and being aware of ways in which practice may be influenced
- (e) not asking for or accepting any inducement, gift or hospitality from companies that sell or market drugs or other products that may affect or be seen to affect the way optometrists prescribe for, treat or refer patients
- (f) not asking for or accepting fees for meeting sales representatives
- (g) not offering inducements to colleagues or entering into arrangements that could be perceived to provide inducements
- (h) not allowing any financial or commercial interest to affect the way in which an optometrist treats patients. When optometrists or their immediate family have such an interest and that interest could be perceived to influence the care provided, optometrists must inform their patients.

8.12 Financial and commercial dealings

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

Good practice involves:

- (a) not allowing or entering into commercial, financial or workplace arrangements that may impact negatively on patient care
- (b) not exploiting the vulnerability or lack of knowledge of patients when providing or recommending services
- (c) not encouraging patients to give, lend or bequeath money or gifts that will benefit optometrists directly or indirectly
- (d) not accepting gifts from patients other than tokens of minimal value
- (e) not becoming involved financially with patients; for example, through loans and investment schemes
- (f) not pressuring patients or their families to make donations to other people or organisations, an
- (g) being transparent in financial and commercial matters relating to an optometrist's work, including in dealings with employers, insurers and other organisations or individuals, and in particular:
 - declaring any relevant and material, financial or commercial interest that optometrists or their family might have in any aspect of the care of the patient
 - declaring to patients any professional and financial interest in any product optometrists might endorse or sell from their practice, and
- (g) dispensing of optical appliances in accordance with guidelines issued by the Board.

9. Ensuring practitioner health

9.1 Introduction

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

9.2 Personal health

Good practice involves:

- (a) attending to personal health needs
- (b) seeking expert, independent, objective advice when an optometrist needs health care, and being aware of the risks of self-diagnosis and self- treatment
- (c) considering what immunisation may be required²¹
- (d) conforming to State and Territory legislation in relation to self-prescribing (for optometrists who are able to prescribe)
- (e) recognising the impact of fatigue on personal health and ability to care for patients and endeavouring to work safe hours whenever possible
- (f) being aware of any relevant practitioner health programs for advice on where to seek help, and
- (g) if an optometrist knows or suspects that he or she has a health condition or impairment that could adversely affect judgement, performance or the health of patients, he or she should:
 - not rely on self-assessment of the risk that poses to patients
 - consult a health practitioner about whether and in what ways the optometrist may need to modify practice and follow that advice, and
 - being aware of optometrists' responsibility under the National Law to notify the Board in relation to certain impairments.

9.3 Other practitioners' health

Optometrists have a responsibility to assist their colleagues to maintain good health. Good practice involves:

- (a) encouraging a colleague whether a patient or not to seek appropriate help if it is believed they may be ill and impaired; if an optometrist believes this impairment is putting patients at risk of being placed at harm, refer to the notification provisions of the National Law and the Board's *Guidelines for mandatory notifications*, and
- (b) recognising the impact of fatigue on the health of colleagues, including those under supervision and facilitating safe working hours wherever possible.

10. Teaching, supervising and assessing

10.1 Introduction

Teaching, supervising and mentoring practitioners and students is important for their development and for the care of patients. It is part of good practice to contribute to these activities and provide support, assessment, feedback and supervision for colleagues, practitioners in training and students.

10.2 Teaching and supervising

Good practice involves:

²¹ Further information can be found at 'Immunise Australia' (www.immunise.health.gov.au).

- (a) seeking to develop the skills, attitudes and practices of an effective teacher, whenever optometrists are involved in teaching, and
- (b) making sure that any practitioner or student for whose supervision an optometrist is responsible receives adequate oversight and feedback²².

10.3 Assessing colleagues

Assessing colleagues (including students) is an important part of making sure that the highest standards of practice are achieved. Good practice involves:

- (a) being honest, objective and constructive when assessing the performance of colleagues, including students; patients will be put at risk if an optometrist describes someone as competent if he or she is not, and
- (b) when giving references or writing reports about colleagues, provide accurate and justifiable information promptly and include all relevant information.

10.4 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 involves:

- (a) treating students with respect and patience
- (b) making the scope of the student's role in care of patients clear to the student, to patients and to other members of the health care team, and
- (c) informing patients about the involvement of students and encouraging their consent for student participation while respecting their right to choose not to consent.

11. Undertaking research

11.1 Introduction

Research involving humans, their tissue samples or their health information is vital in improving the quality of health care and reducing uncertainty for patients now and in the future, and in improving 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 (Cwlth)*. If optometrists undertake research, they should familiarise themselves 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).

11.2 Research ethics

Being involved in the design, organisation, conduct or reporting of health research involving humans brings particular responsibilities for practitioners. Optometrists should refer directly to applicable NHMRC guidelines for guidance on these matters.²³

11.3 Treating optometrists and research

²² Also refer to the Board's *Supervision guidelines for optometrists* published under the Policies, Codes and Guidelines tab of the Board's website.

²³ www.nhmrc.gov.au/health-ethics

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

- (a) respecting the right of patients to withdraw from a study without prejudice to their treatment, and
- (b) ensuring that a decision by a patient not to participate does not compromise the optometrist– patient relationship or the care of the patient.

Review

This Code will be reviewed at least every three years.

This guideline replaces any previously published National Board *Code of conduct for optometrists*.

Date of issue: [to be completed on publication]

Last reviewed: [to be completed on publication]

Appendix A Definitions

‘Electronic’ means any digital form of communication, including email, Skype, internet, social media etc.

‘Providing care’ includes, but is not limited to any care, treatment, 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 health practitioner in their profession. For the purposes of this Code, practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

‘Patient’ includes all consumers of health care services.

‘Social media’ 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) and microblogs such as Twitter, content sharing websites such as YouTube and Instagram, and discussion forums and message boards.

