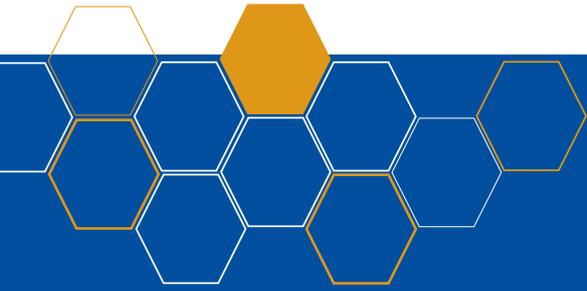




# RANZCO

Code of Conduct





# RANZCO Code of Conduct

The Royal Australian and New Zealand College of RANZCO Code of Conduct Ophthalmologists (RANZCO) is the specialist medical college responsible for the training and professional development of ophthalmologists in Australia and New Zealand.

Our mission is to drive improvements in eye health care in Australia, New Zealand and the Asia-Pacific region through collaborative development of standards and the continued provision of exceptional training, education, research and advocacy.

Underpinning all of our work is a commitment to:

- **Best Patient Outcomes:** aiming to ensure equitable access to the highest quality eye health for all.
- **Education and training:** providing contemporary education, training and continuing professional development.
- **Evidence based decision making:** using research to underpin improvements in education, training and eye health care.
- **Collaboration:** working with others involved in the delivery of eye health care nationally and internationally.
- **Collegiality:** supporting trainees and Fellows through all stages of their career.

RANZCO has adopted this *Code of Conduct* to specify the standards of conduct required by all Members.

## 1. Introduction

RANZCO's *Code of Conduct* (the Code) reflects RANZCO's values, the College Oath and prevailing community expectations concerning the practice of ophthalmology. The Code commits all Members to the highest standards of ophthalmic practice and care as a condition of RANZCO membership.

The Code complements the Medical Board of Australia's code *Good Medical Practice: A Code of Conduct for Doctors in Australia* and the Medical Council of New Zealand's *Good Medical Practice* with a focus on ophthalmic practice.

Member compliance with this Code does not excuse a Member from compliance with other applicable codes. To the extent of any inconsistency, the highest professional standard shall always prevail.

This Code does not vary any obligation arising under the Law of Australia and New Zealand. Members must be aware of all relevant jurisdictional requirements and must abide by all relevant Law. If any provision of the Code conflicts with the Law, the Law takes precedence. Where the Code imposes an obligation that is greater than the Law, Members must comply with the Code unless it would cause a Member to breach the Law.

This Code is not intended to be exhaustive. There will inevitably be situations that are not expressly provided for in this Code. In such circumstances, a Member's priority must always be patient care.

This Code is applicable to all RANZCO Members and is also intended to inform the public of the conduct they are entitled to expect from RANZCO Members.

This Code does not create legal or other rights between Members or with members of the wider public.

## 2. College Oath

The following oath is taken to be given by all Fellows as a condition of College Fellowship:

*"In acknowledging the privilege of practising medicine and ophthalmology, and in accepting Fellowship of this College, I make this declaration sincerely in the presence of my family, friends, colleagues and teachers.*

*Patients are my first concern and in caring for them I undertake to use my knowledge and skill to the best of my ability.*

*I will seek actively to maintain my skills and abilities throughout my professional life, to practise within those abilities and to contribute wherever possible to the science of ophthalmology.*

*I will seek to enhance the quality of patients' lives, maintain their dignity, support their carers, and treat all people equitably.*

*I will strive at all times to be worthy of my patients' respect and never to abuse their trust or confidence. My clinical decisions will not be influenced by personal gain.*

*I extend these commitments beyond individuals to the health and wellbeing of the community. I will treat with courtesy my colleagues and all who contribute to the wellbeing of my patients.*

*May these affirmations guide and inspire me in practising the art and science of medicine as an ophthalmologist."*

## 3. Collaborative Development

This Code has been developed by the College in consultation with non-ophthalmologists, the RANZCO membership, RANZCO committees, RANZCO Council and the RANZCO board. The scope of the consultation has strengthened the Code and assures individual Members that the Code reflects the standards expected of them by their peers and the wider community.

