

## 1 INTRODUCTION

This Code of Conduct was developed in recognition that special circumstances exist when working and/or representing ADFA in an overseas context and where different cultural expectations, facilities and opportunities exist. In addition to medical knowledge and technical expertise, excellent surgical and health care requires collaboration with colleagues and other health professionals, co-operation with administrative staff, management and participation in teaching, training and mentoring.

ADFA commits to the following core values as the foundation for its organisational culture:

- ADFA provides a service with no agenda other than to contribute to a developing country's expertise to achieve better health outcomes.
- ADFA operates without favouritism or discrimination by way of race, gender, religion, culture or political persuasion.
- ADFA upholds ethical values and empowers local health care staff by example.
- ADFA is respectful of national ownership and capacity and works collaboratively with local health care staff to achieve the best outcomes.
- ADFA uses resources efficiently, implements financial and operational controls and demonstrates transparency of process.

## 2 PURPOSE AND SCOPE

### 2.1 Purpose

The objective of this Code of Conduct is to provide a comprehensive set of guidelines for the professional behaviour expected of all volunteers representing ADFA as part of a visiting medical team to the disadvantaged communities we serve. It also serves to highlight our commitments to safeguarding of children and vulnerable people in the communities we visit and our obligation to report any suspected breaches of safeguarding policies.

In developing this Code of Conduct, ADFA is cognisant that the members of medical teams are also members of medical and other professional organisations which have their own codes of conduct and which still apply when representing ADFA overseas. This Code of Conduct is not intended to vary or replace the legal obligations and duties of medical professionals as identified in the codes of conduct associated with the professional organisation or body to which they belong.

### 2.2 Scope

The Code provides guidelines to assist all medical volunteers, including nursing and allied health professionals, to uphold and support the values of ADFA.

### 2.3 Definitions

**Child:** a person under the age of 18 unless defined otherwise in the country where operating.

**Relative:** for the purposes of this policy a relative is taken to mean a patient's spouse, parent or, in the absence of a parent / spouse, the patient's significant other, carer or legal guardian.

## 3 STANDARDS

### 3.1 Good Patient Care

Good patient care requires a range of clinical, interpersonal and management skills. The nature of the doctor-patient relationship is critical to quality of care and outcomes. Our medical teams pay attention to all aspects of this relationship, and are also familiar with legislation and guidelines relevant to their field of practice within their jurisdictions.

### **3.1.1 Standard of Clinical Practice**

ADFA medical team volunteers will observe the following principles:

- provide a good standard of clinical care, consistent with the prevailing standards of the specialty, within the constraints of systems and resources in which they operate;
- treat all patients according to priority of clinical need, without discrimination on grounds of age, gender, ethnicity, disability, nature of illness, religion, lifestyle, political beliefs or culture;
- perform procedures in a timely, safe and competent manner within the constraints detailed above;
- manage patients whose clinical conditions are within the scope of their competence, having regard to training, experience and current practice profile;
- provide initial emergency management / stabilisation if transfer for definitive care is prolonged;
- respond as a priority to a request for help from another surgeon in the operating theatre;
- ensure the patient is cared for in an institution capable of providing an appropriate level of care;
- care for patients utilising the best available evidence and the expertise of specialist units, colleagues and other health professionals, where appropriate;
- work collaboratively with other professionals and organisations in optimising patient care;
- be willing to facilitate a second opinion for the patient when appropriate;
- be willing to provide an honest and frank second opinion when it is sought; and
- recognise there are different systems of values and different patterns of health and disease amongst the many communities in which ADFA works.

### **3.1.2 Continuity of Care**

ADFA medical team volunteers will:

- provide adequate pre-operative and post-operative care, including keeping of adequate records, and ensure arrangements are made for ongoing care and follow-up of patients;
- ensure that arrangements are made for appropriate hand-over of patients prior to the medical team's departure;
- be available to attend promptly for an emergency if required and, in an emergency, be prepared to care for the patients of other surgeons, should they not be available;
- delegate patient care to trainees only when assured of their competence; and
- facilitate good and appropriate post-discharge care taking into consideration the environment in which the medical team operates.

