ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Code of Conduct

2011

SECTION 1 - PREAMBLE

The Code of Conduct of the Royal Australasian College of Surgeons (RACS) aims to promote the highest standards of surgical care for our community.

The Code of Conduct of the RACS defines the professional behaviour of surgeons who are Fellows of the College and reflects the values espoused in the College Pledge that is taken by all new Fellows. All Fellows and trainees of the College are expected to be familiar with the Code of Conduct and adhere to it.

This Code of Conduct is available to both surgeons and the community. The 'governing' principle of this Code is compatible with the basic premise of medical professionalism - that patients' interests are paramount. For surgeons, the Code outlines expected professional behaviour and provides a standard against which their peers may judge them. For the community, the RACS Code of Conduct describes what can be expected of a surgeon during the performance of their professional interactions.

The RACS supports the Australian Medical Council (AMC) Code of Conduct as adopted by the Medical Board of Australia[1] and the Medical Council of New Zealand (MCNZ) Good Medical Practice Code.[2] As medical practitioners, all surgeons should be familiar with the relevant Code of Conduct.

The RACS Code of Conduct is consistent with the AMC Code and the MCNZ Code but explores in more detail situations specific to surgical practice. It has been written to avoid unnecessary repetition and thus must be read with these other Codes to be comprehensively understood.

The RACS recognises that some surgical specialty societies and associations have Codes of Conduct relevant to their particular practice and supports such initiatives. Fellows and trainees of the College must also abide by the Code of Conduct of their relevant specialist societies.

Legal responsibilities vary from state to state and between Australia and New Zealand. The RACS Code does not remove these legal responsibilities and each practitioner should be aware of jurisdictional requirements.

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[1] Medical Board of Australia, *Good Medical Practice: A Code of Conduct for Doctors in Australia*, 2009, http://www.medicalboard.gov.au/documents/default.aspx?record=WD10%2f1277&dbid=AP&chksum=eNjZ0Z%2fajN7oxjvHXDRQnQ%3d%3d

[2] Medical Council of New Zealand, *Good Medical Practice: A Guide for Doctors*, June 2008, http://www.mcnz.org.nz/portals/0/guidance/goodmedpractice.pdf

COLLEGE PLEDGE

I pledge to always act in the best interests of my patients, respecting their autonomy and rights.

I undertake to improve my knowledge and skills, evaluate, and reflect on my performance. I agree to continue learning and teaching for the benefit of my patients, my trainees and my community.

I will be respectful of my colleagues, and readily offer them my assistance and support.

I will abide by the Code of Conduct of this College, and will never allow considerations of financial reward, career advancement, or reputation to compromise my judgement or the care I provide.

I accept the responsibility and challenge of being a surgeon and a Fellow of the Royal Australasian College of Surgeons.

SECTION 2 – STANDARD OF CLINICAL PRACTICE

"I pledge to always act in the best interests of my patients, respecting their autonomy and rights." (Extract from RACS Pledge)

2.1 GENERAL COMMENTS

Good patient care requires a range of clinical, interpersonal and management skills that are described by the behaviours outlined in the RACS Surgical Competence and Performance Guide[3]. Good patient care depends upon medical and technical expertise, clinical decision-making, communication and teamwork, and health advocacy. The nature of the surgeon-patient relationship is critical to quality of care and outcomes. Surgeons must pay attention to all aspects of this relationship, and must also be familiar with legislation and guidelines relevant to their field of practice within their jurisdictions.

A surgeon will

1. always act in the best interests of his or her patient
2. provide clinical care consistent with the prevailing standards of the specialty, within the constraints of systems and resources available
3. ensure that he or she is, and remains, demonstrably competent with regard to the prevailing standards of the specialty
4. treat patients without discriminating on the basis of age, gender, ethnicity, insurance status, disability, religion, lifestyle, or culture
5. actively protect the privacy of their patients within the confines of law
6. endeavour to ensure continuity of care for patients for whom they have responsibility (this includes arranging appropriate cover when not available, handover to other surgeons or clinicians and competent and timely referrals)
7. manage only patients whose clinical conditions are within the scope of their competence having regard to training, experience, credentialing and current practice profile except in an emergency situation where alternatives do not exist
8. respond in a timely manner to requests from other clinicians for advice or opinion and respond as a priority to requests for help from another surgeon in the operating theatre
9. facilitate on-going care in the event that the surgeon-patient relationship is terminated by the surgeon