RANZCO commits to the ongoing collaborative development of the Code to ensure that it continues to keep pace with changing professional and community expectations.

## 4. Conduct Dilemmas

This Code identifies the principles and standards of acceptable conduct. All circumstances are different. This Code does not seek to describe all relevant values of the profession or to provide specific advice on ethical issues and ethical decision-making.

Members are reminded of the importance of consulting with colleagues on professional and ethical matters. When Members are faced with a conduct dilemma, they are expected to seek timely direction and advice from senior colleagues, the College and professional advisors where necessary.

## 5. Application of the Code

This Code has been adopted by RANZCO to ensure the highest standards of ophthalmic practise and care by its Members.

As a condition of RANZCO membership, all Members must abide by this Code at all times irrespective of whether they work in a paid or volunteer capacity in Australia, New Zealand or any other jurisdiction.

All Members are responsible for their compliance with the Code.

## 6. Governing Principle and Guiding Standards

The governing principle of this Code is that patients' best interests are always paramount. This principle is supported by the following guiding standards which must be maintained at all times by all Members:

- The Standard of Patient Care
- The Standard of Patient Relations
- The Standard of Clinical Competence
- The Standard of Collegiality
- The Standard of Commercial Professionalism
- The Standard of Social Responsibility
- The Standard of Training and Research

The guiding standards of this Code are not new standards. The guiding standards reflect the expectations of the community and peers concerning the conduct of ophthalmology in Australia and New Zealand.

The guiding standards must inform all Member activities. These standards are the standards against which all Member conduct will be assessed.

In order to comply with this Code, Members must be able to demonstrate that any and all of their actions are consistent with the guiding standards of this Code.

Any conduct falling short of or inconsistent with the guiding standards of this Code may constitute Unsatisfactory Conduct or Misconduct and may be the subject of College sanction.

All Members should be aware that conduct falling short of or inconsistent with the guiding standards of this Code may also constitute a breach of the Law and expose offending Members to civil or criminal prosecution and penalties.

Ignorance of the guiding standards in this Code shall not excuse a Member. All Members are expected to read and understand this Code. Members must abide by this Code at all times as a condition of their membership of the College.

In addition to non-compliance with the guiding standards in this Code, Member conduct that damages the professional standing and reputation of RANZCO shall constitute a breach of this Code.

## 7. The Standard of Patient Care

The Standard of Patient Care concerns the level of care Members provide to their patients.

Patients depend on you. A Member's ability to deliver the required Standard of Patient Care requires that all actions are designed and implemented to ensure optimal patient care outcomes.

To meet the required Standard of Patient Care, Members must:

1. always act in the best interests of the patient;
2. provide clinical care consistent with the prevailing standards of the specialty, within the constraints of systems and resources available;
3. fulfill duties to patients without discriminating on the basis of age, gender, ethnicity, insurance status, disability, religion, lifestyle, culture or other individual characteristic;
4. address issues that compromise patient safety in a timely manner and act to minimise risk;
5. report all incidents or events that have resulted in or may lead to patient harm in the future in accordance with employer policy and relevant Law;
6. take reasonable steps to ensure continuity of care for patients for whom a Member has responsibility (this includes arranging appropriate cover when not available and handover to other surgeons, clinicians or allied health professionals with competent and timely referrals);
7. manage or undertake procedures only on patients whose clinical conditions are within the scope of a Member's competence having regard to training, experience, credentialing and current practice profile except in an emergency situation where alternatives do not exist or where no other appropriately trained health professional is available;
8. respond in a timely manner to requests from others for advice or opinion and for surgeons, respond as a priority to requests for help from another surgeon in the operating theatre;
9. take reasonable steps to facilitate on-going care in the event that a patient relationship is terminated;
10. offer assistance in an emergency situation subject to your assessment of your own safety, your skills, the availability of other options, the impact on any other patients under your care and continue to provide assistance until your services are no longer required;
11. ensure informed consent (including informed financial consent) has been obtained from the patient (or guardian) before elective operations are undertaken and wherever reasonably possible in emergency situations;
12. take reasonable steps to ensure a culture of operative safety for patients exists, including implementing an approved Surgical Safety Checklist;
13. ensure elective and scheduled urgent procedures are performed in an institution capable of providing the appropriate level of pre and post-operative care;
14. prioritise intervention on the basis of clinical need when confronted with multiple demands;
15. contribute to ensuring a safe environment for the care of patients;
16. refer a patient when the best treatment for the patient is not within a Member's scope of practice;

