

Code of Ethical Conduct

Second Edition (2022)



Australian Association of
Practice Management

Table of contents

Table of contents	2
Versions of the code	3
Summary of the Code.....	4
Introduction	6
A guide to ethical decision-making.....	7
Recognise when there is an ethical issue.....	7
Clarify the ethical issues involved.....	7
Explore the options available to you.....	7
Implement your chosen course of action	7
Reflect on and review the process	7
Scope and application.....	8
Fundamental principles.....	8
Justice and Fairness.....	9
Honesty	9
Integrity.....	9
Respect	10
Good Faith	10
Care and Empathic Understanding	10
Empowerment.....	11
Dignity	11
Privacy and Confidentiality	11
Communication	11
Conflicts of Interest.....	11
What to do if you have concerns	12
Appendices:	
Complaints Handling Policy	13
By-Laws for Handling Complaints about AAPM Members	19
Conflicts of Interest.....	26
Case Studies	27

Versions of the code

- This version of the Code supersedes the first edition of the AAPM *Code of Ethical Conduct*.
- The Code can be referenced in the following manner: AAPM (2022) Code of Ethical Conduct, 2nd Ed. Melbourne: Author.

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Summary of the Code

AAPM's vision is for Practice Management to be universally recognised and valued at the centre of effective healthcare systems and sustainable businesses for optimal patient outcomes. In accordance with this vision, Members shall at all times uphold the following principles in their professional conduct and in the context of their employment obligations.

1. Principles of Justice and Fairness

- **Honesty** – to be truthful, trustworthy, straightforward, fair, and sincere in all professional and business interactions.
- **Integrity** – to be consistent in action, values, methods, measures, principles, expectations, and outcomes.
- **Respect** – to acknowledge that every human being, regardless of race, religion, gender, age, sexual and gender diversity, or other individual differences is entitled to unconditional respect and has a right to maximise his or her potential providing it does not infringe upon the rights of others.
- **Good Faith** – to exercise his or her responsibilities reasonably and not arbitrarily or for some irrelevant purpose, having regard to the legitimate interests of other affected parties.

2. Principles of Care and Empathic Understanding

- **Empowerment** – to facilitate autonomy, independence, and self-determination in people and communities by providing appropriate resources and support.
- **Dignity** – to value the uniqueness of every individual. And uphold the responsibility to provide services around each individual and their specific needs.
- **Privacy** – to value the privacy of individuals as an inherent right and acknowledge their right to privacy by maintaining confidentiality of information shared by patients and other stakeholders.
- **Communication** – to value communicating with individuals in ways that are meaningful to them and enables them to understand and clarify the issues at stake.

3. Sound ethical decision-making

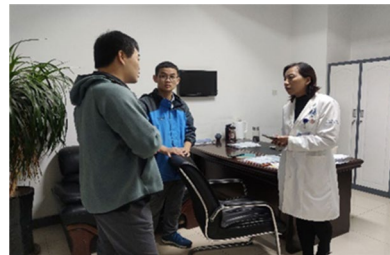
Recognise when there is an ethical issue at stake.



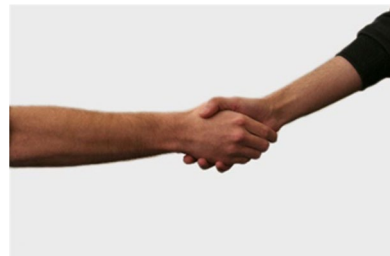
Clarify the ethical issues involved in these circumstances.



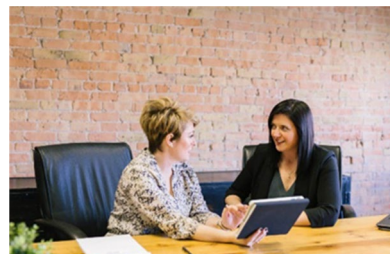
Explore the options available to you as a Practice Manager.



Implement your chosen course of action.



Reflect and review the process.



Introduction

The Australian Association of Practice Management (AAPM) is a not-for-profit, national association recognised as the professional body dedicated to supporting effective Practice Management in the healthcare sector.

AAPM provides an array of benefits for Members such as advocacy, education, resources, networking, and events. Our goal is that Members benefit through the professional recognition, continuing education, networking, personal development, assistance, and advice offered by AAPM membership.

AAPM members are engaged across a range of healthcare settings including general practice, allied health, dental, medical specialties, physiotherapy, and podiatry. Also included are members employed by organisations for provision of personal services or retained as consultants to organisations within the industry.

AAPM represents Practice Managers in a range of roles, such as business managers, service managers, CEOs, and principals – the key decision-makers in healthcare practices.

The role of Practice Management in a healthcare setting involves activities such as strategic planning, reviewing, and implementing processes that increase practices' efficiency and efficacy and contribute to the overall principle of 'excellence in healthcare'. While roles may differ, AAPM regards the following professional activities as core aspects of healthcare management:

- financial
- human resources
- strategic planning and marketing
- risk management
- governance
- accreditation
- business and clinical operations
- professional responsibility.

Our vision is for Practice Management to be universally recognised and valued as central to effective healthcare systems and sustainable businesses for optimal patient outcomes.

This Code of Ethical Conduct (Code) identifies and articulates the core ethical principles that guide AAPM members in managing and resolving ethical dilemmas they encounter in their practices. Members' behaviour that is consistent with this Code can reflect on the reputation AAPM, individual Members, or groups of Members, further the objectives of AAPM, and promote trust in AAPM.

The Code is revised regularly to ensure it remains relevant to contemporary ethical considerations and reflects members' views on those principles. In preparing this revision, members were consulted widely and invited to contribute to the review process. The revised Code was formally adopted by the National Board on Wednesday 12 October 2022 and announced at the 2022 Annual General Meeting of the Association.

A guide to ethical decision-making

As professionals, members of AAPM recognise their first responsibility, when they encounter ethical dilemmas, is to attempt to resolve or manage the issues at stake. If initial attempts to resolve the matters have not proved fully effective, members have other courses of action they can follow. The first step is to recognise when there is an ethical issue at stake, and then determine how best to manage the situation. The following illustrates the steps that members can take.

Recognise when there is an ethical issue

- Increase your sensitivity to ethical considerations.
- Identify triggers and cues alerting you to ethical considerations:
 - changes to your usual professional practices
 - ruminating about an incident with another party
 - empathising with another party's experience
 - feeling uncomfortable or regretful about an incident.
- Confirm you are involved as a part of your professional role.

Clarify the ethical issues involved

- Identify the ethical principles that are relevant in these circumstances.
- Drill down to ascertain the specific ethical standards that apply to AAPM members.
- Evaluate the rights, responsibilities, needs and vulnerabilities of all parties affected.
- Consider the other resources that might offer assistance, such as case studies, papers etc.