It is a breach of this Code to

1. refuse to participate in an emergency situation in the management of a patient when requested, where the surgeon is reasonably able to do so and where such refusal might adversely affect the outcome of the patient

[3] Royal Australasian College of Surgeons, *Surgical Competence and Performance Guide*, 2008, http://www.racs.edu.au/media/286422/pub_2008_surgical_competence_performance_guide.pdf

2.2 SPECIFIC ISSUES PERTAINING TO OPERATIVE PROCEDURES

A surgeon will

1. ensure consent has been obtained from the patient (or guardian)[4] before elective operations are undertaken and wherever possible in emergency situations
2. ensure a culture of operative safety for patients exists, including implementing an approved Surgical Safety Checklist[5]
3. ensure elective and scheduled urgent procedures are performed in an institution capable of providing the appropriate level of peri-operative care
4. prioritise intervention on the basis of clinical need when confronted with multiple demands
5. contribute to ensuring a safe working environment for patients and members of the operating theatre staff

[4] Royal Australasian College of Surgeons, *Informed Consent Policy*, December 2006, http://www.surgeons.org/media/8329/FES_PST_2032_P_Informed_Consent_Policy.pdf

[5] Royal Australasian College of Surgeons, *Surgical Safety Checklist (Australia and New Zealand)*, 2009, http://www.surgeons.org/media/12661/LST_2009_Surgical_Safety_Check_List_(Australia_and_New_Zealand).pdf

SECTION 3 – RELATIONSHIPS WITH PATIENTS

"I will never allow considerations of financial reward, career advancement, or reputation to compromise my judgement or the care I provide."

(Extract from RACS Pledge)

3.1 GENERAL COMMENTS

Patients are entitled to feel their views are listened to and that their dignity and autonomy are respected. They are entitled to expect openness, honesty and empathy from their treating surgeon.

A surgeon will

1. respect the wishes of the patient
2. seek to effectively communicate with patients, relatives, carers or legal guardians
3. be sensitive and aware that different beliefs, backgrounds, values and cultures may influence a patient's understanding, decisions or responses
4. discuss the patient's diagnosis, investigations and treatment in a way the patient can understand
5. understand and explain the limits of medicine in prolonging life and when efforts to prolong life may not benefit the patient
6. provide the patient with a recommendation where this is determined by clinical need
7. provide opportunities for patients and relatives to ask questions
8. refer the patient to another clinician if the patient's wishes are not in accord with what the surgeon feels is in the patient's best interests
9. be open and honest, particularly when the patient has suffered a complication or adverse event
10. refer a patient when the best procedure for the patient is not within the scope of practice of the surgeon
11. maintain confidentiality for 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)
12. ensure their contact details are available to hospitals and current patients

It is a breach of this Code to

1. bully, harass or pressurise a patient into agreeing to a plan of action
2. recommend or undertake a course of action that is not in the best interests of the patient
3. physically abuse or assault a patient
4. engage in a sexual relationship with a patient or use their current relationship with a patient as an opportunity to promote such a relationship in the future
5. use their relationship with a patient to promote or advance a business arrangement

SECTION 4 - WORKING WITH OTHER HEALTH CARE PROFESSIONALS

"I will be respectful of my colleagues, and readily offer them my assistance and support."

(Extract from RACS Pledge)

4.1 GENERAL COMMENTS

Safe and effective patient care involves surgeons working in partnership with other surgeons and other health care professionals. Respecting the knowledge and views of others is an important component of teamwork.