**with respect to patient records:**

17. maintain complete, legible, correct and contemporaneous patient records;
18. ensure all patient records include sufficient detail to allow another health professional to assume immediate management of a patient in the event that the Member is no longer available to continue management of the patient;
19. ensure that clinical notes are dated and that the author is identifiable;
20. ensure operation notes outline the procedure performed, including any specific problems encountered;
21. document a postoperative plan that includes treatment until the patient is next to be reviewed;
22. comply with privacy legislation and ensure records are not subject to unauthorised access or distribution;
23. ensure the confidentiality of patient records and only disclose confidential information to a third party with the patient's permission or as required by Law;
24. ensure that patient records are not falsified, altered after an adverse event, deliberately destroyed, lost or hidden;
25. determine a process to ensure that in the event of a Member's retirement or incapacity, a smooth handover of patients currently under the Member's care and ensure that all medical records in archive or other storage facilities are either destroyed or transferred according to requirements of the local jurisdiction;
26. ensure that the Member's estate and legal guardian are provided with appropriate instructions to ensure hand over and appropriate management of all medical records in the event of a Member's death or in cases of permanent incapacity that prevent a member from being able to practice

## **8. The Standard of Patient Relations**

The *Standard of Patient Relations* concerns the legitimate expectations of patients that their views are listened to and that their dignity and autonomy are respected. The standard also reflects the expectation that Members will communicate openly, honestly and empathetically with all patients.

To meet the required Standard of Patient Relations, Members must:

1. communicate openly, honestly and empathetically with patients;
2. respect the wishes of the patient;
3. not bully, harass or pressure a patient into agreeing to a plan of action;
4. seek to communicate effectively with patients, relatives, carers and legal guardians;
5. be sensitive and aware that different beliefs, backgrounds, values and cultures may influence a patient's understanding, decisions and responses;
6. discuss the patient's diagnosis, investigations and treatment in a way the patient can understand;
7. provide the patient with recommendations determined by clinical need;
8. provide reasonable opportunities for patients and relatives to ask questions;
9. be open and honest when the patient has suffered a complication or adverse event;
10. maintain the confidentiality of all information divulged by a patient or obtained from the patient (e.g. radiology, photographs, pathology results etc.) unless otherwise required by Law or agreed to by the patient (this particularly applies to publications and presentations where the patient's identity must be concealed);
11. ensure Member contact details are available to hospitals and appropriate contact details are available to current patients in the event of an emergency;
12. never engage in a sexual relationship with a patient or use a relationship with a patient as an opportunity to promote a sexual relationship in the future;
13. never abuse (physically, emotionally, financially, psychologically, verbally or sexually) or assault a patient.

## **9. The Standard of Clinical Competence**

The *Standard of Clinical Competence* concerns the acquisition and maintenance of a Member's professional skills and knowledge. Clinical competence is central to a Member's ability to deliver the required Standard of Patient Care.

To meet the required *Standard of Clinical Competence*, Members must:

1. ensure that they are and remain demonstrably competent with regard to the prevailing standards of the specialty;
2. satisfy all registration requirements for Continuing Professional Development;

3. be appropriately credentialed by the employing authority and the relevant facility provider;
4. maintain appropriate medical indemnity insurance;
5. continually reflect on individual performance particularly with respect to results obtained by peers;
6. participate in performance appraisals and audits;
7. facilitate and participate in peer reviews;
8. keep up to date with the relevant literature;
9. immediately report to a Member's credentialing authority and the RANZCO Chief Executive Officer any loss of hospital privileges, loss of or limitations or conditions placed on medical registration, restricted rights of practice and any indemnity restrictions arising from any Medical Board of Australia or Medical Council of New Zealand disciplinary action against a Member;
10. only claim to have undertaken or obtained training, experience or expertise that can be readily and objectively substantiated;
11. not practise if impaired by drugs or alcohol;
12. not practise if impaired by physical or mental disability that could adversely affect patient outcomes;
13. arrange the involvement of a suitably qualified colleague in the management of a patient if a Member becomes relevantly impaired.