Explore the options available to you

- First, talk with the other parties concerned and invite them to share their perspectives.
- Consult colleagues and mentors to obtain their perspectives on the issues.
- Talk with other AAPM members and identify standard practices usually followed.
- Consider the legal and regulatory frameworks that impact on this situation.

Implement your chosen course of action

- Having decided on the best option available, implement it.
- Remember that often the best course of action will be: *not to act hastily until you have properly analysed the situation.*
- Document your decision and action, noting the process you followed beforehand.
- Consider the legal and regulatory frameworks that impact on this situation.

Reflect on and review the process

- Reflect on the process and consider where you might have done things differently.
- Think about how you might have prevented the issues arising in the first place.
- How have the other parties benefitted, if at all, from this experience?
- What have you learned about your professional practice, its strengths, and weaknesses?

- How can you improve your ethical sensitivity and broaden your problem-solving skills.

Scope and application

1. This Code takes effect from 12 October 2022 and supersedes all previously published versions.
2. This Code is applicable to all AAPM Members in their capacities as:
 - a. a person engaged in or associated with practice management, and
 - b. an individual whose behaviour may reflect upon AAPM, its Members, and the profession of practice management.
3. The terms of this Code apply whether Members are acting in paid or voluntary positions.
4. This Code is not intended to detract from any responsibilities which may be imposed by law or regulation. Members are at all times expected to comply with the law.
5. In applying this Code, Members are guided not merely by the words but also by the spirit of this Code.
6. Members are expected to demonstrate sound professional judgment when deciding on ethical courses of action, whether or not the specific details of their decisions are explicitly written into this Code.
7. Members endeavour to ensure that the contribution made by the profession to the health care industry and society in general is both beneficial and respected by AAPM members, other healthcare professionals, and members of the public.
8. Members at all times endeavour to uphold the principles described in this Code.

Fundamental principles

Following a comprehensive consultation process, Members of AAPM have identified the following fundamental ethical principles as central to their professional practice.

Principles of Justice and Fairness

- **Honesty** – to be truthful, trustworthy, straightforward, fair, and sincere in all professional and business relationships.
- **Integrity** – to be consistent in action, values, methods, measures, principles, expectations, and outcomes.
- **Respect** – to acknowledge that every human being, regardless of race, religion, gender, age, sexual and gender diversity, or other individual differences is entitled to unconditional respect and has a right to maximise his or her potential providing it does not infringe upon the rights of others.
- **Good Faith** – to exercise his or her responsibilities reasonably and not arbitrarily or for some irrelevant purpose, having regard to the legitimate interests of other affected parties.

Principles of Care and Empathic Understanding

- **Empowerment** – to facilitate autonomy, independence, and self-determination in people and communities by providing appropriate resources and support.

- **Dignity** – to value the uniqueness of every individual and uphold the responsibility to provide services around each individual and their specific needs.
- **Privacy** – to value the privacy of individuals as an inherent right and acknowledge the right to privacy by maintaining confidentiality of information shared by patients and other stakeholders.
- **Communication** – to value communicating with individuals in ways that are meaningful to them and enables them to understand and clarify the issues at stake.

Justice and Fairness

The ethical principle of Justice asserts that people ought to be treated equally, while recognising the unique circumstances of individuals. This standard requires that everyone is afforded their basic rights and can participate in any decision-making process that might affect those rights.

Fairness refers to the expectation that we are acting impartially, whatever our own emotions and interests regarding the issues in question, as well as to the outcomes of the process.

Honesty

Honesty is a principle that is closely related to justice. It means that all of the facts related to any particular issue are conveyed to others. It also means that nothing of relevance to any dealings with others are deliberately omitted or hidden. In order to observe this principle, Members of AAPM strive to be truthful, trustworthy, straightforward, fair, and sincere in their professional conduct. They:

- Recognise that honesty forms the foundation of trust, which is essential in all their professional relations.
- Adhere to the highest standards of accuracy and transparency in their communications.
- Comply with all relevant privacy laws and laws regarding the management of health records in the protection of personal information received from clients in a healthcare practice.
- Ensure that their employees and associates also comply with this provision and monitor employee activities to ensure privacy and confidentiality standards are maintained.

Integrity

Acting with integrity means understanding, accepting, and choosing to live in accordance with one's principles. It is the practice of showing a consistent and uncompromising adherence to an internally consistent moral and ethical framework. It requires the avoidance of any arbitrary choices that make exceptions for a particular person or group. The sense of wholeness accompanying integrity communicates an impression of trustworthiness to others, facilitating professional relationships. To ensure integrity, Members of AAPM aim to be consistent in action, values, methods, measures, principles, expectations, and outcomes.

They:

- Act according to the values, beliefs and principles that are expected of Members.
- Fulfil their promises and commitments to their clients, employees, and colleagues.
- Show leadership in their relations with clients, employees, and colleagues by working to resolve issues constructively and in mutually acceptable ways.

Respect

The principle of respect is based on the assumption that all competent humans are autonomous and have the right to make their own decisions freely without fear of interference. Autonomous people are considered to have the capacity to determine their own destiny, and as such must be respected unconditionally. Members of AAPM acknowledge that every human being, regardless of race, religion, gender, age, sexual and gender diversity, or other individual differences is entitled to unconditional respect and has a right to maximise his or her potential, and exercise their right to free choice, providing it does not infringe upon the rights of others. They:

- Ensure people who can responsibly make their own decisions, are given serious consideration and people who are not able to take responsibility for their own decisions are supported appropriately.
- Have regard for others' personal space, opinions, and privacy, ensuring that harassment or bullying in any form is not tolerated.

Good Faith

Members of AAPM endeavour to exercise their responsibilities reasonably and not arbitrarily or for some irrelevant purpose, having regard to the legitimate interests of other affected parties.

- Act with honesty and impartiality when providing service or advice to others.
- Provide comprehensive information that others need to know in order to make informed decisions.

Care and Empathic Understanding

Principles of care and empathic understanding reflect the view that relationships form the context in which sound ethical decisions are made. It requires that ethical decision-makers are mindful of the well-being of others and seek to act benevolently wherever possible. They emphasise the importance of each individual and the degree of interdependence between those involved in an ethical dilemma.

Care and empathic understanding imply a responsiveness to the lived experience of those in vulnerable positions rather than understanding how we might experience similar situations. Competence in providing care, not simply the awareness or acknowledgment that care is needed, becomes an imperative. Attentiveness to specific details of the context help moral agents to determine how they might safeguard and even promote the interests of those involved in such situations.

