



AIDA

The Australian Indigenous Doctors' Association
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Cc: Ms Donna Murray, CEO
Indigenous Allied Health Australia
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Dear Mr Hennequin

Re: Preliminary consultation - *Good medical practice: A code of conduct for doctors in Australia*

I write in response to your email request dated 15 May 2018 for feedback on the consultation paper on the draft revisions to *Good medical practice: A code of conduct for doctors in Australia* (code of conduct). As the peak professional organisation for Aboriginal and Torres Strait Islander doctors and medical students, the Australian Indigenous Doctors' Association (AIDA) welcomes the opportunity to contribute to this consultation process.

AIDA is committed to working with our partners across the sector to strengthen national professional and accreditation standards in the context of growing the Aboriginal and Torres Strait Islander health workforce and embedding culturally safe practices in Australian healthcare standards. To this end – we commend the Medical Board of Australia for the proposed increased emphasis on these key priority areas in the code of conduct. In addition, we support the intent of the proposed changes, including the following:

- inclusion of cultural safety and a section on Aboriginal and Torres Strait Islander health
- strengthening of the section related to bullying, harassment and discrimination; and
- efforts to improve the readability and layout of the code of conduct.

As requested in your email, AIDA notes that the:

1. Medical Board of Australia is undertaking confidential preliminary consultation on revisions to the code of conduct *Good medical practice: A code of conduct for doctors in Australia*
2. changes in the Medical Board's code include proposed revisions to the following sections:
 - 4.7 Aboriginal and Torres Strait Islander Peoples' health
 - 4.8 Culturally safe and respectful practice
 - 7.3 Health advocacy
3. revised text in section 4 aligns with the Nursing and Midwifery Board of Australia's revised codes of conduct; and
4. that the Medical Board's revised code does not include a glossary.

AIDA provides the following specific feedback against the draft code of conduct for consideration:

- Per the Nursing and Midwifery codes, AIDA encourages that the section on Aboriginal and Torres Strait Islander health (section 4.7) links to both the *National Aboriginal and Torres Strait Islander Health Plan*

2013–2023 and the Australian Indigenous Doctors’ Association as the peak professional organisation for Aboriginal and Torres Strait Islander doctors.

- In sections 4.7, 4.8 and 7.2 AIDA encourages careful consideration of the use of the term ‘cultural inequity’. Further, AIDA requests the removal of the word ‘cultural’ from the following sentence under section 7.2, due to it providing a deficit narrative of Aboriginal and Torres Strait Islander cultures, which AIDA recognises to be a source of strength, resilience and good health.

“These (health) disparities result from social, economic, cultural, historic, geographic and other factors.”

- Some of the language used in section 4.8 could be strengthened to support action from the medical professional. For example, 4.8.3 requires “acknowledgement of the social, economic, cultural, historic and behavioural factors influencing health”. While AIDA support this as a foundation for culturally safe practice – culturally safe practice requires the medical professional to apply this knowledge appropriately.
- There could be improved linkages between sections within the code of conduct. For example, 4.8.6 recognises the need to support a culturally safe work environment for patients and colleagues. This could be further supported by a reference to practicing cultural safety toward medical colleagues and healthcare professionals under section 5.2.
- Cultural safety in particular could be better integrated within the remainder of the code of conduct. Additionally, AIDA suggests the inclusion of cultural safety within the sections related to ‘continuing professional development’ and ‘teaching and supervising’ in recognition of cultural safety being a subject of lifelong learning and a requirement for appropriate supervision and training.
- In 2016, AIDA surveyed our membership on bullying, racism and lateral violence in the workplace. The report, available [here](#), indicated that over 60% of the Indigenous medical students and doctors surveyed reported that they had experienced racism, bullying or both, on a regular basis. Due to the prevalence and negative outcomes associated with racism in health, AIDA supports racism being named separately to discrimination within the code in section.
- In section 13.2 on research ethics, AIDA supports developing a statement on research with Aboriginal and Torres Strait Islander communities. This statement should support the need for research to be driven by communities and knowledge translation to support local decision making and referring people to the NHMRC *Ethical guidelines for research involving Aboriginal and Torres Strait Islander Peoples*.
- Based on the media response to the release of the Nursing and Midwifery codes, AIDA recommends developing a proactive media strategy to mitigate the risk of opportunism and the potential manipulation of the revised codes for political reasons.

Please note that the Indigenous Allied Health Association of Australia (IAHA) also supports the above comments. For any further clarification or input into this process, I can be contacted on (02) 6273 5013 or at Craig.Dukes@aida.org.au. Thank you for considering this feedback.

Yours sincerely



Craig Dukes
CEO

21 May 2018