## 10. The Standard of Collegiality

The *Standard of Collegiality* concerns a Member's professional interaction with colleagues. Safe and effective patient care involves working in partnership with other healthcare professionals. Respecting the knowledge and views of others is an important component of teamwork and a central attribute of an ophthalmic professional.

To meet the required *Standard of Collegiality*, Members must:

1. not engage in any conduct that would bring the practice of ophthalmology into disrepute;
2. respect the training, knowledge and experience of others;
3. not force a Member's views or opinions on a colleague in an inappropriate manner;
4. participate constructively in peer review;
5. not engage in, facilitate or condone any communication or actions which involve discrimination, bullying or harassment;
6. not engage in communication that criticises colleagues in an untruthful, misleading or deceptive way;
7. not engage in communication that denigrates another medical practitioner or healthcare professional;
8. observe the same levels of respect for others when using social media as a Member would in a public forum;
9. respond in a timely manner to requests from other clinicians for advice, opinion or assistance;
10. take all reasonable steps to contribute to ensuring a safe working environment for all colleagues;
11. never seek to enhance a Member's practice by actively damaging or inhibiting a colleague's practice;
12. not lodge a complaint alleging a breach of this Code by a fellow Member without a reasonable basis or for a vexatious or ulterior purpose;
13. not engage in conduct that represents a serious breach of RANZCO policy;

### **with respect to second opinions:**

14. if providing the first opinion, consider the benefit to the patient of seeking a second opinion including when the prospect of a second opinion is raised by the patient, the patient's family or other health professional;
15. if providing the first opinion, facilitate a second opinion if requested by the patient;
16. if requested to provide a second opinion, ensure that the patient is made aware that the Member is contracted to provide a second opinion only;
17. ensure that all second opinions are based solely on the patient's best interests.

## 11. The Standard of Commercial Professionalism

The *Standard of Commercial Professionalism* concerns a Member's conduct within the business of ophthalmology. It is a professional responsibility to ensure that the patient's best interests are paramount when providing advice, opinion or intervention.

To meet the required *Standard of Commercial Professionalism*, Members must:

1. not exploit a patient's vulnerability or fears;
2. be honest in all financial and commercial matters;
3. not directly or indirectly encourage indiscriminate or unnecessary interventions;
4. provide an accurate estimate of fees when obtaining consent to treatment;
5. charge reasonable and commensurate fees for professional services;
6. not take financial advantage of or exploit a patient;
7. use accurate treatment codes and follow all rules and regulations when seeking reimbursement from government and third party payer systems ensuring always that systems are not manipulated for personal financial advantage;
8. disclose to patients any relevant interest in or of a relevant third party;
9. not participate in fee splitting for referrals or recommendations;
10. not recompense, either directly or indirectly, in return for patient referrals;
11. not participate in any programs or schemes that could be reasonably seen as either soliciting referrals for reward or receiving a reward for referring patients;
12. provide information about the likelihood, risks and costs of subsequent or revisional surgery should either be required;
13. declare any and all conflicts of interest and ensure that the same are managed in accordance with prevailing standards, ensuring always that a Member's interests do not conflict with the interests of patients, colleagues, the College or the health system;
14. not accept inducements;
15. comply with RANZCO's policy on *Ophthalmologists' and Trainees' Interactions with the Medical Industry*;  
**with respect to advertising:**
16. comply with all relevant Law including, but not limited to, *New Zealand's Health Practitioners Competence Assurance Act* and in Australia, the *Health Practitioner Regulation National Law* as it applies in each state and territory
17. comply with the Medical Board of Australia *Guidelines for Advertising Regulated Health Service* and the *Medical Council of New Zealand Statement on Advertising*;
18. provide only clear, factually correct and verifiable information;
19. not advertise in a manner that misleads any patient or the public in any way;
20. not advertise in a manner that promotes the perception that a Member's services are better than those provided by peers;
21. not include any inducement for referrals;
22. not directly or indirectly attempt to reduce the reputation or standing of colleagues, particularly by attempting to elevate a Member with comparative claims of superior experience, techniques or outcomes;
23. not use testimonials or before and after photographs that could be perceived to create an unrealistic expectation of patient outcomes;
24. be responsible for any advertising issued on a Member's behalf e.g. by an employer or associated practice.

