



Fiji Medical Council

Medical Practitioner Code of Professional Conduct 2016

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Preface

This Code of Professional Conduct articulates the ethical and professional standards that the community, and the medical profession itself, expect of doctors. It seeks to describe, in practical terms, how the core values of the profession should be reflected in the day to day work and behaviour of its members. As such, it reflects the guiding principles of mutual respect, confidentiality, honesty, responsibility and accountability which lie at the heart of contemporary medical practice.

The Code makes it clear that public interest must always take precedence over personal interests, competence must be maintained, and ethical standards upheld.

In their everyday practice, doctors may face challenging moral or ethical dilemmas. The Code aims to provide an accessible point of reference which can help guide decision making. It does not, and cannot, anticipate every difficult situation that might arise. Nevertheless, it offers a series of 'signposts' which can be used to help in making choices and determining the most appropriate, professional response.

The Code recognises that there will inevitably be occasions when an individual medical practitioner's conduct may lie outside what is considered to be appropriate. The consequences, in such instances, might impact adversely on a patient or another practitioner. They may also risk damaging the reputation of the profession as a whole and cause the public to lose confidence in the services offered by doctors. In such cases, it is important that appropriate interventions take place. The Code outlines what those interventions should be and stresses the need to ensure that all disciplinary processes are fair, objective and align with the principles of natural justice.

The Code is a living document which may need to be amended from time to time as public expectations change, professional standards evolve or organisational and regulatory arrangements are modified. Nevertheless, it is also a document which needs to be read, understood and acted upon by all members of the medical profession, no matter how experienced they are or what the nature of their practice may be. It should also be shared with patients and the public as a means of ensuring that they are aware both of their rights but also their responsibilities to work hand-in-hand with the profession to enable the achievement of positive health outcomes.

I commend the Code of Conduct to all who consult it and, in so doing, wish also to convey my congratulations and gratitude to all those Council members and secretariat staff who have contributed to its development.

MR PHILIP DAVIES

CHAIRPERSON – FIJI MEDICAL COUNCIL November 2017.

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1.0 About this Code

1.1 Purpose of this Code

The purpose of this Code is to provide a guideline and set the minimum standards expected of all medical practitioners in the country, irrespective of whether they are employed in the private or government sector or are visiting medical practitioners.

This Code is the minimum standard of ethical and professional behavior and what is expected of medical practitioners by their professional peers and the community.

The target of this Code is not only medical practitioners but members of the community and also current and intending medical students.

1.2 What this Code is not

Under no circumstances should this Code be construed as a substitute for or negation of national laws and/or case law.

To remove any ambiguity, where there is a conflict between this Code and national laws, the law takes precedence.

This Code should not be deemed to be a charter of rights by either medical practitioners or members of the community.

1.3 Professional values

Whilst it is acknowledged that individual medical practitioners will have their own sets of personal beliefs, values and cultures, it is important that all medical practitioners base their practice of medicine on professional values which are applicable to all.

Every medical practitioner has a duty to ensure that the care of patients is their first concern; just as important, medical practitioners have a duty to ensure that they discharge their care of patients and the practice of medicine in a manner that is safe, effective, and efficient.

In addition medical practitioners must acknowledge that patients apart from believing in them view them as competent and as people they can depend on and trust in. In this regard, medical practitioners should always display qualities and conduct themselves with honesty, integrity, dependability and empathy.

Medical practitioners have a duty also to protect the confidentiality of their patients from unnecessary and inappropriate disclosure and to promote and protect the health and wellbeing of individual members of the community.

Good medical practice is patient-centred and involves:

- 1.3.1 the medical practitioner's ability to understand and accept that each patient is unique;
- 1.3.2 the ability to work with patients as partners; and
- 1.3.3 the ability to adapt so as to adequately and professionally address the needs of their patients within reasonable expectations.

Underscoring all aspects of good medical practice is the ability for good communication. This is the medical practitioner's ability to honestly and simply relay conditions, treatments and advice to patients.

A holistic approach to professional values includes the practice of self-awareness and self-reflection. The aspects of self-awareness and self-reflection that are encouraged comprise:

- 1.3.4 regular reflection on whether one is practising effectively and efficiently;
- 1.3.5 regular reflection on past and existing relationships with colleagues;
- 1.3.6 self-awareness of one's own health, physical and mental; and
- 1.3.7 a duty to ensure that they continually up-skill and that their knowledge is up-to-date, refined and there is continuous development of and contribution to the profession.

