Australian Society
of Plastic Surgeons

CODE OF PRACTICE

An Adjunct to the Medical Board of Australia and RACS Codes of Conduct

AUSTRALIAN SOCIETY OF PLASTIC SURGEONS INC.
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(Incorporated in the ACT with members' liability limited)

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Introduction

This Code of Practice provides specific guidance on the professional ethics and behaviour required of members of the Australian Society of Plastic Surgeons (ASPS). It reflects the professional standards expected of plastic surgeons by ASPS and the communities we serve. It focuses on particular issues and concerns relevant to the practice of plastic surgery, and assists Fellows and Trainees to respond appropriately to these issues and concerns.

Members of ASPS, like all doctors in Australia, must comply with the "Good Medical Practice" Code of Conduct for Doctors in Australia issued by the Medical Board of Australia. The majority of ASPS members are also Fellows of RACS, and therefore subject to the RACS Code of Conduct and other relevant RACS standards and guidelines. This Code of Practice supplements the Medical Board of Australia and RACS Codes of Conduct by providing elaboration of key ethical and professional principles as they apply to plastic surgery.

Standards of behaviour help make our relationships mutually rewarding and productive, and ensure that patients receive the best possible standard of care. They remind us that the overarching concern of all medical practice is to act in the best interests of our patients to improve their health and quality of life.

The purpose of this Code is:

- to define acceptable behaviours in the practice of plastic surgery
- to promote high standards of practice and professional responsibility on the part of plastic surgeons
- to provide a benchmark for members to use for self evaluation
- to preserve the reputation and high standards expected of our profession

Embedded in the Code are the values of ASPS which are:

- surgical excellence
- honesty and integrity
- accountability
- compassion
- scholarship
- innovation

These values guide us in our interactions with patients, fellow surgeons, trainees, nursing and allied health care staff, and other stakeholders in the health sector.

The practice of plastic surgery today encompasses a range of treatments, both surgical and non-surgical, particularly in the field of cosmetic medicine. This Code is intended to cover the full scope of practice undertaken by plastic surgeons, and should guide all their professional interactions with patients.

This Code of Practice was developed in response to member and community concerns in order to demonstrate that, as plastic surgeons, we hold ourselves to a clear set of ethical standards. The intention was to be patient-centred and focus on those aspects of professional behaviour that contribute to high quality patient care. ASPS was also concerned to create a transparent, enforceable and realistic compliance process based on a model of encouraging best practice by members.

The Code aims to provide clear guidance in plain English, for the assistance of ASPS members. It sets out current standards and rules of behaviour, but is also intended to be a dynamic document that may be modified from time to time to reflect any regulatory changes and obligations.

As plastic surgeons, we must comply with Federal and State laws as well as a range of rules and guidelines established by various bodies and statutory authorities such as: the Medical Board of Australia, State Health Departments, Consumer Affairs, the Therapeutic Goods Administration, the Australian Competition and Consumer Commission, Medicare, the Australian Medical Council, the Royal Australasian College of Surgeon (RACS), and the hospitals in which we work.

The ASPS Code of Practice does not replace or detract from any of the above. It is intended to sit alongside these other ethical and regulatory frameworks and provide specific guidance on issues relevant to plastic surgery. It is therefore not an exhaustive ethical and professional code, and members will need to ensure that they comply with other relevant codes and guidelines as well.

Members must also be aware that some States have regulations that, in some areas, may be more restrictive than the principles set out in this Code. It is the responsibility of all members to familiarise themselves with applicable laws and regulations in their State.

General Values and Principles

Members must demonstrate high standards of professionalism, integrity and ethical conduct in the practice of plastic surgery.

As articulated in *ASPS Ethical Framework*, they must strive to give effect to the values of ASPS which are:

- surgical excellence
- honesty and integrity
- accountability
- compassion
- scholarship
- innovation

And to practice according to the principles of the *ASPS Ethical Framework*:

- Patient wellbeing and the best interests of the patient are considered from their first presentation and guide us in all decisions in that patient's healthcare experience.
- We respect the intrinsic dignity of every person, whatever their circumstances. Patients are never used as a means to an end.
- Healthcare is a collaborative process between the patient, their family, the surgeon and other health professionals. Through this process we respect patient autonomy.
- In considering treatment, wherever possible, we apply an evidence-based approach.
- We work to ensure that patient healthcare integrates the needs of the individual, the health system, and society.