### **3.1.3 Communication with Patients**

ADFA medical team volunteers will:

- listen to and respect the views of patients and their relatives;
- discuss with patients and their relatives the available treatment options, including non-operative or no treatment, outline the relevant risks of treatment, and provide the opportunity for questions to be asked within the bounds of confidentiality and privacy;
- communicate with empathy, honesty and respect with patients and their relatives;
- ensure that the patient understands and agrees to the participation of trainees and students in procedures when relevant;
- communicate sensitively if the patient has suffered an adverse event, providing an explanation of what has occurred, together with a discussion of how the problem is to be managed, and an opportunity to ask questions; and
- make use of a trained interpreter / cultural liaison officer if language or cultural barriers exist to ensure effective communication with patients at all times.

### **3.1.4 Consent**

ADFA medical team volunteers will:

- respect patients' rights to seek all relevant information to make informed decisions about their care;
- be aware of current government and relevant institutional requirements for gaining consent from patients, including minors;

- be aware that not all mentally impaired or psychiatric patients are incapable of consent;
- gain the patient's consent for the use of audio-visual material obtained of their case, in teaching and research;
- document all matters relevant to the consent process; and
- support systems which facilitate access to the anaesthetist and information regarding anaesthesia for the planned operative procedure.

### **3.1.5 Patient Dignity**

ADFA medical team volunteers will:

- respect patients' dignity and privacy;
- maintain the patient's confidentiality, except where legal requirements direct otherwise;
- refrain from engaging in unethical physical, sexual or business relationships with patients;
- be aware that they are not obliged to provide treatment in the setting where it is their professional judgement that the treatment would be either of no benefit, would harm the patient or is considered unethical; and
- be aware of the social disruptions and consequences of surgical procedures.

### **3.1.6 Record Keeping**

ADFA medical team volunteers will:

- ensure maintenance of legible and contemporaneous records (preferably signed and dated), including operative notes and records of discussions with patients and their relatives;
- be aware of individual jurisdiction legislation governing privacy, reporting of illness, storage of records, and access to records, as well as the ADFA Privacy Policy; and
- ensure appropriate transfer of patient records upon departure.

### **3.1.7 Allocation of Resources**

ADFA medical team volunteers will:

- be aware of the importance of wise stewardship of resources; surgeons should avoid unnecessary procedures and wasteful practices; work with colleagues, institutions, government and the community to promote cost-effective care; and help develop policy regarding priorities of care;
- be aware that elective surgery should be prioritised on the basis of clinical need; and
- advocate the fair allocation of resources for patient care.

### **3.1.8 Working with Children**

ADFA medical team volunteers will:

- adhere to the ADFA Child Safeguarding Policy and the Safeguarding Code of Conduct;
- be aware of regional and local policy and guidelines with respect to providing surgical services to children, understanding the legal definition of a child in local jurisdictions;
- obtain consent for any proposed treatment of a minor from a person with legal responsibility, in accordance with the applicable legislation;
- be aware of the possibility of non-accidental injury or risk of harm to a child and report this to the appropriate authority within the legal framework of the jurisdiction in which the team is working (being aware that legal requirements vary between jurisdictions);
- treat children only if they have the appropriate training and experience, except in an emergency;
- communicate with a child at the level of the child's understanding;
- involve the child's parent(s) / caregiver(s) / legal guardian in communication respecting their individual views; and
- proceed to treat a child without parental consent in a life-threatening emergency; in such a situation notify the appropriate person(s) in authority within the treating hospital.

### **3.1.9 Needs of Special Populations**

ADFA medical team volunteers will:

- adhere to ADFA's Disability Inclusion Policy and ensure that the principles contained therein inform all of our work;
- be aware that competent adult patients have the right to refuse blood or blood component transfusion and, in the case of children, abide by local legislative requirements including a court order;
- be sensitive to and respect the cultural differences of all cultures in the locations in which ADFA operates; and
- make use of a trained interpreter / cultural liaison officer if language or cultural barriers exist.

### **3.2 Maintenance of Professional Standards**

ADFA medical team volunteers enjoy significant autonomy in their use of a body of knowledge for the benefit of the community, society and its members in the locations in which it operates. Responsibility for a considerable degree of professional self-regulation is vested by the community in ADFA. In order to continue to earn this privilege, the communities in which ADFA operates expect us to ensure that our medical team volunteers maintain a high standard of professional practice and behaviour.