1.4 Core tasks of medicine

The core task of the medical profession is the promotion and implementation of good health practices and the care and treatment of members of the public.

Whilst there are medical practitioners who may have limited or no contact with patients the principles contained in this Code are still applicable.

1.5 Breach of Code

It is the responsibility of every practitioner to be well versed with the provisions of this Code as breach of any provisions can result in disciplinary proceedings as per Section 2 sub-section 2.

2.0 Providing good medical care

2.1 Introduction

Every medical practitioner must ensure that his or her primary concern in the practice of medicine is care for the patient. Good patient care includes, but is not limited to:

- 2.1.1 patient assessment, acknowledgement of the patient's medical history, and taking into account the patient's views and wishes. Medical history does not only refer to the patient's physical aspects rather includes psychological and social aspects too;
- 2.1.2 ensuring that a suitable plan is formulated which encompasses the arranging of further medical investigations/tests and providing information on treatment and options, side-effects and other appropriate advice;
- 2.1.3 ensuring the maintenance and/or facilitation of continuity of care;
- 2.1.4 recognising that the patient's interest is paramount and referring the patient to another practitioner when it is in the patient's best interest; and
- 2.1.5 acknowledging and respecting every patient's right to make his or her own decisions even if such decisions may not be the best medical option.

2.2 Good patient care

In order to maintain good patient care and good medical practice every medical practitioner has the obligation to ensure that s/he maintains a high level of medical competence and professional conduct.

Professional conduct is:

- 2.2.1 recognising individual limits and working within those limits with regard to competency and scope of practice;
- 2.2.2 ensuring that in order to provide safe care the requisite level of knowledge, experience and skills are possessed;
- 2.2.3 ensuring that proper records are maintained for each patient attended to;
- 2.2.4 practising clear and effective communication with patients;
- 2.2.5 ensuring that patients are advised of all the possible treatments, options and risks as far as practical based on all and best available information;
- 2.2.6 respecting and supporting a patient's right to a second opinion;
- 2.2.7 being agreeable to consulting and taking advice from colleagues, where appropriate, and in the best interest of the patient;
- 2.2.8 ensuring that at no time do personal views and beliefs impinge on a patient's right to the best possible care;
- 2.2.9 taking all measures necessary to ensure that you and your staff are safe when caring for patients. If at any time you or your staff face the possibility of harm as the result of treating a patient then all precautionary measures should be put in place to minimise the potential for harm;
- 2.2.10 ensuring that treatment is not denied to any patient solely on a practitioner's personal moral or religious views. Practitioners are free to object to participate directly or provide any form of treatment however should advise the patient and any colleague to whom the patient may be referred. Under no circumstances should a practitioner use his or her objection to deny access to such treatment solely on the practitioner's personal views.

3.0 Working with patients

3.1 Introduction

It is important to recognise that in order to develop and maintain a good partnership with patients there must always be respect, honesty, trust, good communication and empathy.

3.2 Doctor-patient relationship

Professional conduct is paramount and involves practising with:

- 3.2.1 courtesy, respect, honesty, dignity, and empathy;
- 3.2.2 protecting every patient's privacy unless disclosure is necessitated pursuant to law or public interest considerations;

- 3.2.3 proper conduct by not misusing a patient's trust and vulnerability for physical, emotional, sexual or financial gain or otherwise;
- 3.2.4 encouragement of patients to be well informed about their health and medical condition and to use such information for making informed and proper decisions.

3.3 Good and effective communication

Good and effective communication involves:

- 3.3.1 taking the time to listen to patients, asking for the patient's views, respecting the patient's views and responding to their concerns and needs to the best of your ability and as permitted by law;
- 3.3.2 allowing the patient the opportunity to pose questions including refusal of treatment;
- 3.3.3 ensuring that the patient is made aware of all potential risks involved;
- 3.3.4 responding to the patient's questions patiently and with as much information as necessary to allow the patient to make an informed and proper decision;
- 3.3.5 confirming that the patient understands everything that has been discussed;
- 3.3.6 engaging the services of a colleague or qualified language interpreter, if necessary, for language interpretation.

3.4 Right to confidentiality and privacy

Every patient has the right to expect that doctors and their respective staff will utilise all information they come into possession with about the patient in strict confidence.