## 12. The Standard of Social Responsibility

Ophthalmologists play a key role in the health system and a leading role with respect to eye health. With this responsibility comes a range of obligations.

The *Standard of Social Responsibility* concerns your public conduct and how you interact with the wider community.

To meet the required *Standard of Social Responsibility*, Members must:

1. not be found guilty of breaching any criminal Laws;

2. not be found guilty of any professional misconduct;
3. ensure that all actions are consistent with all relevant and applicable Laws;
4. ensure that services provided by or arranged by a Member are necessary in order to obtain benefit for the patient;
5. not use public resources (including Medicare) principally for financial gain or for career or academic advancement;
6. inform relevant authorities of an infection that could be transmitted through medical practice (this applies to all Members and their colleagues);
7. volunteer to be tested if there is a possibility of infection by an infectious agent that could be transferred to a patient.

## 13. The Standard of Training and Research

Training and research is central to the practice of ophthalmology. Where mandatory, training and research provides the foundation for the acquisition of relevant professional skills and knowledge. Where voluntary, training and research provides a context for the acquisition of advanced skills and knowledge and the opportunity to provide leadership and professional guidance to colleagues. The Standard of Training and Research concerns your conduct when undertaking training and research.

To meet the required Standard of Training and Research, Members must;

### ***with respect of supervision:***

1. Continue to develop and maintain competence as a teacher and supervisor;
2. not engage in, facilitate or condone any communication or actions which involve discrimination, bullying or harassment;
3. maintain full responsibility for patient welfare when delegating responsibility for surgical management to a trainee or junior doctor;
4. ensure clear and well-defined arrangements for both supervision and the resumption of direct control of the surgical intervention;
5. provide appropriate supervision that minimises risks to the patient;
6. raise performance concerns with trainees at the earliest possible opportunity;
7. give accurate, candid and non-biased feedback on progress and performance of trainees including assisting in remediation programs where necessary;
8. not fail to come to the assistance of or arrange assistance for anyone to whom patient care has been delegated, without good reason;
9. be honest, factual and objective and, as far as possible, constructive when providing an assessment and feedback to a trainee;
10. include accurate and verifiable information when conducting assessments and providing feedback to a trainee;
11. ensure all assessments are conducted honestly and fairly;
12. not provide an unsatisfactory assessment or feedback to a trainee when it is not justified;
13. not provide a satisfactory assessment or feedback to a trainee when it is not justified;

### ***with respect of surgical demonstrations:***

14. inform and obtain specific consent from the patient prior to any surgical demonstration;
15. abide by RANZCO's policy on Live Transmission of Surgery;
16. always place the patient's best interests ahead of all other interests including a Member's interests and the educational value of the session;
17. declare any financial or non-financial benefit, direct or indirect, that may accrue to a Member from a demonstration prior to the demonstration being undertaken;

### ***with respect of research:***

18. comply with the Guidelines for the conduct of Research published by the Australian National Health and Medical Research Council, and the Health Research Council of New Zealand;

### ***with respect of new intervention, technology, techniques or prostheses:***

19. possess all relevant training;
20. not proceed without at least a reasonable belief that there is a theoretical patient benefit to be achieved;
21. prior to proceeding, fully inform the patient and obtain informed written patient consent, obtain

all relevant approvals from relevant ethics committees, new technology committees and relevant jurisdictional oversight authorities;

22. comply with all relevant credentialing authority, hospital and legal requirements;
23. participate in a properly constructed clinical trial where appropriate;
24. maintain a personal register of experience (an audit);
25. participate in peer review.