#### **3.2.1 Quality Assurance**

ADFA medical team volunteers will:

- participate in and attend regular quality assurance meetings, including mortality and morbidity meetings or equivalent, in their own health institution (public and / or private), where available;
- keep abreast of the results obtained by peer review groups and seek advice from colleagues when there is a major discrepancy between their own practices or results and those of peers;
- contribute to processes analysing surgical morbidity and mortality in accordance with regional policies; and
- develop a personal audit or participate in a unit based audit within their health institution; and
- comply with appraisal activities as relevant to the local health institution.

#### **3.2.2 Adverse Events**

ADFA medical team volunteers will:

- inform patients of any adverse events that occur during their care;
- report events to the mortality and morbidity meeting, or equivalent, in the health institution where available;
- consider seeking the opinion and assistance of a peer or senior surgeon when performing a further procedure on a patient in whom a major adverse event has occurred;
- demonstrate insight and compassion when dealing with adverse events, acknowledging their own responsibility; and
- report events via the ADFA Trip Report template to ADFA's Clinical Governance Committee, as per ADFA's *Procedure – Review of Clinical Incidents and Sentinel Events*.

#### **3.2.3 Credentialing and Clinical Privileges**

ADFA medical team volunteers will:

- adhere to the regulations relevant to credentials, set by the relevant regulatory authorities;
- comply with the regulations concerning clinical privileges stipulated by the relevant institutions;
- practise special surgical techniques only with adequate recognised training and expertise;
- undertake procedures beyond their current training only with the aid of an appropriately trained surgeon; and
- obtain training in new procedures.

### **3.2.4 Continuing Professional Development**

ADFA medical teams will:

- comply with the Continuing Professional Development program requirements specified by their own professional bodies and be diligent in the documentation of such compliance; and
- comply with other re-certification requirements within their jurisdictions.

### **3.2.5 Personal Health**

ADFA medical team volunteers will maintain good physical, psychological and emotional health and develop insight and humility in dealing with situations where health is impaired in developing countries. ADFA volunteers will:

- refrain from practising or operating while impaired by alcohol or drugs or when compromised by physical or mental disability;
- endeavour to recognise when fatigue, stress, physical or mental illness or another condition reduces their clinical or operative skills, and request the assistance of an appropriately qualified colleague;
- endeavour to recognise when the symptoms of the aging process may affect performance and seek and comply with advice;
- take appropriate remedial steps to bring their performance to an acceptable standard, when impairment is recognised;
- recognise impaired health in their colleagues and take appropriate action including support and consider whether to report such ill-health to the appropriate authorities if the impaired colleague does not volunteer such a deficiency, subject to appropriate legal requirements; and
- volunteer to be tested if they may be infected with a serious infectious agent that could be transferred to a patient.

### **3.3 Professional Relationships**

ADFA medical team volunteers are expected to act with integrity, honesty, respect, and without prejudice, in a spirit of co-operation with all colleagues, in the interests of working toward providing optimal patient care. ADFA medical team volunteers will:

- respect another health professional's training, knowledge, experience and culture;
- refrain from criticising colleagues in any untruthful, misleading or deceptive way;
- not denigrate another health professional publicly (unless required by law);
- promote a safe and comfortable working environment free of workplace bullying in line with ADFA policies;
- adhere to ADFA's Safeguarding Policies and Code of Conduct, particularly in relation to the prevention of sexual exploitation, abuse and harassment of children and other vulnerable groups, and the reporting of any suspected breaches of these policies;
- not plagiarise another's work or research, or use it without appropriate acknowledgement;
- give expert legal testimony only in their own specialised field, in accordance with the code of conduct of the regional legal jurisdiction;
- work closely with and co-operate with other health professionals as a team;
- participate in peer review;
- respect and co-operate with relevant disciplinary proceedings;
- be informed of local expectations and relevant legislation;
- allow support by other health professionals;
- take part in local audit;
- respect the benefits of resident surgical / health services and not undermine local health professionals or their practices;
- only perform procedures that are not able to be performed safely or within a timely manner by a local surgeon, and in consultation with the local surgeon;
- communicate with and negotiate the involvement of the local surgeon/s in order to achieve strong capacity building outcomes, and to provide optimal post-operative care and follow up;
- ensure that practice and business methods are transparent and honest.

### **3.4 Responsibility in Teaching, Training and Supervision**

ADFA expects its medical team volunteers to prioritise capacity building of other surgeons, allied health professionals, nurses, trainees and undergraduates in the locations in which ADFA operates; and to recognise their individual responsibility in this area by being role models, demonstrating a high standard of behaviour at all times. It should be acknowledged that learning to perform surgery involves a delicate balance between the need for acquisition and maintenance of surgical skills and competencies on the one hand, and the protection of patients' interests on the other.