A surgeon will

1. respect the training, knowledge and experience of other surgeons and healthcare workers
2. participate constructively in peer review
3. encourage multidisciplinary activities where appropriate
4. provide leadership when appropriate
5. support others in their leadership roles
6. seek to eradicate bullying or harassment from the workplace[6]

It is a breach of this Code to

1. criticise colleagues in an untruthful, misleading or deceptive way
2. maliciously denigrate another surgeon or health care professional
3. seek to enhance one's practice by actively damaging or inhibiting a colleagues practice

4.2 CONTINUITY OF CARE

A surgeon will

1. make arrangements for appropriate continuity of patient care when not available
2. facilitate care for a patient in urgent need if a colleague is unavailable (even if no formal arrangement has been made)
3. promote and facilitate effective handover procedures
4. willingly seek the involvement of other health care professionals or more experienced colleagues if this will benefit the patient

[6] Royal Australasian College of Surgeons*, Bullying and Harassment: Recognition, avoidance and management*, 2009, http://www.surgeons.org/media/6277/BRC_2009_12_01_Bullying_Harassment.pdf

4.3 SECOND OPINIONS

Second opinions are a positive feature of good surgical practice. Although infrequently required, they can provide patients with an alternative point of view and possibly reassurance. They provide surgeons with a measure of protection. The integrity of the second opinion process is dependent upon the behaviour of the providers of both the first and second opinions.

The surgeon providing the first opinion will

1. be receptive to seeking a second opinion if raised by the patient
2. facilitate a second opinion if requested
3. occasionally suggest a second opinion to the patient

The surgeon, knowing that they have been requested to provide a second opinion, will

1. understand that he/she is contracted to provide an opinion only and make this clear to the patient
2. provide an opinion that is based solely on the patient's best interests

SECTION 5 – THE SURGEON'S RESPONSIBILITIES TO SOCIETY

5.1 HEALTH ADVOCACY

Health advocacy is one of the RACS surgical competencies. Surgeons have a responsibility to promote public awareness of surgical issues and to advocate for improvements in the health care system for the benefit of patients, particularly in areas where inequality exists.

Individually and collectively, surgeons will engage with government, industry and the public to promote health and safety.

A surgeon will

1. abide by the law, but also recognise a responsibility to seek to alter those laws and regulations that do not serve the best interests of their patients
2. support the transparent and equitable allocation of health care resources
3. advocate for improvements in individual and public health where appropriate

5.2 HEALTH CARE RESOURCES

Surgeons have been afforded certain privileges and autonomy with respect to health care resources. It is important that these health care resources are used wisely and equitably.

A surgeon will

1. ensure that services arranged by the surgeon or provided by the surgeon are necessary in order to obtain benefit for the patient
2. understand that the use of resources can affect the access of other patients to healthcare.

It is a breach of this Code to

1. use resources primarily for one's own financial gain or for career or academic advancement

SECTION 6 - MINIMISING RISK

Risk is an inherent part of surgical practice and surgeons are constantly balancing risk and benefit. Surgeons must be vigilant to opportunities to minimise risk.

A surgeon will

1. always endeavour to explain and minimise risk to patients
2. participate in quality assurance and improvement activities
3. participate in systems for surveillance and monitoring of risk
4. address issues that compromise patient safety and act to minimise risk
5. comply with statutory reporting requirements

It is a breach of the Code to

1. refuse to report incidents or events that may lead to patient harm in the future
2. refuse to participate in a properly conducted investigation of adverse events or critical incidents *

* The right of protection against self-incrimination can be maintained

SECTION 7 - MAINTAINING PROFESSIONAL PERFORMANCE

"I undertake to improve my knowledge and skills, evaluate and reflect on my performance."

(Extract from RACS Pledge)

By awarding the Fellowship of the Royal Australasian College of Surgeons, the RACS has undertaken the responsibility of recognising a surgeon's training and abilities. Thereafter, individual surgeons must take responsibility for demonstrably maintaining their professional standards and performance. Surgeons are expected by the community to be informed and up to date in an ever- changing environment.