Members must at all times act in accordance with:

- the conduct required of them under Federal, State and Territory law and any Government rules or guidelines;
- all Codes and Guidelines of the Medical Board of Australia;
- the Code of Conduct and other guidelines and standards of the Royal Australasian College of Surgeons; and
- the ethical and professional standards set out in this Code.

Members must ensure that they acquire and maintain the professional skills, experience and competence necessary to provide high quality care to their patients.

Members must respect the confidentiality of the information they hold about their patients.

Members must not engage in any activity which brings the practice of plastic surgery or ASPS into disrepute.

Members must conform to the codes and bylaws of the institutions in which they work.

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1. Definitions

In these Rules:

Medically Qualified means, in respect of a person, a person who is registered to practice medicine in Australia and its administered territories.

Procedure means an open plastic surgery procedure, being either:

(a) an open reconstructive surgery procedure; or

(b) an open cosmetic surgery procedure; or

(c) a reconstructive and a cosmetic surgery procedure, at least one of which is an open procedure.

Receive a Financial Benefit

(a) In determining whether a financial benefit is received:

  (i) give a broad interpretation to financial benefits being received, even if criminal or civil penalties may be involved; and

  (ii) the economic and commercial substance of conduct is to prevail over its legal form; and

  (iii) disregard any consideration that is or may be received for the benefit, even if the consideration is adequate.

(b) Receiving a financial benefit includes the following:

  (i) receiving a financial benefit indirectly, for example, through one or more interposed entities;

  (ii) receiving a financial benefit by making an informal agreement, oral agreement or an agreement that has no binding force;

  (iii) receiving a financial benefit that does not involve paying money (for example by receiving a financial advantage).

(c) The following are examples of receiving a financial benefit from a person:

  (i) receiving finance or property from a person;

  (ii) buying an asset from or selling an asset to the person;

  (iii) leasing an asset from or to the person;

  (iv) supplying services to or receiving services from the person;

  (v) receiving a grant of securities or an option from the person;

  (vi) having the person take up or release an obligation.

Surgically Qualified means, in respect of a person, a person who has an Australian Medical Council-accredited specialist surgical qualification.

2. Upholding the Reputation and Standards of the Practice of Plastic Surgery

2.1 Members must at all times maintain high standards in their practice of plastic surgery, and must not act in a way that may bring ASPS or the practice of plastic surgery into disrepute.

2.2 Conduct that may amount to a breach of clause 2.1 includes, but is not limited to:

(a) practising in a way that exposes patients to an unnecessary or inappropriate level of risk;

(b) making inappropriate representations about the potential benefits and risks of procedures; and

(c) a breach of clause 7.1.

3. Advertising

3.1 Members must familiarise themselves with the Guidelines for Advertising Regulated Health Services issued by the Medical Board of Australia. These Guidelines set out detailed obligations under the National Law that apply to anyone advertising regulated health services. Advertising obligations include that:

(a) Advertising must not be false, misleading or deceptive, or likely to be misleading or deceptive;

(b) Any terms or conditions must be included when advertising offers a gift, discount or other inducement;

(c) Advertising must not include testimonials about a service or business;

(d) Advertising must not create an unreasonable expectation of beneficial treatment; and

(e) Advertising must not directly or indirectly encourage the indiscriminate or unnecessary use of regulated health services.

The Guidelines also set out detailed and specific requirements in relation to:

(a) The acceptable evidence required to substantiate statements, claims and comparisons about the effectiveness of regulated health services;

(b) The use of qualifications and titles;

(c) The advertising of price information;

(d) The use of graphic images and photographs.

Further, the Medical Board of Australia's Guidelines for Registered medical Practitioners who perform Cosmetic Medical and Surgical Procedures include that advertising and patient information material should not glamorise procedures, minimise the complexity of a procedure, overstate results or imply patients can achieve outcomes that are not realistic.

Members must be aware of the requirements of these Guidelines, and must ensure that they comply with them in every respect. A failure to comply with the Guidelines may constitute unprofessional conduct or professional misconduct on the part of the Member, as well as being a breach of this Code.

4. Financial Arrangements

4.1 Members must make a full written disclosure to patients of what the cost of their treatment will be. The disclosure should be made at a sufficiently early stage to enable the patient to take cost considerations into account when deciding whether to undergo the treatment. The cost disclosure should include information about the possibility of further costs, should revision surgery be necessary.

4.2 Members must ensure that they do not have any financial conflict of interest that may influence their decisions and recommendations about patient care. The best interests of the patient must at all times be the paramount concern.

4.3 Members must disclose to patients any financial interest they have in any institution, company, arrangement or product related to any aspect of the patient's care.