Under no circumstances should patient information be divulged to third parties unless necessitated by law..

Good and effective communication in terms of professional conduct involves:

- 3.4.1 treating all information received in the course of treating and caring for a patient as confidential;
- 3.4.2 ensuring that appropriate forms are in place to allow for consent processes in the event of the need to release and/or exchange health information; and
- 3.4.3 ensuring that no patient details or information is divulged during the course of practice advertising or promotional campaigns including the use of social media.

3.5 Signed informed consent

Informed consent refers to the voluntary decision of a patient regarding which options, treatments and other relevant medical advice s/he will opt for. It is made with full understanding of the risks and benefits involved.

Informed consent in terms of good medical practice involves:

- 3.5.1 ensuring that the patient is given proper and full disclosure regarding his or her condition, diagnosis, prognosis and treatment options including the risks;
- 3.5.2 ensuring that the patient fully understands all the information that s/he has been provided with;
- 3.5.3 ensuring that informed consent is first had and obtained prior to conducting any medical procedures or examination including involving a patient in research or teaching **provided** this may not apply during an emergency;
- 3.5.4 ensuring that the patient is fully advised of all fees and charges through the display of a schedule of fees;
- 3.5.5 ensuring that in a situation where the patient requires a referral or further investigation or examination that the patient is fully and properly advised that additional fees and charges may apply.

3.6 Children and young persons below the age of 18 years

The care and treatment of children and young persons entails a greater degree of care and responsibility.

When dealing with children and young persons professional conduct involves:

- 3.6.1 ensuring that the interest of the child or young person is always paramount;
- 3.6.2 ensuring that informed and signed consent is always obtained from the child or young person's parent or guardian prior to any checks, examinations or procedures being conducted;
- 3.6.3 ensuring that the child or young person is always treated with respect irrespective of their age;
- 3.6.4 ensuring that the child or young person is encouraged to ask questions and seek clarifications and that you answer their questions and provide clarifications as simply as possible;
- 3.6.5 ensuring that all the relevant and appropriate information is provided in a manner that the child or young person can easily understand;
- 3.6.6 being alert to any child or young person who may be at risk and notifying the relevant authorities to safeguard the health and wellbeing of such child or young person; and
- 3.6.7 ensuring that every young person is accompanied at all times by a guardian particularly when undergoing any physical assessments or checks.

In addition to the provisions provided herein on the care and treatment of children and young persons, practitioners **must** adhere to the provisions of Sections 4, 5 and 6 of the Child Welfare Act 2010 which pertain to mandatory reporting of situations where the practitioner is aware or reasonably suspects a child is being or likely to be harmed.

3.7 Relatives, carers and partners

The important role that relatives, carers and partners play in the patient's life during the course of any illness and/or treatment cannot be overstated and must be respected by medical practitioners.

Relatives, carers and partners should always be treated with respect, courtesy, and understanding.

Provided that patient consent is obtained honest attempts should be made to carefully and clearly respond to any enquiries that relatives carers and/or partners may have regarding the care and treatment of the patient.

3.8 Adverse events

Adverse events may occur and every medical practitioner has the responsibility to respond to such events with professionalism. Responses to such events should always be honest and fair both in communicating with the patient and in reporting such events.

Medical practitioners are strongly advised to seek assistance and advice from colleagues and their medical insurance providers in the event of an adverse event arising.

Professional conduct dictates that when dealing with adverse events:

- 3.8.1 that the practitioner recognises what has happened;
- 3.8.2 immediately implement procedures or actions that can rectify the event or minimise any further harm and if necessary seek assistance and advice;
- 3.8.3 comply with all appropriate procedures relating to the handling of such events including procedures for reporting the existence of an adverse event;
- 3.8.4 review the adverse event so that the risk of a reoccurrence is minimised. This may include the recommendation for and implementation of changes to existing procedures and policies;
- 3.8.5 ensure that responses to relatives, carers and partners during such times are measured so as to avoid any finger-pointing or unnecessary anxiety; and
- 3.8.6 acknowledging that patients or their relatives, carers or partners have the right to make a complaint through the relevant medical bodies.

4.0 Working with other healthcare professionals

4.1 Introduction

Key to ensuring that the doctor-patient partnership and patient medical care and/or treatment is enhanced lies in good professional relationships between medical practitioners and other healthcare professionals.