Empowerment

Members of AAPM aim to facilitate autonomy, independence and self-determination in people and communities by providing appropriate resources and support in relation to their professional undertakings. They:

- Presume that individuals are competent in assessing and acting on their interests.
- Support individuals to make informed decisions that are in their own best interests.

Dignity

Members of AAPM value the uniqueness of every individual and uphold the responsibility to provide services around each individual and their specific needs. They:

- Respect the inherent dignity, worth, and unique attributes of every person.
- Acknowledge the rights of each individual and engage in positive, unbiased interactions that observe those rights.

Privacy and Confidentiality

Members of AAPM value the privacy of individuals as an inherent right and acknowledge the right to privacy by maintaining confidentiality of information shared by patients and other stakeholders. They:

- Respect and maintain the confidentiality of information acquired in the course of their professional duties and ensure policies are in place to prevent disclosure of such information, except when authorised or legally required to do so.
- Refrain from using information obtained in the course of their work for unethical or illegal advantage, personally or through a third party.

Communication

Members of AAPM aim to communicate with individuals in ways that are meaningful to them and enables them to understand and clarify the issues at stake. They:

- Communicate truthfully, concisely, and responsibly with others.
- Listen non-judgementally to others and identify their unique perspectives and points of view.
- Communicate information to other parties fairly and objectively.
- Ensure their communications have been understood and clarify any ambiguities or address any questions that might arise.

Conflicts of Interest

A conflict of interest occurs when a member's personal interests' conflict with their responsibility to act in the best interests of AAPM and any of their fiduciary and social obligations. It may also be unlawful. AAPM members:

- Identify potential conflicts of interest and manage them appropriately.
- Consult other members, particularly senior and more experienced Practice Managers regarding potential conflicts of interest.

N.B. The issue of conflicts of interest is complex, and further discussion of some of the many aspects involved is provided in the appendix.

What to do if you have concerns

If informal methods of dealing with ethical concerns are deemed to be unsatisfactory by any of the parties concerned, including patients, healthcare practitioners, members of the public and fellow Members, formal complaints about the conduct of AAPM members can be raised with the Association.

This Code and the Rules and Procedures for managing complaints raised may be reviewed and updated from time to time by the National Board. The current version is provided in Appendix A. Anyone with concerns about AAPM members is encouraged to read both documents before contacting the AAPM for further information. AAPM aims to:

1. deliver an effective complaint handling system founded on the principles of fairness, accessibility, responsiveness, and efficiency
2. ensure individuals who make a complaint are respected and aware of the process of consideration of their complaint and the outcome
3. provide transparency around AAPM's process for receiving, handling, and investigating complaints
4. enable AAPM to apply lessons learnt from complaints received for continuous improvement.

A formal complaint may be made in any form of writing including on paper, received electronically via email or through the contact form available at <https://www.aapm.org.au/About-Us/Contact-Us>.

Complaint Handling Policy

(Version 6, updated 12 October 2022)



Australian Association of
Practice Management

Purpose

This document sets out the AAPM Complaint Handling Policy. A complaint about an AAPM Member is subject to the AAPM By-laws for handling complaints about AAPM Members which is available at the AAPM website. The purpose of this policy is:

1. to deliver an effective complaint handling system founded on the principles of fairness, accessibility, responsiveness, and efficiency
2. to ensure individuals who make a complaint are respected and aware of the process of consideration of their complaint and the outcome
3. to provide transparency around AAPM's process for receiving, handling, and investigating complaints; and
4. to enable AAPM to apply lessons learnt from complaints received for continuous improvement.

Who this policy applies to

Any person can make a complaint to AAPM regarding any aspect of AAPM's operations. AAPM can only consider complaints that have some connection to AAPM's operations. This policy must be considered alongside other AAPM policies. A complaint that more appropriately falls within the AAPM Whistleblower Policy, Code of Ethical Conduct or another applicable policy, will be dealt with in accordance with the appropriate policy.

Matters that can be considered under this policy

AAPM will consider any complaint that has some connection to AAPM and in respect of which it has the necessary authority or ability to enforce a decision, including complaints made about:

- AAPM operations or activities
- conduct of officers, employees, agents, or contractors of AAPM; or
- conduct of Members of AAPM.

This policy may also be applied for consideration of work-related grievances and other complaints personal to an individual.

Where to make a complaint

Where a complaint should be sent depends on the nature of the complaint.

- **Complaints about members of AAPM**
AAPM has a policy and process for complaints about members, which is available from the AAPM website. Information about how to make a complaint about an AAPM Member is set out in the [By-Laws for Handling Complaints about AAPM Members](#).
- **Complaints about AAPM staff**
Complaints about AAPM staff should be marked 'confidential' and sent directly to the office of AAPM's CEO at ceo@aapm.org.au.

- **Complaints about the AAPM CEO or a Board member**
Complaints about the CEO or a Board member should be marked 'confidential' and sent directly to the Chair of the AAPM Board at president@aapm.org.au.
- **Complaints about the National President or Chair**
Complaints about the President should be marked 'confidential' and sent directly to the office of AAPM's CEO at ceo@aapm.org.au.
- Other complaints can be made via email addressed to any one of the following:
State Committee: ceo@aapm.org.au
CEO: ceo@aapm.org.au
Board: president@aapm.org.au

Any complaints received at a State Branch Committee level should be referred to the AAPM National Office promptly for management to promote national consistency in complaints handling.

Any complaint received can be escalated to the CEO or the Board at the discretion of an AAPM National Office employee who received the complaint.

How to make a complaint

Complaints should be made in writing to assist in record keeping, assessment and investigation. AAPM may decline to consider any verbally received complaint.

A complaint:

- may be in any form of writing including on paper, received electronically via fax or email or through the contact form available at <https://www.aapm.org.au/About-Us/Contact-Us>
- must include sufficient information to enable AAPM to properly assess the complaint
- may include any additional information the complainant considers relevant
- must include the name and contact details of the complainant, and a statement about whether the complainant wishes to remain anonymous
- must state the outcome being sought.

Complaints that do not include the name and contact details of the complainant may not be investigated.

Details such as dates, times, locations, and other persons present may be necessary information to enable a person who is the subject of a complaint to properly respond, and for AAPM to properly investigate the complaint.

Where a complaint is made about operations or activities of AAPM, a complainant should be encouraged to provide alternative options to any issues raised, rather than simply identifying a problem.

Acknowledging a complaint

AAPM aims to acknowledge receipt of a complaint within three (3) business days of receipt, and to provide to the complainant a copy of this policy for reference.