4.4 Members must be careful to ensure that finance arrangements or financial incentives are not offered to patients in such a way that they may act as an inappropriate influence on the patient's decision as to whether the treatment is in his or her best interests. Examples of arrangements that are inappropriate include:

(a) giving a fee discount if the patient undergoes the surgery before a certain date;

(b) offering other benefits, such as airfares, accommodation, spa treatment etc.; and

(c) entering into any arrangements with patients to assist them in obtaining finance to pay for a procedure, or offering financing schemes to patients, either directly or through a third party.

4.5 Members must not accept financial or other incentives from patients in exchange for the provision of services, such as advertising where the patient has no intention of declaring the financial arrangement.

4.6 Any bills rendered to patients by Trainees for work done assisting in the provision of plastic surgery services must be reasonable having regard to the Trainee's qualifications and level of experience. It is the responsibility of the individual Trainee to comply with relevant laws and guidelines in this respect, including obligations under employment contracts.

4.7 Members who use the services of Trainees outside the public hospital system should ensure, to the extent they are able to do so, that the Trainees receive appropriate payment for their work.

4.8 Members must not submit fee claims to any organisation, such as Medicare or Workers Compensation authorities, unless they are satisfied that each claim is proper and meets the legal and other requirements of the relevant organisation. This includes ensuring all elements required to claim a Medicare item number have been achieved and not over-servicing.

5. Pre and Post-Operative Surgical Care

5.1 Members must take personal responsibility for ensuring that their patients are adequately informed of the nature of the proposed treatment, the likely post-operative course, and the possible risks, side-effects and complications. Wherever possible, the information should be provided in writing. Patients must receive this information at an early stage so they can make an informed decision about whether to agree to the treatment. They must be given sufficient time to consider the information, and have an opportunity to ask questions.

5.2 In a public hospital setting, members may sometimes rely on registrars or other medical staff to discuss the procedure with the patient and perform the pre-operative assessment. However, the plastic surgeon remains responsible for ensuring that the patient has been fully informed and adequately prepared for surgery.

5.3 Outside the public hospital setting, members must have an established relationship with the patient prior to undertaking any treatment. Members must personally conduct at least one pre-operative consultation with the patient and, unless the treatment is required urgently, the consultation must take place before the patient's admission to hospital. In most cases, and with all cosmetic surgery, at least two pre-operative consultations would be appropriate. The patient should be referred to a psychologist or psychiatrist for evaluation if there are indications that the patient has significant underlying psychological problems which may make them an unsuitable candidate for the procedure.

5.4 Digital consulting for an initial patient assessment is not appropriate unless it is limited to the provision of general information about treatment options, and their potential risks and side-effects. A recommendation for surgery should only be made with a face-to-face consultation. Video consultation is a legitimate tool for an initial assessment with a patient, but prior to a surgical procedure the patient needs to be further assessed in person.

Cooling Off Period for Cosmetic Procedures

5.5 With cosmetic procedures, it is particularly important that the patient is given sufficient time to think about whether the procedure is in his or her best interests. Members must ensure that there is a "cooling off" period of not less than seven days between the initial consultation with the patient and the cosmetic surgery procedure during which it must be made clear that the patient is free to withdraw from the procedure with no penalty. The duration of the cooling off period should take into consideration the nature of the procedure. The patient must be told about the cooling off period prominently in writing.

5.6 Ideally, no deposit should be taken from the patient prior to the end of the cooling off period. If a deposit is taken, it should be fully refundable if the patient decides not to proceed with surgery and notifies the surgeon of this within a reasonable time period.

Cosmetic Procedures for Patients under the age of 18

5.7 Before any major procedure, any patient under the age of 18 must be referred to a psychologist, psychiatrist or general practitioner for evaluation to identify any significant underlying psychological problems which may make them an unsuitable candidate for the procedure.

5.8 For patients under the age of 18, there must be a "cooling off" period of a minimum of seven days for minor procedures and a minimum of three months for major procedures.

5.9 Members must be aware of the law governing treatment for minors in their State or Territory. Even where cosmetic surgery is not specifically prohibited for patients under 18, members must exercise particular care when treating such patients to ensure that the treatment is in the patient's best interests and that legal requirements in relation to consent are satisfied.

Post-Operative Care

5.10 Members are responsible for ensuring that patients receive appropriate post-operative care and follow-up. If they cannot attend to this personally, they must make formal arrangements for the patient's post-operative care, and take steps to ensure that the patient, other treating health professionals and, if applicable, the clinic or hospital are made aware of these arrangements.