A surgeon will

1. satisfy the RACS requirements for Continuing Professional Development[7]
2. participate in the National Audit of Surgical Mortality where this is available[8]
3. be appropriately credentialed by the employing authority and /or the facility provider
4. maintain appropriate medical indemnity insurance
5. continually reflect on their individual performance particularly with respect to results obtained by peers
6. participate in performance appraisal processes
7. keep up to date with the relevant literature
8. support, facilitate and participate in peer review processes
9. report any loss of hospital privileges, limitations or conditions placed on medical registration or indemnity restrictions to the RACS Executive Director of Surgical Affairs

It is a breach of this Code

1. to undertake a procedure that the surgeon is not trained and credentialed to undertake except in a life-threatening emergency or where no other appropriately trained surgeon is available
2. to conceal from the RACS or any credentialing authority any loss of hospital privileges, formal disciplinary action, restricted rights of practice or deregistration
3. to claim training, experience or expertise that cannot be substantiated

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[7] Royal Australasian College of Surgeons, *2010-2012 Continuing Professional Development Information Manual*, 2010, http://www.surgeons.org/media/6982/CPD_Info_Manual_2010-2012.pdf

[8] Royal Australasian College of Surgeons, *Audits for Surgical Mortality*, http://www.surgeons.org/racs/research-and-audit/audits-of-surgical-mortality

SECTION 8 - PROFESSIONAL BEHAVIOUR

"I will never allow considerations of financial reward to compromise my judgement or the care I provide."

(Extract from RACS Pledge)

Doctors in general, and surgeons in particular, have traditionally enjoyed respect and trust from the community. In professional life, surgeons must display an ethical standard of behaviour that warrants this respect and trust. It is a professional responsibility to make the patient's interests paramount when providing advice, opinion or intervention.

8.1 FINANCIAL AND COMMERCIAL DEALINGS

A surgeon will

1. when charging a fee for professional services
    a) ensure that it is reasonable and does not exploit a patient's need
    b) provide information about fees when obtaining consent to treatment
    c) disclose to patients any relevant interest in or of a third party
2. provide information about the likelihood, risks and costs of subsequent or revisional surgery should either be required
3. adhere to the RACS Interactions with Medical Industry Policy[9]
4. be honest and transparent with respect to any potential conflicts of interest
5. be honest in financial and commercial matters

It is a breach of this Code to

1. take financial advantage of a patient
2. participate in fee splitting or provide recompense, either direct or indirect, in return for preferential patient referrals

[9] Royal Australasian College of Surgeons, *Surgeons and Trainees Interactions with the Medical Industry*, February 2009, http://www.surgeons.org/media/8410/FES_PST_2041_P_Positon_Paper_Surgeons_and_Trainees_Interactions_with_the_Medical_Industry.pdf

8.2 ADVERTISING

For the purposes of this Code, advertising is the communication, by whatever medium, of information to the public and to other medical practitioners concerning the services provided by a surgeon. The purpose for surgeons advertising is to assist in ensuring the appropriateness of referrals and to provide access and contact details. The RACS has endorsed the Medical Board of Australia (MBA) Medical Guidelines for Advertising of Registered Health Services[10] and the Medical Council of New Zealand (MCNZ) Statement on Advertising[11] as the minimum standards applicable to surgeons.

A surgeon will

1. provide only clear, factually correct and verifiable information
2. be responsible for any advertising issued on their behalf (the subjective intention of the surgeon in advertising is irrelevant when compared to the objective content of the advertisement)

It is a breach of this Code to

1. advertise in a manner that could mislead any patient in any way
2. advertise in a manner that promotes the perception that services are better than those provided by peer specialist surgeons
3. include any inducement in the advertisement
4. use testimonials or 'before and after' photographs that could be perceived to create an unrealistic expectation of outcome in patients
5. exploit a patient's vulnerability or fears
6. directly or indirectly encourage indiscriminate or unnecessary interventions
7. directly or indirectly attempt to reduce the reputation or standing of surgical colleagues, particularly by attempting to elevate oneself with comparative claims of superior experience, techniques or outcomes

[10] Medical Board of Australia, *Guidelines for Advertising of Regulated Health Services*, 2009, http://www.ahpra.gov.au/documents/default.aspx?record=WD10%2f2669&dbid=AP&chksum=3W%2fN5vWpGoe0K892YW9sFw%3d%3d