Assessing a complaint

Within seven (7) business days of receipt, the recipient of the complaint will assess the complaint to:

- identify that AAPM has the necessary authority or power to consider the complaint and enforce any decision made in respect of the complaint
- determine whether the complaint should be handled in accordance with this policy or another more appropriate AAPM policy
- identify whether another person or entity is mentioned in the complaint and should be provided an opportunity to respond
- determine who is best positioned to investigate and respond to the complaint.

Having assessed the complaint, the person then designated to handle the complaint must notify the complainant and any person or entity required to respond to the complaint of their findings and the process and timing to be followed from that point forward.

Where the assessor's finding is that AAPM has no authority or power to consider the complaint, the complainant must be notified of that finding and advised that the complaint process is then at an end.

Where a person or entity impacted by the complaint is given an opportunity to respond, they will be requested to provide their written response to the complaint within seven (7) days of receipt of that notice.

Responding to a complaint

Anyone responding to a complaint must provide a written response to the complaint within seven (7) business days of the request for their response.

A written response to the complaint:

- should be succinct and factual
- must be addressed to the person requesting the response
- must be in writing
- must address the complaint
- may include any information the respondent considers relevant
- may include supporting statements from other people, and
- may request further time to respond, provided that a fixed date for the response is nominated at the time of that request and is not more than 30 days later than the original date to respond.

Investigation

If additional information is required by the investigator, that person may request that information from any person, seeking a response within seven (7) days, and notifying the person from whom information is requested that the complaint will be considered without that information if it cannot be provided within that timeframe.

Fair assessment and investigation of a complaint

AAPM acknowledges that this policy will not be meaningful and effective unless it is implemented and applied consistently throughout AAPM in practice.

A complainant must be treated fairly. Fairness comprises three qualities – impartiality, confidentiality, and transparency.

Impartiality – a person receiving, assessing, or investigating a complaint must aim to:

- avoid a conflict of interest
- avoid defensiveness
- avoid seeking to prove right or wrong
- avoid bias (conscious or unconscious) or prejudice
- remain open minded
- remain objective
- give equal consideration to information received from different sources
- disregard any prior complaints from, or relationship with, the complainant.

Confidentiality – a person receiving, assessing, or investigating a complaint must aim to:

- keep the complaint confidential and secure
- limit access to the complaint to those directly involved and required to assess or investigate the complaint
- not share or discuss the complaint other than in accordance with this policy.

Transparency – a person receiving, assessing, or investigating a complaint must aim to:

- inform any person impacted by the complaint of the process and timing of for handling the complaint
- ensure the complainant and any person impacted have contact details of the person handling the complaint
- keep the complainant and any person impacted reasonably informed of the progress of the complaint handling process
- provide an explanation of the outcome of the complaint handling process.

The principles of natural justice and procedural fairness should be applied in the receipt and consideration of any complaint, and as part of the investigation process before any adverse action is taken against person or entity that may be the subject of a complaint.

Procedural fairness involves being afforded the opportunity to respond to a comment or allegation made, within a reasonable time. This means that if any complaint is received in respect of a person or entity, that person or entity must be notified promptly, and given reasonable opportunity to present their response to the complaint. Procedural fairness

does not require the decision maker to find any information provided to it as factual, true, or persuasive.

To ensure that these principles can be adhered to, a complainant may be advised that their complaint cannot be properly investigated or responded to if they decline to share sufficient details for a person named, to respond.

AAPM may appoint an independent third party to investigate a complaint at its discretion.

Determination of a complaint

Initial findings – The investigator will prepare initial findings about the complaint and provide those findings to the complainant and any respondent. Either or both the complainant a respondent may respond in writing to the initial findings within fourteen (14) business days.

Final determination – The investigator will consider all responses to the initial findings received within the required timeframe and prepare a final determination of the complaint.

The final determination is final and there will be no avenue of appeal from that decision.

Any actions required as a result of the final determination will take effect at the times noted in the final determination.

The investigator is under no obligation to provide reasons to any party other than the complainant or a respondent.

Reviewing the complaint handling process

AAPM will keep a record of complaints received including the nature of the complaint, whether the complaint was investigated and the final determination.

At the conclusion of each complaint process, the person handling the complaint will complete a short report that includes:

- the timing of the complaint and complaint handling process
- whether any unexpected problems arose in the process and how they were managed
- what worked well
- what did not work well o what could be done better – and how?

A report will be provided to the Board at least annually identifying any areas of improvement implemented as a result of the above complaint review process.

Ensuring the policy is easily accessible

This policy is displayed on the AAPM website, in the Member's portal of the AAPM website, and included with AAPM employment policies.

By-Laws for Handling Complaints about AAPM Members

(V9 updated 12 October 2022)



Australian Association of
Practice Management

Introduction

The Australian Association of Practice Management (AAPM) is a not-for-profit, national peak association recognised as the professional body dedicated to supporting effective Practice Management in the healthcare profession. Our vision is for Practice Management to be universally recognised and valued at the centre of effective healthcare systems and sustainable businesses for optimal patient outcomes.

AAPM's Members are people who manage healthcare organisations including general practice, allied health, dental, medical specialties, physiotherapy, and podiatry practices. AAPM is a professional body for Practice Managers, business managers, service managers, CEOs, and principals – the key decision makers in a healthcare practice.

AAPM has a *Code of Ethical Conduct* which defines the standards of behaviour it expects of its Members, including Members who are employed by an organisation or are retained as a consultant within the industry. AAPM's *Code of Ethical Conduct* (the Code) is available on the AAPM website at: <https://www.aapm.org.au/Your-Profession/Code-of-Conduct>.

This document sets out AAPM's policy and process for managing **complaints about the behaviour of an AAPM Member**. Information about how to make a complaint is set out in the section which follows. Please note that AAPM cannot deal with a complaint about a Practice Manager who is not a Member of AAPM.

Complaints about AAPM staff are handled by a separate complaints system and should be marked "confidential" and sent directly to the office of AAPM's CEO at ceo@aapm.org.au.

Complaints about the AAPM CEO or Board Members should be marked "confidential" and sent directly to the Chair of the AAPM Board at president@aapm.org.au.

This policy and process may be reviewed and updated from time to time by the AAPM National Board.

Complaints regarding a breach of code

1. Making a complaint

- 1.1. The National Board can only investigate a written complaint about a member. Verbal complaints will not be treated as a complaint for the purpose of these by-laws.
- 1.2. Upon receipt of a written complaint, the National Board (through the CEO) will investigate the complaint and the conduct of the Member being complained about.
- 1.3. If a complaint is received from an eligible whistleblower about a disclosable matter, then the complaint will be dealt with in accordance with the AAPM Whistleblowers Policy, rather than these by-laws, and the complainant will be advised accordingly.