4.2 Respect for colleagues and healthcare professionals

The need for good and clear communication and mutual respect between and amongst medical practitioners and healthcare professionals cannot be over-stated as it ultimately contributes to and enhances the standard of care and/or treatment given to a patient.

Important concepts of professional conduct in relation to colleagues and healthcare professionals comprise:

- 4.2.1 clear, effective, respectful, and culturally sensitive communication;

- 4.2.2 acknowledging and demonstrating appreciation for the contribution of all medical practitioners and healthcare professionals towards the care and/or treatment of a patient; and
- 4.2.3 conducting oneself in a manner so as not to bring disrepute to the medical profession. This involves the manner in which one communicates with other medical practitioners and healthcare professionals specifically in relation to diction, tone of speech, and body language. Communication in this instance includes verbal communication in person or via telephone, or written via traditional correspondences or the use of electronic mail or social media.
- 4.2.4 Medical practitioners must under **no** circumstances:
 - (i) use swear words;
 - (ii) use words that can be deemed derogatory;
 - (iii) use words that can be deemed to be culturally or religiously insensitive;
 - (iv) use words or expressions that may be deemed to be sexist or as sexual harassment;
 - (v) use words or phrases that have the potential to lower the reputation of another medical practitioner in the opinion of a reasonable person and which can amount to civil proceedings for defamation.

Under no circumstances should a medical practitioner undermine the doctor-patient partnership of colleagues for the purpose of attracting patients.

A medical practitioner is expected to behave towards colleagues in the same manner as s/he would like his or her colleagues to behave towards him or her.

4.3 Delegation, referral and hand-over

To prevent ambiguity in this Code the term “delegation” means requesting a medical practitioner with less seniority than yourself or another healthcare professional to provide care and/or treatment on your behalf. It must always be borne in mind that delegation does not in any manner negate the delegating practitioner’s overall responsibility to the care and/or treatment of the patient.

“Referral” for the purpose of this Code means the sending of a patient to another medical practitioner or healthcare professional for the purpose of obtaining another opinion or care or treatment.

A referral can either be for a defined period and usually because the required care and/or treatment is outside the referring practitioner’s scope of expertise.

“Hand-over” in this Code means the total transfer of a patient to another medical practitioner. In this instance a practitioner’s responsibility for that patient’s care and/or treatment ceases at the point of hand-over. However, it should be appreciated that further information may be requested by the receiving practitioner and reasonable efforts should be made to provide the requested information.

In opting to delegate, refer or hand-over, good medical practice includes:

- 4.3.1 ensuring that all reasonable steps have been taken to ascertain that the person the patient is being delegated, referred or handed-over to has the requisite qualifications, expertise, knowledge and skills to provide the level of care and/or treatment required by the patient;

- 4.3.2 acknowledge that even though the decision to delegate has been exercised you may be responsible for the decisions made thereafter, and you are still responsible for the overall management of the patient and for the decision to delegate;
- 4.3.3 sharing as much information as possible with the person the patient is being , delegated, referred and/or handed-over to so as to ensure that they have all the requisite information to continue providing the best possible care and/or treatment.

4.4 Teamwork

Medical practitioners must always be conscious of the fact that working as part of a team does not negate or alter their individual accountability with regard to professional conduct and the care and/or treatment provided to a patient.

As a part of professional conduct, teamwork entails:

- 4.4.1 understanding what your role is in the team, seeking clarifications if required, and ensuring that you perform your responsibilities and duties to the best of your ability and competence;
- 4.4.2 ensuring and advocating for a clear demarcation of the different roles involved and the identification of a team leader;
- 4.4.3 treating each and every team member with respect and deferring to them on all issues for which they are responsible; and
- 4.4.4 ensuring that you are a positive role model for any medical students or practitioners who may be under supervision within the team.

5.0 Risk management

5.1 Introduction

Risk is an inevitable part of the health sector however every medical practitioner has the responsibility to take all reasonable steps to minimise risks to their patients. In order to ensure this is possible medical practitioners must understand and apply the principles key to risk minimisation.

The principles in professional conduct relating to risk include:

- 5.1.1 participating in and advocating for systems and training that promote and ensure quality assurance and constant improvement;
- 5.1.2 ensuring that there are procedures in place that will allow medical practitioners to professionally raise their concerns about potential risks;
- 5.1.3 taking all reasonable steps to address any issues which in your reasonable professional opinion pose a risk to a patient's safety; and
- 5.1.4 advocating and participating, constructively and professionally, in systems that allow for monitoring of adverse situations, near-misses and the reporting of the same.

