



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

**Statement to the Coroner's Court of
Victoria: COR 2019 002336
Australasian Faculty of Occupational and
Environmental Medicine**

May 2022

About the Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of physicians and trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

About the Australasian Faculty of Occupational and Environmental Medicine (AFOEM)

The AFOEM is a Faculty of the RACP that represents and connects Occupational and Environmental Medicine Fellows and trainees in Australia and Aotearoa New Zealand through its Council and committees. The AFOEM is committed to establishing and maintaining a high standard of training and practice in Occupational and Environmental Medicine in Australia and New Zealand through the training and continuing professional development of members and advocating on their behalf to shape the future of healthcare.

Occupational and Environmental Medicine (OEM) physicians are specialists who provide independent, evidence-based knowledge using a worksite specific approach, knowledge and skills in preventing and managing ill-health, injury and disability in workers, promote safe and healthy workplaces, and reduce the impact of environmental hazards on the community. OEM physicians routinely work with a broad range of stakeholders that includes the worker, treating practitioners, allied health professionals, health and safety personnel, employers, unions, insurers, organisations and government regulatory authorities. OEM physicians provide tailored advice and management for the individual worker and organisation to prevent and address identified work related health issues.



We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

The Australasian Faculty of Occupational and Environmental Medicine (AFOEM) of the Royal Australasian College of Physicians (RACP) provide the following response to the Coroner's Court of Victoria request dated 22 November 2021 for statements and expert advice pursuant to two recommendations from Coroner McGregor's Findings into the death of Peta Hickey, COR 2019 002336.

As requested by the Coroner, AFOEM consulted with the Royal Australian College of General Practitioners (RACGP) regarding a joint statement. The RACGP wished to provide a separate statement to the Coroner's Court of Victoria rather than a joint statement. This was due to the RACGP view that there is a different focus of general practitioners versus specialist physicians.

Two recommendations were made under section 72(2) of the *Coroners Act 2008* (Vic), and directed to AFOEM, a faculty of the RACP.

Recommendation 22

That the Royal Australian College of General Practitioners (RACGP) and the Australasian Faculty of Occupational & Environmental Medicine (AFOEM) of the Royal Australasian College of Physicians prepare a joint position statement on whether practitioners engaged in workplace health have different obligations to 'clients' or 'candidates', for whom they are undertaking a limited review of information, than they do toward their 'patients', as was suggested by Dr Saad.

Response:

Our understanding of the recommendation is that the Coroner is seeking to clarify whether AFOEM is of the view that practitioners engaged in workplace health have different obligations to 'clients' or 'candidates' than they do towards their 'patients'.

AFOEM's position is that a medical practitioner is responsible for all health care related advice, including recommendations for treatment or health services, provided to employees ('patients', 'clients', 'candidates'), as well as employer organisations. This means medical practitioners engaged in workplace health have the same obligations to all persons for whom they are providing any type of medical service. A 'limited review of information' when providing a medical service, including referral for an investigation, is not acceptable medical practice and poses unacceptable risks. In particular:

- A workplace health activity in which a medical practitioner is engaged does not alter their professional or ethical responsibilities towards people for whom they are providing a medical service ('clients', 'candidates' or 'patients') compared to those responsibilities in other healthcare settings. Medical practitioner duty of care is to the person who is the receiver of a medical service, regardless of the terminology used in various contexts: 'patient', 'client', 'candidate' or other terms.
- A therapeutic relationship exists between a medical practitioner and a client/patient which supports the client/patient's therapeutic goals, regardless of the origin of the referral, whether that is from another medical practitioner or an employer. If a client/patient is to be referred for a medical service, there is an obligation in the therapeutic relationship for the medical practitioner to establish the clinical need and maintain appropriate documentation and clinical notes as part of the evaluation and request.
- When providing any medical service, it is the duty and responsibility of the medical practitioner to obtain and review all information necessary to ensure a medical service is appropriate, conducted safely and with minimal risk to the recipient of the medical service. Where there is risk, the patient should be informed of the potential risks involved and informed consent obtained.

- When undertaking pre-employment assessments, including screening tests, it is important that these be undertaken by medical practitioners trained in occupational medicine, as this provides them with the skills to undertake a comprehensive assessment of the demands of the job and the health requirements specific to that job.