1.4. A written complaint:

- must be addressed to the CEO or the AAPM National Board and received at the principal place of business of AAPM
- may be in any form of writing including on paper, received electronically via fax or email or through the contact form available at <https://www.aapm.org.au/About-Us/Contact-Us>
- must include the name of the Member about whom the complaint is made
- must summarise the behaviour complained about, including the date and location where the behaviour occurred
- where possible, should make reference to the particular provision in the AAPM [Code of Ethical Conduct](#) which it is alleged the Member has contravened
- may include any additional information the complainant (the person making the complaint) deems relevant to the National Board's investigation of the complaint
- must include the name and contact details of the complainant, and a statement about whether the complainant wishes to remain anonymous.

Complaints that do not include the name and contact details of the complainant will not be treated as a complaint under these by-laws.

2. Principles for investigating complaints

2.1. The complaint and investigation process will be conducted by the National Board in accordance with the following five principles:

- Confidentiality for all parties, where practicable and appropriate, until the investigation process is completed.
- Investigations will be handled expeditiously.
- Procedural fairness for both the complainant and the Member: Procedural fairness involves being afforded the opportunity to respond to a comment or allegation made, within a reasonable time. Procedural fairness does not require the decision maker to find any information provided to it as factual, true, or persuasive.
- The National Board may inform itself as it sees fit, including seeking external expert opinion or delegating any part of whole of the investigation to nominated AAPM staff members or consultants engaged for the purpose. The National Board is not bound by any rules of evidence.
- The National Board may expand or limit the scope of its investigation as it sees fit.

3. Remaining anonymous

- 3.1. If a complainant asks to remain anonymous (i.e. unidentified to the member about whom the complaint is made), the National Board or its delegate will make a determination as to whether the Member complained about will have sufficient ability to address and respond to the complaint without the disclosure of the identity of the complainant, if the complainant remains anonymous.
- 3.2. If the determination of the National Board is that the Member complained about will have sufficient ability to respond to the complaint, the details of the complainant will not be provided to the Member complained about.

- 3.3. If the determination of the National Board is that the Member complained about will not have fair opportunity to respond to the complaint without the identity of the complainant being disclosed, the National Board will advise the complainant that the complaint cannot be investigated and will come to an end unless the complainant is prepared to be identified as the complainant.
- 3.4. The National Board may, at any time throughout the investigation process, close any complaint without further investigation or determination, and notify the complainant accordingly, where the complainant refuses to be identified and the Member complained about cannot adequately respond without that information.

4. Procedure for investigating complaints

- 4.1. Within 3 business days of receipt of a written complaint:
 - a written acknowledgment of receipt will be provided to the complainant and
 - the National Board will be notified that the complaint has been received.
- 4.2. Within 7 business days of receipt of a written complaint:
 - A copy of the complaint will be provided to the National Board.
 - The CEO, or other delegate of the National Board, will provide a report to the National Board that:
 - confirms the person complained about is a financial Member of AAPM or was a financial member of the AAPM at the time the alleged conduct occurred
 - identifies the category of membership of the Member
 - identifies what provisions of this Code may have contravened
 - identifies any other Members or third parties who may be involved in the investigation process.
 - Where the complaint has been received about a current or former Member, a copy of the complaint will be provided to that person via post and electronic means sent to the address details on record at AAPM.
- 4.3. If the person complained about is not a current Member or was not a Member at the time of the alleged conduct, the complainant must be promptly notified that the National Board has no authority to consider the complaint. This will bring the complaint to a close.
- 4.4. At the same time as acknowledging receipt of the complaint or providing a copy of the complaint to the Member complained about, the parties will be provided with an information statement outlining the investigative process and likely timeframes.

5. Responding to a complaint

- 5.1. The Member complained about must provide a written response to the complaint within 7 business days of his/her receipt of the complaint.

5.2. The written response to the complaint:

- must be addressed to the CEO or the AAPM National Board and received at the principal place of business of AAPM
- may be in any form of writing including on paper, received electronically via fax or email or through the contact form available at <https://www.aapm.org.au/About-Us/Contact-Us>
- must include the name of the Member who the complaint is about and refer to the complaint
- must include an introductory summary of the Member's response including any aspects of the complaint the Member agrees with
- may include any information the Member deems relevant to the National Board's investigation of the complaint
- may include supporting statements from other people, and
- may request further time to respond, provided that a fixed date for the response is nominated at the time of that request and is not more than 30 days later than the original date to respond.

6. Considering the complaint material

- 6.1. Upon receipt of the response, the National Board or its delegate will review and consider the information received from the complainant and in the response and determine whether any further additional information is required or should be obtained in order to determine the complaint.
- 6.2. If additional information is required, the National Board may request that information from any person, seeking a response within 7 days, and notifying the person from whom information is requested (whether the complainant, the Member complained about or another person) that the complaint will be considered without that information if it cannot be provided within that timeframe.
- 6.3. Where additional information requested under 6.2 is not provided within the 7-day deadline, the Board will proceed with the complaint based on the information to hand.

7. Initial findings

- 7.1. The National Board or its delegate will prepare initial findings about the complaint and provide those findings to the complainant and the Member complained about. Either or both the complainant and the Member complained about may respond in writing to the initial findings within fourteen (14) business days. Provision of initial findings are deemed to satisfy the requirements of Rule 10.5(b) of the Constitution.

8. Final Determination

- 8.1. The National Board or its delegate will consider all responses to the initial findings received within the required timeframe and prepare a final determination of the complaint. The National Board or its delegate may publish a final determination that is the same as the initial findings, despite receipt of information in response to the initial findings.

- 8.2. The final determination is final and there will be no avenue of appeal from that decision.
- 8.3. Any actions required as a result of the final determination (e.g. Member suspension) will take effect immediately. The National Board may notify the AAPM membership of the results of its determination but is under no obligation to provide reasons to any party other than the complainant or the Member complained about.

9. Consequences of finding a contravention of the Code

- 9.1. Where the National Board determines that there has been a contravention of this Code by a Member, the National Board may do any one or more of the following:
- Take no action.
 - Issue a warning to the Member.
 - Suspend the Member's rights as a member for a period of time of no more than twelve (12) months, meaning the Member will be excluded from access to all member benefits, and not able to hold themselves out as being a Member of AAPM during the period of suspension, as well as being excluded from AAPM events.
 - Suspend the Member's ability to access any one or more of the benefits of membership (e.g. nominating to serve on a State Committee, nominating for a particular category of membership etc.) for a specified period of time of no more than twelve (12) months, and for period of suspension no fees will be refunded or extended.
 - Place conditions on the Member's membership, including requiring the Member to repeat or undertake additional education or training within a specified timeframe.
 - Change or revoke a category of membership previously awarded to that Member.
 - Expel the Member from AAPM.
 - Refer the decision to an unbiased, independent person on conditions that the Board consider appropriate (however, the independent person can only make a decision that the Board could have made pursuant to these by-laws).
 - Make a recommendation on how AAPM Members can be educated to avoid the misconduct or breach of the Code of Ethical Conduct in the future.