Itinerant Surgery

5.11 Members must exercise care when agreeing to perform itinerant surgery in a town or region that they visit for short periods only. While arrangements of this kind are sometimes in the best interests of patients, in that they increase the availability of specialist plastic surgery services, they carry inherent risks because the plastic surgeon may not be able to undertake necessary post-operative care and follow-up.

5.12 Members should only perform itinerant surgery if they have satisfied themselves that the local health facilities are adequate for the nature of the surgery to be undertaken and the local medical personnel have the necessary skills and experience to provide appropriate post-operative care. Arrangements must be in place for the emergency transfer of patients, if medically required.

Complications and Adverse Events

5.13 If a patient suffers an adverse event, or has an outcome that is less favourable than expected, members must provide the patient with an open and honest explanation of what has happened. There should be no attempt to cover up any complication or medical error.

5.14 Members must take responsibility for ensuring that the patient receives any further treatment required. They should seek a second opinion or refer the patient to another specialist, if this is in the best interests of the patient or if the patient requests it.

5.15 Revision surgery will sometimes be necessary even where there was no negligence or lack of skill or care in relation to the original surgery. This should be explained to the patient in advance. Where a patient requires revision surgery, members should take into account the out-of-pocket expense to the patient when determining the surgeon's fee for the revision surgery. If performing revision surgery on another surgeon's patient, members should be careful not to make inappropriate comments about the treatment provided by the previous surgeon.

6. Operating on Family Members

6.1 Whenever possible, avoid providing medical care to anyone with whom you have a close personal relationship. In most cases, providing care to close friends, those you work with and family members is inappropriate because of the lack of objectivity, possible discontinuity of care, and risks to the doctor and patient.

7. Involvement of Non-Surgically or Non-Medically Qualified Persons in Procedures

7.1 A member must not receive a financial benefit in connection with another person performing a procedure unless:

(a) the other person is likely to provide the standard of care and expertise that could reasonably be expected of a person who is surgically qualified; or

(b) the member reasonably expects that the procedure will only be performed:

(i) where medically necessary; and

(ii) in a geographical area of under-resourced need.

7.2 Some members may wish to employ or engage non-medically qualified persons, such as nurses or beauty therapists, to assist with performance of procedures or other patient care. In these cases, the member must:

(a) ensure that those persons have the appropriate qualifications and training to provide that care; and

(b) provide adequate supervision of those persons and retain responsibility for patient care at all times.

7.3 A member must not encourage or permit non-medically qualified persons, such as nurses or beauty therapists, to administer "prescription only" medication, unless the member has previously had an in person consultation with the patient (not including telemedicine) to determine whether the treatment is appropriate and has prescribed the medication.

8. Relationships with the Pharmaceutical and Medical Device Industries

8.1 Members must comply fully with the RACS Guidelines on Surgeons and Trainees Interactions with the Medical Industry. Members must also be aware of the Codes of Conduct of Medicines Australia and the Medical Technology Association of Australia which regulate advertising and promotional activities by industry. In relation to plastic surgery, in particular, the following provisions of the RACS Guidelines are relevant:

(a) Members must not accept financial remuneration, either by way of money or goods or services, based solely or partly on the use, or expectation of use, of medication, devices or prostheses.

(b) Members must not enter into any financial arrangement that could influence, or be reasonably expected to influence, the decisions they make on behalf of their patients. All such arrangements must be able to withstand public and professional scrutiny and conform to professional and community standards, ethics and expectations.

(c) Members must declare to the patient any arrangement with the medical industry that results in benefit, financial or non-financial, to the member, before any recommendations or decisions with respect to medication, prostheses, devices or technology on behalf of the patient are made.

(d) Except where they have been involved in the creation or development of a medical product, members must not promote or endorse a product other than by demonstrating or training others in the use of the product.

(e) Members must distance themselves from financial grants obtained from the medical industry. For example, educational grants should be directed to organising bodies, and payment for specific fellowship training should be by way of the specialist organisations.

(f) Members must declare any financial support, direct or indirect, from the medical industry for attending educational meetings. The venue for such meetings should not be excessive or extravagant; the reason for a member deciding to attend should be the educational content, not the venue.

9. Use of the ASPS Name and Logo

9.1 Members must not hold themselves out as representing ASPS in any public forum or media communication, unless prior authorisation has been given by the President or Chief Executive.