AFOEM implementation:

- AFOEM adheres to the approach stated above as this is an established principle in professional standards, such as the RACP [Professional Standards](#) (2021), those published by the Medical Board of Australia [Good medical practice: a code of conduct for doctors in Australia](#) (2020), the [Australian Medical Association Code of Ethics](#) (revised 2016), and the [Australian Charter of Healthcare Rights](#) (second edition, 2019).
- AFOEM provides guidance to medical practitioners through the [Ethical Guidelines for Occupational and Environmental Physicians](#) (2016) which provides advice regarding topics such as conflict of interest, consent, pre-placement medical examinations, fitness for work, hazard and risk communication, worksite assessments, health surveillance/biological monitoring, treatment, medico legal assessments, storage and use of medical records, and ethics for institutions and companies amongst other topics.
- The RACP [Clinical Ethics Position Statement](#) (2020) states that “*good health care is aimed at promoting, securing and improving the physical and psychological welfare of individuals and communities. Every decision that a health professional makes, therefore, should demonstrate fundamental values, ethical principles and professional virtues, including compassion, care and empathy for people when they are at their most vulnerable; respect for the dignity, culture, values and autonomy of all persons; an emphasis on providing safe, high quality, culturally appropriate and effective care; and a commitment to justice, fairness and solidarity with patients, their families and carers and the community.*” The College also provides continuing professional development relating to clinical ethics for Fellows.
- The [RACP Evolve](#) program encourages physicians to engage in shared decision-making with a patient and/or carer and asks physicians to address the five key questions before recommending medical services. These query if a practice should be undertaken for a patient, whether the risks to the patient outweigh the benefits, whether the patient really need the medical service and if there are safer, simpler options.
- The RACP is a founding member of [Choosing Wisely](#) in Australia and Aotearoa New Zealand. This program promotes a dialogue on unnecessary tests, treatments and procedures, and support people to choose health care that is supported by evidence, not duplicative of other tests or procedures already received, free from harm and truly necessary.
- The Occupational and Environmental Medicine Training Curriculum teaches the need to weigh the costs and benefits of investigations in each clinical situation, choose the most cost-effective investigative path, minimise the number of investigations used and recognise situations where it is appropriate to not investigate at all (Learning Objective 11.1.4).

Recommendation 23

That the RACGP and the AFOEM prepare a joint position statement on the appropriateness of a practitioner authorising, or otherwise allowing, their signature to be used in referring individuals (whether ‘patients’, ‘clients’ or ‘candidates’) for tests when neither the patient, nor any information specific to the patient, has been reviewed.

Response:

Our understanding of this recommendation is that the Coroner is seeking clarity on AFOEM’s view of the use of practitioner’s signatures when referring individuals for tests and ensuring that a proper process is followed to ensure patient safety.

AFOEM's position is that a medical practitioner needs to be aware that their signature is being affixed to any referral for a medical service and approve the use of their signature. This aligns to medical practitioner duty of care to a person who is the receiver of a medical service. A referral for a medical service should be based on clinical indications. In a workplace setting, this also requires the medical practitioner to consider the indications for and risks and benefits of a screening test before allowing their signature to be used. Before authorising, or otherwise allowing their signature to be used in referring individuals (whether 'patients', 'clients' or 'candidates') for tests, a medical practitioner should ensure they have reviewed all necessary clinical and workplace information for informed decision-making.

AFOEM implementation:

- AFOEM adheres to the approach stated above as this is an established principle in professional standards, such as the RACP [Professional Standards](#) (2021), those published by the Medical Board of Australia [Good medical practice: a code of conduct for doctors in Australia](#) (2020), the [Australian Medical Association Code of Ethics](#) (revised 2016), and the [Australian Charter of Healthcare Rights](#) (second edition, 2019).
- The [Ethical Guidelines for Occupational and Environmental Physicians](#) (2016) also provides useful guidance to medical practitioners.
- The RACP is a partner in the [NPS MedicineWise](#) program which provides information regarding the appropriate use of medical practitioner [signatures](#).
- The Occupational and Environmental Medicine Training Curriculum addresses whether responsibility to an organisational client influences responsibility to act to minimise the hazardous exposures of employees (Learning objective 65.2.2 Domain 60 Personal ethics).

Contact details

For any additional information, please contact the Australasian Faculty of Occupational and Environmental Medicine of the Royal Australasian College of Physicians via email: AFOEM@racp.edu.au