10. Complaint process – likely timeframes

0 days	Receipt of written complaint by AAPM
+3 business days from AAPM's receipt of complaint	Written acknowledgement of receipt of complaint to complainant with information statement about process. National Board notified that a written complaint is received.
+ 7 business days from AAPM's receipt of complaint	Copy of complaint provided to National Board with confirmation of Membership status of person complained about. Copy of complaint provided to Member complained about, with information statement about process.
+ 14 business days from AAPM's receipt of complaint	Member complained about provides written response to the complaint.
+ 17 business days from AAPM's receipt of complaint	National Board considers complaint and response and the Board or its delegate may request additional information from any person.
+ 21 business days from AAPM's receipt of complaint	Additional information received by National Board and considered.
+ 23 business days from AAPM's receipt of complaint	National Board prepares initial findings and provides to complainant and Member complained about for consideration.
+ 37 business days from AAPM's receipt of complaint	Complainant and Member complained about may provide a response to the initial findings of the National Board.
+ 40 business days from AAPM's receipt of complaint	National Board considers responses to initial findings and prepares final determination of complaint.
+ 45 business days from AAPM's receipt of complaint	Final determination of complaint is provided to complainant and Member complained about, with notification of any aspects of the complaint that will be published (e.g. Member sanctioned).

Appendix: Conflict of interest

Conflicts of interest form a particularly fraught area of ethical debate for Practice Managers. It requires specific consideration in the Code of Ethics.

A conflict of interest occurs when a Member's personal interests conflict with their responsibility to act in the best interests of AAPM, clients, colleagues, and other professionals. Personal interests include those of family, friends, or other organisations a person may be involved with (for example, as a consultant). It also includes a divergence between a Member's responsibilities as a member of AAPM and another duty that the Member has, for example, to another organisation.

A conflict of interest may be actual, potential, or perceived. It may be financial or non-financial. It represents potential risks to reputation, good governance, accountability, transparency and organisational dynamics. It may also be unlawful.

- The impact of a potential or perceived conflict of interest may well be as damaging to the reputation or management of AAPM as an actual conflict of interest. Each potential event must be assessed and managed accordingly.
- A perceived conflict of interest requires input from impartial third parties. Careful consideration of the perspective of someone who is not directly involved in the perceived conflict is vital. One possible course of action is to undertake consultation and discussion with other members, particularly senior and more experienced Practice Managers. Promoting a culture of disclosure helps facilitate constructive consultations.
- A perceived conflict of interest can often be best addressed by removal or avoidance of the perceived conflict itself.

Members of AAPM:

- conduct relationships in a manner which gives assurance to all parties concerned that their position will not be compromised, and their interests given fair consideration
- disclose to potential clients or employers any direct or indirect personal interest which might cause conflict, either real or perceived
- neither accept nor offer gifts or benefits with the expectation, or likely consequence of influencing, decision making
- do not promote themselves in a self-laudatory manner
- do not publicly criticise other members of AAPM.

For more detailed discussion, members are recommended to consult the following document: Australian Charities and Not-for-profits Commission (2015). Conflicts of Interest. Download from: <http://www.acnc.gov.au>.

Case study

Initial problem creating ethical concern	Clarifying the ethical considerations	Exploring possible strategies and solutions
<p>A patient who has engaged in self-harming behaviours has been referred to see a psychologist but is refusing to do so.</p> <p>The patient's family is unaware of the self-harming behaviour.</p> <p>The patient states they only trust the GP and refuses to see anyone else.</p> <p>Despite the best efforts of the GP, the patient continues to self-harm and refuse referrals.</p>	<ul style="list-style-type: none"> ○ You are concerned that the patient, without effective treatment, may eventually die. This raises issues around principles of care and empathy. ○ The stress on the GP is understandable and might affect other patients. This also raises issues of care, as well as justice principles, as first we must "do no harm". ○ The Practice has responsibility for the patient's treatment. Refusing to continue treatment, because of noncompliance with the GP's recommendations, might amount to withdrawing the only current source of treatment. Justice principles are again invoked because it is unfair to withdraw treatment without valid reasons. ○ There are legal implications for the GP and for the practice if treatment is suspended or if it is continued for the noncompliant patient. These might raise further issues impacting on staff and patients. 	<ul style="list-style-type: none"> ○ Contact professional indemnity provider for advice and consult experience colleagues for their input. This would ensure best practice standards can be considered. ○ Engage the patient in a strategic conversation, exploring all points of view. As well as understanding the patient's reluctance better, it also allows the needs of the Practice to be considered, including: <ul style="list-style-type: none"> • Inviting the patient to see another GP in the Practice for a second opinion. This would protect the patient's dignity and respect their autonomy, while explaining again to the patient why it is essential they receive specialist treatment from a psychologist. This would ensure the patient makes fully informed decision about their health care options. • Advising the patient that the Practice has a policy that a condition of continuing to treat them as a patient is contingent upon a patient following the GP's treatment recommendations. ○ Carefully document all conversations with the patient to record all efforts to persuade the patient to get specialist help. ○ Discuss the issues with the GP and consider ways that the GP could empower the patient to engage with other health professionals.

Case study

Initial problem creating ethical concern	Clarifying the ethical considerations	Exploring possible strategies and solutions
<p>A doctor is requesting the Practice Manager allow a patient to bulk bill a telehealth care plan, even though this would be incorrect.</p>	<ul style="list-style-type: none"> ○ The doctor is aware of the patient's financial and clinical circumstances and is trying to help. ○ The care plan item number activates access to other MBS services from other providers potentially contributing to patient health outcomes. The patient may miss any opportunity for allied health care if the patient cannot pay privately for all services. ○ The principle of beneficence is raised in this case, as the doctor is motivated by the intention to "do good" for the patient. The principle of care and empathy is apparently driving the doctor's decision making, blurring the importance of other principles. ○ Aspects of integrity are also raised by the implications of the course of action proposed by the doctor. 	<ul style="list-style-type: none"> ○ One approach might be to initiate a conversation with the GP to discuss the decision-making process. ○ It can provide an opportunity to review the ethical issues: <ul style="list-style-type: none"> • How do we ensure we help patients in acceptable ways? • What is the 'bigger picture' regarding the patient's welfare? • How are other key stakeholders potentially affected by the solution proposed by the GP? • How do we ensure the integrity of the practice is preserved and its reputation not put at risk? ○ It can provide opportunities for information sharing, eg: <ul style="list-style-type: none"> • Print MBS guidelines for GP on how to bill correctly. • Establish Practice policy for all GPs on billing procedures. ○ Suggest the GP has a conversation with patient about costs and relevant rebates – as per RACGP and MBS requirements. ○ Document any conversation that occurs and spell out the billing instructions of GP.