[11] Medical Council of New Zealand, *Statement on Advertising,* August 2010, http://www.mcnz.org.nz/portals/0/publications/Stmt%20on%20Advertising.pdf

8.3 RECORD KEEPING

The surgeon should ensure that records are available that document clinical assessment, decisions and plans for a patient. The records must be of sufficient detail to allow another practitioner to assume immediate management of a patient in the event that the treating surgeon is no longer available to continue management of the patient. This documentation is important not only for in-patient care but for the exchange of information between health professionals (clinical letters), discharge summaries, referral, transfer and handover. The following apply regardless of whether records are maintained on paper or electronically.

The surgeon will

1. maintain legible, contemporaneous patient records
2. ensure that clinical notes are dated and that the author is identifiable
3. ensure operation notes outline the procedure performed, including any specific problems encountered
4. document a postoperative plan that includes treatment until the patient is next to be reviewed
5. comply with privacy legislation and ensure records are not subject to unauthorised access

It is a breach of the Code to

1. falsify records at any time
2. alter records after an adverse event
3. deliberately destroy, lose or hide records
4. breach the confidentiality of the doctor patient relationship by making records available to others not involved in the care of the patient or without the patient's permission (other than as may be required by law)

SECTION 9 – SURGEONS' HEALTH

Surgeons should seek to maintain good physical, psychological and emotional health. They should seek to develop insight when impairment, either temporary or permanent, affects their ability to provide optimal care to their patients.

9.1 IMPAIRMENT

A surgeon will

1. refrain from practising if impaired by drugs or alcohol
2. refrain from practising if impaired by physical or mental disability that could affect patient outcomes
3. be aware of the effects of ageing
4. arrange the involvement of a suitably qualified colleague in the management of a patient if impaired
5. volunteer to be tested if they may be infected with an infectious agent that could be transferred to the patient

It is a breach of this Code to

1. practice with an impairment that could adversely affect patient outcomes
2. fail to inform relevant authorities of an infection that could be transmitted through surgical practice (This applies to oneself and also to colleagues)

9.2 RETIREMENT FROM SURGICAL PRACTICE, INCAPACITY OR DEATH

A surgeon(*) will

1. determine a process to ensure a smooth hand-over of patients currently under the surgeon's care
2. ensure that all medical records of patients currently under the surgeon's care or follow- up are transferred to another surgeon in the specialty
3. ensure that all medical records in archive or other storage facilities are either destroyed or transferred according to requirements of the local jurisdiction

(* the executor of the surgeon's will in the case of death)

SECTION 10 - TEACHING, SUPERVISION AND TRAINING

"I agree to continue learning and teaching for the benefit of my patients, my trainees and my community."

(Extract from RACS Pledge)

Surgeons take an active role in teaching other surgeons, trainees and undergraduates. They should recognise their professional responsibility to supervise and teach and that, by virtue of their position, act as a role model. Surgeons should maintain and develop their skills as supervisors, trainers and educators as appropriate and according to their roles and responsibilities

The responsibility for teaching, training and supervision involves a delicate balance between the need for acquisition and maintenance of surgical skills on the one hand and the protection of the patient's interests on the other.

Where a surgeon chooses to delegate responsibility for surgical management to a trainee or junior doctor, the surgeon is still responsible for the patient's welfare. There should be clear and well defined arrangements for both supervision and the resumption of direct control of the surgical intervention by the surgeon.