5.2 You and your colleagues

In line with patients putting their trust in medical practitioners for the provision of medical care and/or treatment, medical practitioners have the responsibility to ensure that they perform to established standards so that they do not endanger the lives and wellbeing of their patients.

For the purpose of professional conduct this consists of:

- 5.2.1 recognising and acknowledging fatigue and taking all reasonable steps to minimise this risk;
- 5.2.2 ensuring that all reasonable steps are taken to ensure that a colleague receives all the appropriate assistance if there is a reasonable reason to believe that his or her performance may be compromised and endanger his or her patients; and
- 5.2.3 seeking assistance and guidance from a senior colleague, employer, or medical professional body if unsure as to what is the appropriate steps to be taken.

6.0 Professional performance

6.1 Introduction

The practice of medicine is dynamic. This ever-changing dynamics is a result of new advances in technology and techniques, new discoveries in science and societal changes.

Therefore, it is the responsibility of every medical practitioner to ensure that s/he is continually engaged in self-reflection and participation in continuing professional development.

Medical practitioners must strive to improve their performance and continually develop their knowledge and skills-set for the benefit of their patients and the community at large.

Equally important is for senior practitioners to be willing to share their knowledge with less experienced practitioners for the sake of ever improving the competency and professionalism of the medical fraternity. Practitioners should be willing to engage in the role of mentors as and when required, time and resource permitting.

6.2 Continuing professional development

Pursuant to section 45 sub-section 6 of the Medical and Dental Practitioner Act 2010 every medical practitioner is required to submit documentary proof, on an annual basis, that they have participated in an **“approved programme of continuing professional development relevant to the person’s vocational category.”**

Every practitioner is obligated to attend and obtain twenty-five (25) hours of Continuing Professional Development (CPD) for the period 01 March to 28 February or such CPD hours as may be applicable from time to time and approved by the Fiji Medical Council.

Therefore, it is mandatory under national law to continually develop your knowledge and skill via continuing professional development.

Medical practitioners should remember that the need to up-skill occurs throughout their working life and as part of professional conduct and good medical practice they should:

- 6.2.1 ensure that this is undertaken as per the requirements of the governing law and any policies and/or regulations issued by the Fiji Medical Council;

- 6.2.2 ensure that all continuing professional development programmes undertaken, maintain and further develop knowledge, skills and performance; and
- 6.2.3 ensure that individual practice meets the standards so endorsed by the Fiji Medical Council and which would be reasonably expected by members of the community and peers.

7.0 Professional behavior

7.1 Introduction

Medical practitioners at all times are to uphold and demonstrate the best standard of behaviour that befits the trust and respect given by members of the community and their peers.

7.2 Boundaries

No medical practitioner should ever use his or her professional position to solicit sexual relationships with any patient under his or her care. This also extends to the patient's spouse or partner, child(ren), parent, guardian or carer.

Under no circumstances should a medical practitioner express his or her personal views or beliefs to patients so as to exploit their vulnerability or cause undue anxiety.

7.3 Reporting obligations

Every medical practitioner has the responsibility to ensure that they are aware of their individual reporting obligations under the Medical and Dental Practitioner Act 2010. This reporting obligation includes reporting the medical unfitness of one's self or of a colleague, and the reporting of notifications or complaints.

7.4 Medical records

Every medical practitioner should ensure that proper records are maintained for every patient attended to.

These records must be accurate, legible and updated at appropriate times. They must include all relevant details pertaining to a patient's clinical history, findings, investigations, treatment plan, signed treatment procedures, advice/information given to the patient and medication dispensed.

In maintaining patient medical records every medical practitioner must practice the following:

- 7.4.1 ensure that records are securely kept where it is not easily accessible to persons who should not be privy to the information contained therein;
- 7.4.2 ensure patient records do not contain any derogatory or culturally insensitive remarks about the patient or medical practitioner;
- 7.4.3 ensure that all the relevant information is entered as soon as possible, preferably at the time of the event;
- 7.4.4 acknowledge that every patient has the right to request for and be given access to photocopies of the contents of their medical records subject to any limitations and conditions under prevailing laws, policies and/or regulations; and

- 7.4.5 ensure that if or when a patient opts to engage the services of another medical practitioner or is referred to another medical practitioner that all relevant medical records are made available to the new medical practitioner so that continuity of care is not compromised.
- 7.4.6 ensure that no medical records are falsified or inappropriately altered at any time.