Case study

Initial problem creating ethical concern	Clarifying the ethical considerations	Exploring possible strategies and solutions
<p>A current patient's parent is seeking access to Medicare rebates for a Mental Health Care Plan and referred Better Health via Telehealth for the patient who is not presently in Australia.</p>	<ul style="list-style-type: none"> ○ The patient is affected by Covid restrictions, and his mental health is deteriorating, creating issues of care and empathy for the patient, parents, and health professionals. ○ Access to psychology or psychiatrist services through referral would minimise the cost services through the Medicare rebate. It introduces aspects of justice principles. ○ Legal constraints on the Practice Manager raise ethical issues around Integrity and trustworthiness. 	<ul style="list-style-type: none"> ○ Practice Managers will probably feel concern and empathy for the patient yet will realise they cannot comply with the parent's request. Nevertheless, they are able to discuss their dilemma with them and provide clarification. ○ Explain the Medicare requirements in plain language to ensure they are understood effectively. ○ Discuss accessing service providers local to the patient's current location overseas. ○ Explore the possibility of the parents offering financial support for patient's immediate care.

Case study

Initial problem creating ethical concern	Clarifying the ethical considerations	Exploring possible strategies and solutions
<p>An employee reports that a colleague is experiencing workplace harassment and bullying from a doctor within the practice. The colleague is reluctant to approach the Practice Manager directly but is distressed and unsure what to do.</p>	<ul style="list-style-type: none"> ○ There is potential for deleterious impact on employee physical, mental, emotional wellbeing, raising issues of Care and Empathy. ○ There is potential for deleterious impact on employee workplace performance and absence, raising concerns of fairness for all employees. ○ There is impetus for an impartial investigation of allegation invoking the principle of justice. ○ Possible legal claims against doctor and practice arise, e.g. a WH&S claim. ○ The employee is reticent to report the claim due to concern of its impact on future workplace opportunities and treatment by employer and colleagues. Raising equity and fairness concerns. ○ A formal complaint could impact on the GP's physical, mental, emotional wellbeing raising concerns of care and empathy for the GP. ○ There is potential impact on the practice reputation, prompting concerns for the welfare of all practice associates. 	<ul style="list-style-type: none"> ○ Provide support to the employee as they encourage the colleague to approach you for a confidential interview. ○ Having interviewed the colleague, consider all claims of workplace bullying as serious and take immediate action to investigate and resolve quickly and fairly while ensuring support for the colleague and the GP from appropriate individuals throughout the process. ○ Contact professional practice indemnity provider for advice. ○ Ensure owners/managers of the practice are aware of any claim arising from the interview while maintaining confidentiality. ○ Review/develop a practice Code of Conduct that clearly details the policy regarding response to bullying claims. ○ Ensure all doctor and employees are aware of and have agreed to abide by the practice Code of Conduct. ○ Nominate impartial individuals/parties to investigate the veracity of claim. ○ Manage the expectations of all parties, ensuring clear communication regarding the process for investigation, and potential actions in response to the findings. ○ Respond to the findings of the investigation in accordance with the practice Code of Conduct. ○ Provide and facilitate access to educational resources regarding bullying for practice associates. ○ Provide and facilitate access to wellbeing supports as required (e.g., the use of an Employee Assistance Program) ○ Take reasonable steps to ensure that if parties are required to work together that neither experiences difficulties at work as a result of any claim and subsequent process.

Case study

Initial problem creating ethical concern	Clarifying the ethical considerations	Exploring possible strategies and solutions
<p>A daughter was appointed as a power of attorney for her mother who suffered from dementia.</p> <p>Two other daughters came to speak to the Doctor concerned that the first daughter was not fit to have hold the power of attorney.</p> <p>They were wanting to access the mother's funds and her daughter would refuse access as the costs were not related to the mother's expenses.</p> <p>The daughter holding the power of attorney was not a regular patient of the practice, although the two daughters and their mother were long-term patients of the Doctor.</p>	<ul style="list-style-type: none"> ○ The Doctor had to decide where her alliance was regarding this request by the other two daughters. She had to process the principles of confidentiality and privacy while at the same time wishing to assist her patients, touching on principles of care and empathic understanding. ○ The principles of justice also require consideration, as the mother could not make autonomous decisions. What is fair treatment for the mother in this context must be determined. 	<ul style="list-style-type: none"> ○ While the doctor might feel a great deal of sympathy and concern for her patients, any attempts to "do good" might cause ethical and legal complications and managed accordingly. ○ Recognising and honouring the complex boundaries between the doctor, the patients, and the third sister is critical to the doctor being able to resolve this ethical dilemma effectively. ○ The outcome was that as legally the GP could not provide any assistance regarding her patients' wish to access their mother's funds, she informed the others of the limits of her professional responsibilities. The mother had granted power of attorney to the third daughter and that decision must be honoured. She suggested that the two patient/daughters could consider starting a discussion with their solicitor.

Case study

Initial problem creating ethical concern	Clarifying the ethical considerations	Exploring possible strategies and solutions
<p>A long term elderly patient asks the Practice Manager to help them lodge a complaint about one of the doctors, who the patient claims has been rude to them.</p>	<ul style="list-style-type: none"> ○ Principles of care and empathic understanding are raised in this case. The patient will benefit from support while they explain their concerns. ○ Both the patient and the doctor are entitled to be treated fairly and impartially in regard to this dilemma. Even if the patient has proved to be difficult in the past, or if other patients have raised concerns, the matter cannot be prejudged in any way. 	<ul style="list-style-type: none"> ○ Providing the patient with the opportunity to explain her concerns and listening non-judgmentally might allow the Practice Manager to defuse the conflict and reassure the patient. ○ Documenting the specifics of the issues involved might provide clarity and options for resolving the patient's concerns effectively without pursuing a formal complaint. ○ Hearing the doctor's side of the story might also shed valuable light on the matters at hand and assist the Practice Manager in any attempts to reconcile the differing perspectives.