10.1 TEACHING AND MENTORING ROLE

A surgeon will

1. provide appropriate supervision that minimises risks to the patient and maintains responsibility for the patient's welfare
2. acknowledge the responsibility to teach and train future surgeons, junior doctors and medical students
3. encourage trainees to acquire the RACS surgical competencies[12]
4. give feedback on progress and performance, including assisting in a remediation program where necessary[13]
5. encourage self-assessment and reflection through surgical audit[14]
6. assist in ensuring trainees are safe in the workplace, with regard to their own physical, mental and emotional health
7. encourage trainees to attend courses and workshops where such attendance does not compromise patient care or service delivery
8. seek to maintain competence as a teacher and supervisor[15]

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[12] Royal Australasian College of Surgeons, *Definition of Surgical Competence*, http://www.surgeons.org/racs/education--trainees/training/standards-and-protocols/competencies

[13] Royal Australasian College of Surgeons, *Assessment of Clinical Training,* October 2010, http://www.surgeons.org/media/48000/pol_2010-11-23_assessment_of_clinical_training_v2.pdf

[14] Royal Australasian College of Surgeons, *Surgical Audit and Peer Review*, 2008, http://www.surgeons.org/media/66599/surgical_audit_peer_review.pdf

[15] Royal Australasian College of Surgeons, *Surgical Supervisors*, June 2010, http://www.surgeons.org/media/14438/POL_2010-07-19_Surgical_Supervisors_V3.pdf

It is a breach of this Code to

1. engage in behaviour that involves bullying or harassment[16] as a result of the surgeon's senior position
2. seek or promote an intimate relationship with a trainee when the surgeon is involved with the trainee as a supervisor, trainer or educator
3. engage in prejudicial conduct or judgements in relation to a trainee's gender, religion, culture, race or beliefs and practices
4. give a trainee deliberately misleading advice
5. fail to come to the assistance of, or arrange assistance for a trainee to whom patient care has been delegated, without good reason

[16] Royal Australasian College of Surgeons*, Bullying and Harassment: Recognition, avoidance and management*, 2009, http://www.surgeons.org/media/6277/BRC_2009_12_01_Bullying_Harassment.pdf

10.2 ASSESSMENTS

Surgeons become involved in assessment in a variety of ways, including assessing trainees, students and writing references for colleagues. It is essential that assessments are honest and it must be recognised that providing a 'dishonest' report may place patients at risk if such a report contributes to a clinician being considered more experienced or competent than they actually are.

A surgeon will

1. be honest, factual and objective and as far as possible constructive when providing an assessment
2. include accurate and verifiable information
3. confront the difficulties associated with providing an adverse assessment.

It is a breach of this Code to

1. act with malicious intent when providing an assessment
2. provide a satisfactory assessment when it is not justified.

10.3 SURGICAL DEMONSTRATIONS

Surgical demonstrations are a vital part of surgical education and training.

A surgeon will

1. whenever a patient is involved in a surgical demonstration, always place the patient's interests first, not the educational value of the session
2. inform and obtain specific consent from the patient
3. adhere to the RACS policies on Live Transmission of Surgical Procedures[17] and Telementoring[18]
4. declare any financial or non-financial benefit, direct or indirect, that may accrue to the demonstrating surgeon from the demonstration[19]

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[17] Royal Australasian College of Surgeons, *Live Transmission of Surgery*, February 2010, http://www.surgeons.org/media/14504/POS_2010-02-25_Live_Transmission_of_Surgery.pdf

[18] Royal Australasian College of Surgeons, *Telementoring and Teleassessment of Live Surgery*, June 2010, http://www.surgeons.org/media/14507/POS_2010-06-24_Telementoring_and_Teleassessment_of_Live_Surgery.pdf

[19] Royal Australasian College of Surgeons, *Surgeons and Trainees Interactions with the Medical Industry*, February 2009, http://www.surgeons.org/media/8410/FES_PST_2041_P_Positon_Paper_Surgeons_and_Trainees_Interactions_with_the_Medical_Industry.pdf

SECTION 11 - RESEARCH

"I agree to continue learning and teaching for the benefit of my patients, my trainees and my community."