#### **3.4.1 Teaching and Mentoring Role**

ADFA medical team volunteers will:

- provide appropriate supervision, minimising risks to the patient and accepting responsibility for the patient's welfare;
- acknowledge a responsibility to encourage and train future surgeons, nurses and trainees;
- encourage trainees to achieve the surgical competencies prescribed by ADFA;
- encourage trainees to work safely and to protect their own physical, mental and emotional health;
- endeavour to provide delegated tasks that are within the trainee's ability;
- encourage trainees to acquire skills progressively;
- endeavour to give the trainee sufficient responsibility and experience to enhance their career development;
- promote the incorporation of critically analysed evidence in their practice;
- promote the use of audit;
- participate in quality assurance activities, in particular the monitoring of any impact of training on patient outcomes and assessment of performance as a training unit;
- provide opportunities for teaching or training;
- recognise that intimate relationships with trainees pose potential role conflicts;
- promote a comfortable workplace environment, safe from exploitation, harassment and bullying, including belittlement and put-down; and
- respect a trainee's identified cultural practices.

#### **3.4.2 Team Members as Supervisors of Training**

ADFA medical team volunteers will take responsibility for teaching and training younger health professionals and be honest and fair in assessing performance of trainees who are not meeting required standards of competence by:

- identifying trainees' weaknesses as early as possible; and
- putting into place an appropriate remediation program to assist in remedying the weaknesses.

#### **3.4.3 Role-modelling**

ADFA medical team volunteers will **act with integrity**:

- be honest, objective and conscientious in assessing performance of trainees;
- be honest, open and transparent when providing references for trainees;
- provide feedback to foster improvement;
- consider the patient's needs at all times; and
- display empathy towards patients and staff.

ADFA medical team members will **demonstrate accountability**:

- be involved in quality assurance activities, particularly audit, where available;
- accept responsibility for adverse events and practice 'open disclosure' of adverse events; and
- maintain clinical knowledge and skill.

ADFA medical team volunteers will be **tolerant, courteous and respectful**:

- speak and behave with dignity and compassion; and
- respect peoples' different cultural beliefs and practices wherever possible.

### 3.5 Business and Commercial Responsibilities

Trust is an essential component of a medical team; a conflict of interest exists when an ADFA team member's position is influenced by a secondary interest, such as financial gain. ADFA medical team volunteers will:

- be honest in financial matters relating to the medical work being undertaken;
- not defraud ADFA or the service / organisation that utilises their services;
- not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect their judgement, and not offer such inducements to colleagues;
- not ask for or accept fees for services undertaken;
- not take financial advantage of a patient when providing or dispensing medication or appliances, and
- not expect or require more than reasonable costs of travel and accommodation when invited to volunteer for a medical team.

### 3.6 Responsibility to the Communities in which ADFA Operates

Being an ADFA team member affords considerable social privilege in the locations in which ADFA operates. In return, medical team volunteers are not to be involved in political and legislative matters relating to the health, health policies and safety of the public in those locations. ADFA requires medical team volunteers to:

- advocate strategies to improve individual and public health;
- promote effective and efficient distribution of health care resources;
- promote equitable access to health care when and where it is needed, especially for those in rural and remote areas and other disadvantaged populations;
- improve the quality of inpatient and outpatient care;
- promote public awareness of public health care issues through appropriate channels.
- abide by the law of the countries in which they operate; and
- contribute to the public advocacy roles of ADFA and other professional bodies.

## 4 COMPLIANCE

All volunteers are to comply with ADFA policies and procedures, importantly but not limited to the Overseas Medical Assignments Policy, Fraud and Corruption Policy, Complaints Handling Policy and Procedure. Also the Child Safeguarding and Prevention of Sexual Exploitation, Abuse and Harassment Policies (as mentioned above).

Any breaches of this Code of Conduct will be dealt with in accordance with the Human Resource Management Policy.

#### By signing this declaration, I confirm and accept that:

- I shall abide by all the standards outlined in this Code of Conduct.
- My failure to comply with ADFA Policies and Codes of Conduct may result in disciplinary action as outlined in the Human Resource Management Policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

*Approved by the CEO: September 2021*