7.5 Professional indemnity

Pursuant to the Medical and Dental Practitioner Act 2010 it is mandatory for every medical practitioner to possess professional indemnity as approved by the Fiji Medical Council, against civil proceedings arising out of a claim against a medical practitioner for care and/or treatment given to a patient.

7.6 Investigations

Every medical practitioner has obligations and rights with regard to the conduct of investigations either of their own practice or that of a colleague.

As part of good medical practice every medical practitioner should:

- 7.6.1 co-operate with all duly endorsed investigations arising out of any notification or complaint made; and
- 7.6.2 make full disclosures to any appointed investigator all matters relevant to the subject of the investigation.

7.7 Conflicts of interest

Medical practitioners should at all times ensure that they uphold independence and honesty and make every reasonable attempt to avoid situations where there is potential for conflicts of interest.

All conflicts of interest must be resolved in the best interest of the patient.

Medical practitioners are encouraged to:

- 7.7.1 recognise potential conflicts of interest;
- 7.7.2 always act in the best interest of patients when making referrals;
- 7.7.3 clearly explain to patients any conflicts of interest that may exist or situations that may be perceived as a conflict of interest which affects their care and/or treatment;
- 7.7.4 acknowledge and recognise that pharmaceutical and medical devices and other marketing products may have the potential to influence and may cause conflicts of interest;
- 7.7.5 ensure that they do not accept or ask for any inducement, gift or hospitality from companies that sell and/or promote drugs or medical devices or that provide medical services that may affect or be deemed to affect the manner in which they prescribe and/or refer patients.

7.8 Undue financial and commercial gains

Professional conduct involves:

- 7.8.1 avoiding the exploitation of patients' vulnerability and/or lack of medical knowledge to recommend unnecessary treatments and/or services;
- 7.8.2 avoiding financial involvement with patients, including but not limited to, loans and investment schemes;
- 7.8.3 being transparent about any financial or commercial interests that you or any member of your family may have with regard to any aspect of a patient's care and/or treatment; and
- 7.8.4 declaring to patients any interests, professionally or financially, as a result of any product endorsed or sold from a practitioner's practice.

8.0 Medical Practitioner's health

8.1 Introduction

In order to provide the best possible medical care and/or treatment it is imperative that medical practitioners not only ensure that they continually update their knowledge, skills and competency levels but also ensure that they maintain their own health and wellbeing, both physical and mental.

Every medical practitioner should ensure:

- 8.1.1 that s/he obtains independent medical advice regarding his or her personal health;
- 8.1.2 that s/he is fully aware of the risks of self-diagnosis;
- 8.1.3 that s/he acknowledges the impact and risk that fatigue has on his or her ability to provide the best standards of care and/or treatment to patients.

Any medical practitioner who knows or suspects his or her ability to be affected by a health or mental condition or impairment that may be deemed to adversely affect patients' care and/or treatment and affect judgment and performance, must report the same to the Fiji Medical Council.

Any medical practitioner who knows of or suspects such condition or impairment should immediately seek independent medical advice and/or treatment and an assessment of the potential such a condition or impairment may pose to patients.

Any medical practitioner who knows of or suspects such a condition or impairment should seek the Fiji Medical Council's directive in modifying one's scope of practice to remove the potential for risk.

8.2 Health of colleagues

Whilst it is the sole responsibility of every medical practitioner to ensure their health and wellbeing, physical and mental, colleagues should also assist each other in maintaining good health.

In the event a practitioner is aware of a colleague who is suffering from a physical or mental condition that practitioner should encourage his or her colleague to seek appropriate assistance.

If treating a colleague for any health or mental condition or impairment which in your assessment may be deemed to pose a threat to that medical practitioner's patients you have a responsibility to recommend that

your colleague notifies the Fiji Medical Council and advise him or her to take all reasonable measures to avoid situations that may result in risks to his or her patients.

You should report the matter to the Fiji Medical Council if to the best of your knowledge, belief and information your colleague has not taken steps to advise the Fiji Medical Council of such condition or impairment.

8.3 Supervisors and management

Every medical practitioner apart from their individual responsibility for their own physical and mental health also has a duty to ensure that those under their supervision are also physically and mentally healthy.