Case study

Initial problem creating ethical concern	Clarifying the ethical considerations	Exploring possible strategies and solutions
<p>An elderly patient has contacted the practice, asking for a driving medical. A member of the family later contacts the practice to say the patient is "unfit to drive and the doctor needs to know that fact when assessing the relative."</p>	<ul style="list-style-type: none"> ○ The patient is entitled to be treated fairly and impartially, as the principles of justice would indicate. Providing the patient with the benefit of presumed capacity to drive, unless the evidence proves otherwise, is an essential aspect of this process. ○ The relative might have details regarding the patient's driving history and any documentary evidence, such as facts of a recent accident, might be invaluable. The relative must therefore not be dismissed out of hand but given a chance to contribute to the process. ○ To ensure impartiality, the doctor has to assess the case on its merits and not be biased by the relative's opinions. 	<ul style="list-style-type: none"> ○ The relative could be invited to submit any documentary evidence that might assist the doctor in her assessment of the patient. ○ The patient can be supported through the medical assessment process, to minimise any stress and the subsequent impact that might have on performance. ○ If the doctor has a long-standing relationship with the patient, there might be an unintentional bias towards assessing the patient favourably. Informing the doctor of the call from the relative and providing any documentation that the relative is able to provide can perhaps help ensure that the doctor is able to evaluate the patient's performance more impartially. ○ The patient might react negatively to losing his licence and grieve the loss of independence. Appropriate referrals to support services might be an option worth exploring with the patient once the assessment is completed.

Case study

Initial problem creating ethical concern	Clarifying the ethical considerations	Exploring possible strategies and solutions
<p>One patient has offered a gift of more than minor value to staff at the practice.</p> <p>Initially, the patient gave a small bunch of flowers to the reception to thank them for being so helpful with changing the patient's appointment times.</p> <p>Over time, this gesture grew to bouquets of flowers for the reception desk and a box of chocolates to be shared by the staff members.</p> <p>This time, the patient has suggested buying a few bottles of champagne for the annual break-up lunch.</p>	<ul style="list-style-type: none"> ○ It might be helpful to establish the patient's motivation for donating presents in this manner. Principles of care and empathic understanding come into focus here. A respectful, supportive conversation can help the Practice Manager understand the patient's point of view more comprehensively. ○ Concerns regarding conflicts of interest for staff members are worth considering. While small gifts may seem harmless and a refusal might offend the patient, the Practice Manager has to be conscious of the 'slippery slope' that can arise from accepting gifts that cross the line and lead to boundary violations. The integrity of the Practice Manager could then come into question. ○ The wellbeing of the patient is an aspect to consider in this dilemma. Feeling obliged to keep giving better gifts could cause emotional or financial concerns. 	<ul style="list-style-type: none"> ○ Conducting a respectful and supportive conversation with the patient might assist the Practice Manager in understanding the patient's motivation and understanding of the issues involved. ○ Clear boundary setting and explicit statements regarding the acceptability of presents and gifts could help the patient understand why gift-giving in this context might not be as beneficial as perhaps intended. While the patient might be well-meaning, it is important to distinguish between doing good for others and such gestures having adverse consequences even if unintended. ○ Explaining the legal and ethical constraints that the practice would face if this gift was accepted. If done in a way that does not embarrass or shame the patient, it might open up opportunities for exploring other ways in which the patient can express gratitude to the staff without compromising their ethical and legal standards.

Case study

Initial problem creating ethical concern	Clarifying the ethical considerations	Exploring possible strategies and solutions
<p>An elderly doctor who has been a member of the practice for many years has been reported by several patients to be out of date and appearing senile during some consultations, forgetting details, and losing track of the conversation.</p> <p>The doctor has needed to retire for several years now but there is a shortage of doctors in this particular region of rural Australia.</p>	<ul style="list-style-type: none"> ○ The primary ethical consideration in this scenario would be to ensure that no harms occur to patients. The risk of harm is unknown at present, although there is circumstantial evidence suggesting the doctor is creating a hazardous situation. ○ There is also risk of harm to the community, as the shortage of appropriate healthcare might be exacerbated if the doctor is prematurely prevented from practising. ○ The wellbeing of the doctor and of patients happy with their care are factors that need to be considered. Principles of care and empathic understanding can be invoked. 	<ul style="list-style-type: none"> ○ A timely conversation with the doctor raising the concerns voiced by the patients in question and addressing the doctors' capacity to practise at this time, could be initiated by the Practice Manager. ○ All or none solution might not be called for at this point. It might be appropriate, for example, to negotiate with the doctor about voluntarily adopting restrictions on limits to practice. The doctor might then find a valuable niche role within the practice that does not overly deplete its professional resources. ○ Organising, with the doctor's cooperation, a comprehensive assessment of the doctor's current capabilities would offer reassurance to the practice members that the doctor is not placing patients at risk. On the other hand, it can potentially open discussions for a more formal investigative process to commence.

Case study

Initial problem creating ethical concern	Clarifying the ethical considerations	Exploring possible strategies and solutions
<p>A doctor is refusing to see a patient who is an adult sex worker and there are no other suitable referrals that can be made for the patient.</p>	<ul style="list-style-type: none"> ○ It is possible that the doctor is refusing to see the patient because of their own moral concerns. Understanding the doctor's point of view would benefit suitable management of this conflict, suggesting that Principles of care and empathic understanding are involved. ○ There might be other reasons why the doctor is refusing to treat the patient, and this possibility can be fruitfully explored in a frank and open discussion with the doctor. Principles of Justice and fairness also apply to the doctor, and need to be considered. ○ Ultimately, the patient has a right to be treated fairly, without moral judgement on the part of health care workers. This consideration has to be borne in mind throughout the process, as matters of justice and fairness for the patient do come into the equation. ○ There is also the aspect of health and wellbeing of the community. Failing to treat this patient might potentially lead to increased prevalence of sexually transmitted infections in the community. Thus, questions of justice and fairness for others are also raised by the facts of this case. 	<ul style="list-style-type: none"> ○ Initiating a conversation with the doctor to establish more clearly the basis for their refusal to see this patient would be valuable. If the refusal is based on moral grounds such as religious values, then the process might involve inviting the doctor to consider the implications of their position on treatment options for these patients. ○ It might also be possible to explore other issues that could be affecting the doctor's decision. For example, it might be worth considering the possibility that unconscious biases, e.g. based on gender, are at play here. ○ The doctor's wellbeing also needs to be considered in any such conversations. They might be deeply distressed by having to confront difficult decisions of this sort, and appropriate support and understanding would be appropriate in such circumstances. ○ There is opportunity for creative problem-solving here and the answer might not be a single yes or no decision. For example, a solution might be as straightforward as a referral to another doctor in the practice who is prepared to take on the patient's care. ○ It would be important not to neglect the patient in a scenario such as this. Depending on how the initial refusal was communicated to the patient, if it has been, they might be feeling shamed by the decision, or desperate to seek essential health treatment. If the patient is aware of the doctor's initial position on providing treatment to them, an interview with the patient might help with short-term problem solving to ensure the health and wellbeing of the patient.