



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

Ethical Behaviour in General Practice

Endorsed by Council April 2001

Protecting the Interests of Patients, General Practitioners & the Community

1. Introduction

The RACGP supports its members in improving the health and health care of their patients. In so doing, the College has articulated a set of principles by which it stands in supporting general practitioners to maintain high quality ethical practice (RACGP Values for General Practice).

General Practice is a complex, central and integral part of primary health care in Australia. These complexities can lead to many, sometimes competing, pressures on general practitioners. The College is concerned that the care of patients, their relationships with their general practitioner, and the well-being of general practitioners are not compromised by unwarranted external interference e.g. undue pressure from employers or overbearing commercial arrangements.

On the other hand the College is also concerned that general practices remain financially viable and recognises that this may sometimes lead to tensions in working arrangements if expectations are not clarified. It is acknowledged that the owners of practices typically carry greater financial risk through their investment, although this does not confer unlimited or undue rights over employees.

Doctors in general practice are engaged in both clinical and "business" activities. Each depends on the other for sustainability. So too for employers and employees. Considerations of the ethics of practice infrastructures and procedures (the ethics of the "business" of General Practice) are no less important than considerations of the ethics of individual GP/patient interactions (clinical ethics). Such considerations are the responsibility of all GPs whether principals, associates, employees or locums.

2. Elements of Ethical Behaviour in General Practice

2.1 Models of General Practice & Accreditation

The College acknowledges that there is a diversity of acceptable models of general practice. Whatever the model of General Practice, the College advocates high standards for practices as described by the RACGP Standards for General Practices (2000), which can be demonstrated by accreditation of general practices against those Standards.

2.2. Operating Principles within the Practice

The owners, principal, partners, associates and other professional staff should ensure that the practice:

1. has an agreed and explicit commitment to high ethical standards of practice
2. encourages at all times clinical practices that offer the best in health outcomes and quality of care for patients
3. delivers whole-person, comprehensive, coordinated & continuing care
4. offers patients freedom of choice of doctor and other providers, consistent with a practicable and sustainable capacity for particular doctors to be available
5. maintains the primacy of the doctor-patient relationship and the clinical autonomy of the practitioner in determining care
6. fosters preventive approaches to health care
7. maintains the confidentiality and security of patient information
8. adopts practices that respect and do not compromise the dignity, rights and needs of patients
9. adopts practices that respect and support the rights and integrity of general practitioners and other practitioners
10. encourages advocacy for patients when needed
11. maintains facilities and working conditions appropriate to the nature and level of care offered
12. encourages quality improvement processes.

2.3 Employment and contractual arrangements

Practices that employ doctors (or offer functionally comparable contractual arrangements to doctors to provide services within the practice) should:

1. offer appropriate compensation and sustainable conditions for employees, commensurate with the prevailing financial context of the practice(s)
2. agree on appropriate compensation and conditions for those who work as contractors
3. Develop explicit agreements and/or specific guidelines on the practice's expectations in relation to acceptable patient throughput and net revenue generation, within an agreed framework of clinical autonomy and quality of care
4. maintain clinical autonomy in referral, test ordering and prescribing
5. maintain meaningful transparency of ownership and interests, including any related interests of the practice owner(s), such as diagnostic services, hospitals, management support services etc
6. have an explicit mutual understanding of the way in which income is managed, including non-fee-for-service payments (such as the Practice Incentive Program)
7. encourage access to accredited continuing professional education for employees and contractors
8. always maintain open and fair dealings with general practitioners, free of coercion & undue influence
9. provide an opportunity for mutual periodic review of working arrangements.

2.4 General Practitioners

Doctors working in General Practice should:

1. seek and maintain recognition as a general practitioner
2. maintain a commitment to high quality care and the best health outcomes for patients
3. be committed to high ethical standards
4. review their ethical position from time to time and undertake changes as required
5. adopt evidence-based approaches wherever appropriate evidence is available
6. involve patients as partners in health care decisions wherever appropriate
7. consider the overall needs and viability of the practice in which they work
8. respect the varying professional needs of others with whom they work
9. take personal responsibility for their professional behaviour and continuing development.

2.5 Health System

General practices should encourage behaviours that:

1. encourage equity in health and health care
2. strengthen General Practice's central position in primary health care
3. draw on the full scope of expertise of general practitioners
4. foster collaboration with other providers to improve health care
5. support general practitioners in the pursuit of their professional needs
6. encourage the health and well being of general practitioners.

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