9.2 Members may re-produce the ASPS logo on their stationery or in advertisements or promotional material for the sole purpose of communicating that they are a member of ASPS. Any other use of the logo is not permitted, except with the prior authorisation of the President or Chief Executive.

9.3 The ASPS name or logo should not be used in any other way that might cause damage to the name or reputation of ASPS.

10. Mandatory Notification

10.1 Members must be aware of and comply with their obligation to report "notifiable conduct" on the part of another medical practitioner to the Australian Health Practitioner Regulation Agency (AHPRA) under the Health Practitioner Regulation National Law (as it applies in each State or Territory) and the Guidelines for Mandatory Notifications issued by the Medical Board of Australia. The obligation to report applies to certain types of serious misconduct, such as placing the public at risk of harm by reason of a significant departure from accepted professional standards, practising while intoxicated, or engaging in sexual misconduct.

10.2 Mandatory notification in these circumstances is a legal requirement that applies independently of this Code. Members who become aware of such behaviour on the part of another medical practitioner must report it to AHPRA.

11. Compliance with this Code

11.1 Upon becoming a member of ASPS and at the time of each annual renewal, members are required, as a condition of membership of ASPS, to sign a written acknowledgement that they:

(a) have read and agree to comply with:

(i) all Codes and Guidelines of the Australian Health Practitioner Regulation Agency and Medical Board of Australia;

(ii) the RACS Code of Conduct and other RACS standards and policies; and

(iii) this Code of Practice.

(b) have complied with these Codes, Guidelines, standards and policies in their professional practice over the previous 12 months; and

(c) (agree to submit to the RACS disciplinary procedure (see RACS Policy on Handling Potential Breaches) if a complaint is made against them and to be bound by the outcome of the procedure.

The written acknowledgment must be signed by all members of ASPS, including those who are not Fellows of RACS or not current financial members of RACS.

Note: Any complaints to be made in respect of this Code of Practice must be made in accordance with the process set out in the ASPS Constitution.

Excerpts from the ASPS Constitution - Complaints Handling Process

80. All members (and trainees) are bound to comply with the Society's Code of Practice. The Code of Practice supersedes the Guidelines for Professional Conduct (2006), which are no longer in force.

81. Any person may bring a complaint against a member of the Society. Complaints must be in writing addressed to the Chief Executive of the Society. Anonymous complaints will not be accepted.

82. The Chief Executive will refer any complaint received, and any matter relating to a breach or potential breach of the Society's Code of Practice by a member (whether or not a complaint has been received about that member), to the Society's Ethics Committee. The Ethics Committee will review the referral from the Chief Executive under this Rule at its next meeting and do one or more of the following:

    (a) if the referral raises issues that may involve unprofessional conduct on the part of a member, a risk to patient safety, or a breach of any of the AHPRA Codes or Guidelines, refer the matter to AHPRA (or in the case of some NSW complaints, the Medical Council of NSW) for investigation and determination under applicable legislation;

    (b) in the case of a referral that warrants further substantive investigation in relation to a matter that, in the opinion of the Ethics Committee, is more properly dealt with by the RACS, refer the matter to RACS for investigation and determination under the RACS disciplinary procedure (see RACS Policy on Handling Potential Breaches);

    (c) if the referral raises issues that the Ethics Committee considers it is able to deal with itself, deal with the referral in accordance with Rule 85 below; or

    (d) if the complaint received, in the opinion of the Ethics Committee, appears frivolous or vexatious, or the referral to it does not raise issues of significance such as to warrant further investigation, dismiss the complaint or referral and inform the complainant and the member to whom the complaint or referral relates accordingly.

83. Where a complaint against a member, or a referral from the Chief Executive, is referred for further investigation under sub-Rule 82(a), the Ethics Committee will review the findings of the investigation, once concluded, and make recommendations to the Council as to what action, if any, the Society should take based on the findings of the investigation.

84. Where a complaint or referral from the Chief Executive is referred to RACS for investigation and determination under sub-Rule 82(b), the decision of RACS will be final and binding, and the Council of the Society will take whatever steps are necessary to give effect to the RACS decision.

85. If the Ethics Committee decides to deal with the complaint itself under sub-Rule 82(c) above, it will:

    (a) inform the member in writing of the details of the complaint or referral from the Chief Executive, provide a copy of the complaint or referral from the Chief Executive, and a copy of Rules 80 to 94, and give the member 28 days within which to provide a written or oral response, or both, to the complaint;

    (b) undertake such further investigation of the complaint or referral from the Chief Executive as the Ethics Committee, in its absolute discretion, considers appropriate;

(c) thereafter determine the complaint or referral from the Chief Executive taking into account the matters contained in the complaint or the referral from the Chief Executive, the response received from the member and the results of the further investigation, if any, undertaken by the Ethics Committee;

(d) make recommendations to the Council as to what action, if any, the Society should take in response to the complaint or the referral from the Chief Executive.