## 14. Member Health and Wellbeing

Members are encouraged to maintain good physical, psychological and emotional health and seek help if and when required, rather than self-diagnosing and treating.

Members are encouraged to develop insight and in appropriate cases, to seek guidance from a suitably qualified physician in order to identify whether any impairment, temporary or permanent, has the potential to affect the ability to provide optimal care to patients.

Members are encouraged to develop insight regarding the effects of ageing and the signs of illness, including mental illness and dependency, in fellow practitioners.

Members are encouraged to be vigilant when it comes to the health and wellbeing of fellow practitioners and to intervene appropriately when the health and wellbeing of fellow practitioners is at risk.

Discrimination, harassment and bullying threatens Member health and wellbeing and is specifically precluded by this Code.

## 15. Alleged Breaches of the Code

Alleged breaches of this Code are brought to the attention of RANZCO by lodging a complaint.

Complaints are lodged and managed in accordance with the *Complaints Resolution Policy*. A copy of that policy can be found on the RANZCO website <https://ranzco.edu/about-ranzco/our-organisation/policies>.

The Form for lodging a complaint can be found on the RANZCO website <https://ranzco.edu/about-ranzco/our-organisation/policies>.

Complaints in which an alleged Code of Conduct breach arises are referred to the Code of Conduct Committee and are determined in accordance with the *Code of Conduct Procedure Policy*. A copy of that policy can be found on the RANZCO website <https://ranzco.edu/about-ranzco/our-organisation/policies>.

It is a breach of this Code to lodge a complaint alleging a breach of this Code by a fellow Member without a reasonable basis or for a vexatious or ulterior purpose.

## 16. Understanding the Code

In this Code the following words have the following meaning unless otherwise specified:

**“College”** means RANZCO.

**“Law”** means all common law, statute and regulation in force in Australia and New Zealand.

**“Member”** means a Fellow or Associate of the College.

**“Misconduct”** means:

- (i) where the conduct of a Member involves a serious breach of RANZCO policy (including this Code) or damages the professional standing and reputation of RANZCO; and
- (ii) where the conduct of a Member occurring in connection with the practice of ophthalmology or occurring otherwise than in connection with the practice of ophthalmology is inconsistent with the Member being a fit and proper person to be a Member of the College.

**“Unsatisfactory Conduct”** means conduct of a Member occurring in connection with the practice of ophthalmology that is a breach of RANZCO policy (including this Code) or falls short of the standard of competence and diligence that RANZCO expects of its Members.

## 17. Information and Assistance

Additional information to assist you to understand the Code can be found on the RANZCO website.

Members seeking conduct guidance are encouraged to lodge timely requests for guidance with the College by emailing [conduct@ranzco.edu](mailto:conduct@ranzco.edu)

Members should note that seeking guidance from the College does not excuse a breach of the Code. All Members are ultimately responsible for ensuring their ongoing compliance with this Code.

## 18. Related Documents

*Health Practitioner Regulation National Law Act 2009 New Zealand*

*Health Practitioners Competence Assurance Act (2003)*

*Medical Board of Australia Good Medical Practice: A Code of Conduct for Doctors in Australia*

*Medical Council of New Zealand Good Medical Practice*

*Medical Board of Australia Guidelines for Advertising Regulated Health Services*

*Medical Council of New Zealand Statement on Advertising*

*Australian National Health and Medical Research Council Guidelines for the conduct of Research*

*Health Research Council of New Zealand Implementing Research : a guideline for health researchers*

*RANZCO Conflict of Interest Policy*

*RANZCO Complaints Resolution Policy*

*RANZCO Discrimination, Harassment and Bullying Policy*

*RANZCO Reconsideration, Review and Appeals Policy*

*RANZCO Live Transmission of Surgery Policy*

*RANZCO Ophthalmologists' and Trainees' Interactions with the Medical Industry Policy*

## 19. Further Review

This Code shall be reviewed as and when directed by the Board and in any event, not greater than five (5) years from the date of adoption.

## 20. Version Control

Version:	CC2017
Date of Adoption by the Board:	19 August 2017