Summary of changes to Code of conduct for optometrists

The Optometry Board of Australia, as advised by its Policy, Standards, Codes and Guidelines Committee has undertaken a substantial review of the *Code of conduct for optometrists* (the Board Code).

The current published version of the Board's code varies significantly to the published and revised *Code of conduct for health practitioners* (the shared Code).

The Board has aligned the revised version substantially with the revised shared Code to provide consistency across professions and to better communicate the Board's expectations as the regulator for the optometry profession.

The changes to the Board's Code are summarised in the table below.

The main points of variation between the two Codes relate to:

- use of language more familiar and widely used in the optometry profession
- reference to primary source documents where applicable, including relevant Board standards, guidelines and policies, without extracting text from these documents and
- more extensive text included where it is of particular relevance to the profession (e.g. financial consent).

Item	Section in <i>current</i> Board Code	Section in <i>revised</i> Board code	Section in <i>revised</i> shared code	Variation/Change
1.		Whole of document		Optometrist(s) used throughout instead of 'health practitioners'
2.		Whole of document		'Patient(s)' used throughout instead of 'patients or clients'
3.	Not in current code	appendix 1 - definitions	Definitions section in shared code	Included
4.	Not in current code	Overview	Overview	Research added
5.	Not in current code	Overview	Overview	Reference to all forms of communication including electronic/social media
6.	Not in current code	section 1	section 1	Introduction section from <i>Code of conduct for health practitioners</i> included in its entirety in <i>Code of conduct for optometrists</i>
7.	Not in current code	1.2	1.2	Reference to all forms of communication including electronic/social media Addition of belief systems
8.	1.1(d) – BC	2.1(d)	2.1(d)	Aligned with shared Code
9.	Not in current code	2.2(c)	2.2(c)	Aligned with shared Code with slight variation in text
10.	Not in current code	2.2(d)	2.2(d)	Aligned with shared Code

Item	Section in <i>current</i> Board Code	Section in <i>revised</i> Board code	Section in <i>revised</i> shared code	Variation/Change
11.	Not in current code	2.2(h)	2.2(h)	Reference to clinical need
12.	Not in current code	2.2(n)	2.2(n)(o)	Two sections merged and included. Same principles apply.
13.	2.3(b)	3.3(b)	3.3(b)	Aligned with shared Code
14.	2.3(i)	3.3(i)	3.3(i) and 3.4(j,k,l)	Board Code text revised. Slight variation remains. Same principles apply to board Code and shared Code.
15.	Not in current code	3.4(a)	3.4(a)	Reference to secure record keeping including electronic
16.	Not in current code	3.4(h,i)	3.4(h,i)	Aligned with shared Code with slight variation to (h). Same principles apply
17.	Not in current code	3.4(j)	3.4(j)	Reference to privacy provisions in relations to electronic communication
18.	2.5	3.5	3.5	Aligned with shared Code with slight variation in how reference to NHMRC guidelines is included.
19.	Not in current code	3.5(d)	3.5(e)	Aligned with shared Code
20.	2.6	3.5 – fees and financial consent	3.5	Text from Board code retained as more detail for the profession.
21.	2.7(c)	3.6(c)	3.6(c)	Aligned with shared Code Reference to guardians included
22.	2.8(a)	3.7(a)	3.7(a)	New text in shared Code. Included in Board code.
23.	2.14	3.13	3.13	Aligned with shared Code Reference to impaired clinical judgement included
24.	2.16	3.14	3.14	Aligned with shared Code

Item	Section in <i>current</i> Board Code	Section in <i>revised</i> Board code	Section in <i>revised</i> shared code	Variation/Change
25.	2.15	3.15	3.15	Aligned with shared Code with cross reference to Board's <i>Policy on health records</i>
26.	3.4	4.4	4.4	Aligned with shared Code
27.	Not in current code	4.4(g)	4.4(g)	New to shared code. Included with cross reference to <i>Supervision guidelines for optometrists</i>
28.	Not in current code	4.4 - intro	4.4 - intro	Aligned with shared Code
29.	4.2(a)	5.2(a)	5.2(a)	Aligned with shared Code
30.	Not in current code	5.3	5.3	Aligned with shared Code
31.	6.2	7.2	7.2	Aligned with shared Code with reference to Board registration standard and guidelines for CPD.
32.	7.2	8.2 – intro	8.2 – intro	Slightly varied text included. Same principles as shared Code apply.
33.	Not in current code	8.2(c)	8.2(c)	Aligned with shared Code
34.	7.6	8.6	8.6	Shared Code and Board Code both amended and aligned
35.	7.7	8.7		Heading changed to Assessment requested by a third party
36.	7.12	8.12	8.12	Slight variation in Board Code. Same principles apply.
37.	8.2(c)	9.2(c)	9.2(c)	Slight variation in Board Code. Same principles apply. Reference to 'Immunise Australia'
38.	8.2(g)	9.2(g)	9.2(g)	Aligned with shared Code
39.	8.3	9.3	9.3	Slight variation in Board Code. Same principles apply.
40.	Not in current code	8.12		New reference to arrangements that may impact negatively on

Item	Section in <i>current</i> Board Code	Section in <i>revised</i> Board code	Section in <i>revised</i> shared code	Variation/Change
				patient care
41.	9.1	10.1	10.1	Board Code text retained with reference to Boards <i>Supervision guidelines for optometrists</i> as these guidelines capture the same intent as the shared Code.
42.	9.2(b)	10.2(b)	10.2(b)	Board Code text retained with reference to Boards <i>Supervision guidelines for optometrists</i> as these guidelines capture the same intent as the shared Code.
43.	10.2	11.2	11.2	Aligned with shared Code with variation on reference to NHMRC guidelines