(Extract from RACS Pledge)

11.1 RESEARCH PROJECTS

Research is a vital part of surgical practice and benefits the quality of health care provided to patients. Research, by its nature, carries a risk of unknown adverse events from the interventions being trialled but any known risks to the patient should be acknowledged and minimised. Guidelines for the conduct of research are published by the National Health and Medical Research Council (NHMRC)[20]

A surgeon will

1. always regard the wellbeing of the individual patient as paramount irrespective of the value of the research project
2. perform research under the oversight of an accredited ethics research committee where appropriate
3. ensure that patients who participate in research have given their full informed written consent
4. ensure that patients retain the right to withdraw from research at any time and are provided with feedback but without prejudice to their treatment
5. be responsible for proposing, designing and reporting the research if in the role of primary researcher, and also be responsible for any work conducted on the project by individuals
6. ensure that all research on animals is in accordance with appropriate institutional and government guidelines[21]
7. declare to research subjects and the appropriate oversight body the nature of any contractual involvement with industry involved with their research or any other possibly perceived conflicts of interest[22]
8. declare any conflict of interest e.g. sponsorship of a project, prior to any presentation or publication
9. support and facilitate the research of others where the proper approvals have been obtained and the wellbeing of the patient is not jeopardised

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[20] National Health and Medical Research Council, *Current Guidelines for Human Research*, http://www.nhmrc.gov.au/health_ethics/ahec/guidelines/index.htm

[21] National Health and Medical Research Council, *Animal Research Ethical Issues*, http://www.nhmrc.gov.au/health_ethics/animal/issues.htm

[22] Royal Australasian College of Surgeons, *Surgeons and Trainees Interactions with the Medical Industry*, February 2009, http://www.surgeons.org/media/8410/FES_PST_2041_P_Positon_Paper_Surgeons_and_Trainees_Interactions_with_the_Medical_Industry.pdf

It is a breach of this Code to

1. participate in any randomised study where clinical equipoise does not exist i.e., when the clinician believes a particular treatment is best for their patient
2. discount, ignore or otherwise falsely represent the data collected
3. plagiarise the work of others
4. ignore or fail to recognise the contribution of others

11.2 NEW TECHNOLOGY

New technology, techniques or prostheses are constantly becoming available to surgeons.[23] If there is proven benefit, it is incumbent upon surgeons to acquire the skills of the new technology either through training courses, mentorships etc.

There are circumstances where the benefit of the new technology, technique or prosthesis is not proven but theoretical advantages exist.

A surgeon will

1. fully inform the patient and obtain consent prior to employing a new intervention, technique or prosthesis
2. fully inform the credentialing authority prior to employing a new intervention, technique or prosthesis
3. seek to participate in a properly constructed clinical trial where appropriate
4. maintain a personal register of experience with the new procedure and participate in peer review.

It is a breach of this Code to

1. introduce a new procedure or technology to a hospital without seeking approval from the local new technology committee or relevant jurisdiction

[23] Royal Australasian College of Surgeons*, Australian Safety and Efficacy Register of New Interventional Procedures – Surgical*, http://www.surgeons.org/racs/research-and-audit/asernip-s

CONCLUSION

"I will abide by the Code of Conduct of this College …. I accept the responsibility and challenge of being a surgeon and a Fellow of the Royal Australasian College of Surgeons."

(Extract from RACS Pledge)

This Code of Conduct of surgeons endeavours to reflect and represent the high standards by which surgeons conduct their professional lives. The underpinning principles throughout have been:

1. the 'patient's best interest' and
2. surgeon collegiality

The Code varies from previous editions - and indeed from other Professional Codes, in that it attempts to draw a distinction between acceptable and unacceptable professional behaviour - it is therefore "silent" on many of the grey areas of professional life. It would be incorrect to conclude that anything not included in the Code is in some way optional or sanctioned by implication. It is conceivable that unprofessional behaviour could occur despite compliance with the Code and were this to be brought to the attention of the RACS, it would be assessed with respect to the underpinning principles of the Code.

Breaches of the Code reported to the College will be investigated and evaluated according to the RACS Sanctions Policy[24].

The Executive Directors of Surgical Affairs in Australia and New Zealand are the 'custodians' of the Code and as such are the recipients of complaints about the Code and also with respect to reported breaches of the Code.

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[24] Royal Australasian College of Surgeons, *Code of Conduct – Handling Potential Breaches,* October 2009, http://www.surgeons.org/media/14300/POL_2009-10-29_Code_of_Conduct_Handling_Potential_Breaches.pdf

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