All reasonable steps should be taken to reduce the impact of fatigue by facilitating and promoting safe working hours and environment.

Should we include first aid and immunisation.

9.0 Promotion of practice

9.1 Introduction

In this Code the promotion of practice refers to any form of publicity that promotes the practice and professional services of a medical practitioner either individually or as part of a group.

9.2 Use of signboards

Every medical practitioner must ensure that signboards promoting practice or professional services only contain the following information:

- 9.2.1 name of the medical practitioner and the phrase “**registered medical practitioner**” and include the practice license number;
- 9.2.2 name of the practice as legally registered;
- 9.2.3 qualifications as approved by the Fiji Medical Council;
- 9.2.4 any specialist title as approved by the Fiji Medical Council;
- 9.2.5 any professional and/or specialist services as falling within the practitioner’s medical scope of practice; and
- 9.2.6 consultation hours including full contact details and emergency contact details.

No medical practitioner is permitted to have his or her name appear on promotional material that promotes merchandise or any other service delivery. (Fiji College of General Practitioners)

9.3 Information on stationery

Medical practitioners must ensure that stationery such as letterheads, business cards, envelopes and prescription sheets contain the same information as stipulated in sub-paragraph 9.2.1 to 9.2.6. It may also include the names of any practice partners or associates.

Medical practitioners should not permit the use of any letters or cards of gratitude from patients or anyone associated with the patient being published or made available to members of the public.

Every medical practitioner should take reasonable steps to discourage the publication of such letters or cards of gratitude.

Medical practitioners are permitted to display on a notice board within their practice premises such letters or cards of gratitude.

9.4 Other use of promotion

Medical practitioners can use the telephone directory, website and newspapers and magazines to promote his or her professional services **provided** that the information provided is as previously discussed in this Code.

10.0 Legal and disciplinary proceedings

10.1 Introduction

All medical practitioners have an obligation to be honest and trustworthy when called upon as a witness during any legal or disciplinary proceeding.

Professional conduct dictates that a medical practitioner called upon to provide evidence at a legal or disciplinary proceeding must:

- 10.1.1 ensure that all evidence presented is accurate and not false or misleading;
- 10.1.2 ensure that all documents or statements signed are accurate;
- 10.1.3 ensure that s/he has taken reasonable steps to verify the authenticity of all information presented;
- 10.1.4 ensure that no relevant information is left-out; and
- 10.1.5 make clear the limits of his or her competence, knowledge and expertise when giving evidence as a witness or rendering an opinion.

10.2 When a complaint is lodged

Any patient who is dissatisfied with the level of care and/or treatment has the right to lodge a complaint.

Principles of professional conduct when dealing with a patient who has lodged a complaint include:

- 10.2.1 ensuring that responses are courteous, honest and that the complaint does not adversely affect the patient's continued care and/or treatment. It is however advisable that if a

complaint has been lodged that the patient be referred to another medical practitioner, if appropriate.

10.2.2 acknowledging that the patient has the right to lodge a complaint;

10.2.3 providing any assistance possible about the complaints procedures;

10.2.4 being agreeable to meet with the patient, relatives, carer or partner for open and honest discussions and explanations. If it is appropriate an apology may be offered;

10.2.5 ensuring compliance with all laws, policies and regulations governing the processes to be taken when a complaint is lodged against you.

10.3 Ending a doctor-patient partnership

There may come a time when ending a doctor-patient relationship is inevitable. In such circumstances it is imperative that the patient is clearly advised of the decision to end the doctor-patient relationship.

To ensure that good medical practice is maintained in such circumstances the patient should be advised of other medical practitioners who may be of assistance in his or her continued care and/or treatment.

Professional conduct also dictates that upon being advised by the patient of his or her new medical practitioner that all relevant clinical information is forwarded to the new medical practitioner.

10.4 Personal relationships

Medical practitioners are strongly discouraged from providing medical care and/or treatment to any person with whom they have a personal relationship.

Those who may fall into this category of persons include family members, friends and those you work with. The provision of medical care and/or treatment to this category of persons is inappropriate as there is greater risk of a medical practitioner losing objectivity.

NOTE:

This Code is available on the Fiji Medical & Dental Secretariat website www.fijimdc.com

Whilst the Fiji Medical Council will take reasonable steps to ensure that every registered medical practitioner has access to this Code attention is drawn to Section 121 sub-section 4 of the Act 2010.

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