86. Recommendations made by the Ethics Committee under Rule 84 or 86 above as to what action, if any, the Council should take may include any or all of the following:

(a) dismissing the complaint or referral from the Chief Executive;

(b) requiring the member to participate in counselling or other remedial programs;

(c) requiring the member to sign a statutory declaration stating that he or she will in future comply with this Code and other relevant Codes of Conduct;

(d) reprimanding the member;

(e) imposing conditions on the member's membership of the Society;

(f) if the member has persistently refused or neglected to comply with a provision of these Rules, or has persistently acted in a manner prejudicial to the interests of the Society, suspending the member's membership of the Society for a specified period of time;

(g) if the member has persistently refused or neglected to comply with a provision of these Rules, or has persistently acted in a manner prejudicial to the interests of the Society, expelling the member from the Society.

87. When making its recommendation, the Ethics Committee must review any complaints previously made against the member, and any previous referrals from the Chief Executive in relation to the member, and, where appropriate, take the complaints and referral history into account. Where the member has already received two periods of suspension from the Society within the previous five years, the Ethics Committee must bring this to the attention of the Council so that the Council can consider whether to expel the member from the Society.

88. The Council will consider the recommendations of the Ethics Committee at its next meeting and will decide what action, if any, should be taken in response to the complaint or referral from the Chief Executive.

89. Before imposing any of the sanctions referred to in Rule 86 above (other than dismissing the complaint or referral from the Chief Executive) the Council will provide the member with 7 day's notice of its intended sanction and provide the member with an opportunity to make written or oral submissions, or both, to the Council going only to the sanction to be imposed. Having considered those submissions the Council will make its decision on the sanction, and will write to the member and the complainant informing them of its decision.

90. Any decision by the Council to reprimand, impose conditions on, suspend or expel a member will be published on the public domain of the Society's website.

91. A member may appeal to the Society in General Meeting against a decision of the Council under Rule 88 to expel the member from the Society, within 7 days after notice of the decision is served on the member, by lodging with the Honorary Secretary a notice to that effect. There is no right of appeal from a decision to apply a sanction other than expulsion.

92. On receipt of a notice of appeal under Rule 91, the Honorary Secretary must notify the Council which must call a General Meeting of the Society to be held within 21 days after the date when the Honorary Secretary received the notice or as soon as possible after that date.

93. Subject to the Act, section 50, at a General Meeting of the Society called under Rule 92:

    (a) no business other than the question of the appeal may be transacted; and

    (b) the Council and the member must be given the opportunity to make representations in relation to the appeal orally or in writing, or both; and

    (c) the members present must vote by secret ballot on the question of whether the decision to expel the member should be confirmed or revoked.

94. If the meeting passes a special resolution in favour of the confirmation of the decision to expel the member, that decision is confirmed.

End of extract

Schedule of Legislation

This Schedule of relevant legislation in each State and Territory is provided to assist members to identify laws that may be relevant to their professional practice. The schedule is not necessarily exhaustive, and members may need to seek legal advice from their medical defence organisation or elsewhere in order to ensure they have an accurate and up-to-date understanding of their legal obligations.

Commonwealth

Privacy Act 1988 (Cth)

Therapeutic Goods Act 1989 (Cth)

Trade Practices Act 1974 (Cth)

National Consumer Credit Protection Act 2009 (Cth)

New South Wales

Fair Trading Act 1987 (NSW)

Health Practitioner Regulation National Law (NSW)

Health Care Complaints Commission Act 1993 (NSW)

Health Records and Information Privacy Act 2002 (NSW)

Privacy and Personal Information Protection Act 1998 (NSW)

Public Health Act 2010 (NSW)

Queensland

Fair Trading Act 1989 (Qld) Health Practitioner National Law Act 2009 (Qld)

Health Practitioners (Professional Standards) Act 1999 (Qld)

Health Quality and Complaints Commission Act 2006 (Qld)

Information Privacy Act 2009 (Qld)

Medical Practitioners Registration Act 2001 (Qld)

Public Health Act 2005 (Qld)

South Australia

Fair Trading Act 1987 (SA)

Health and Community Services Complaints Act 2004 (SA)

Health Practitioners Regulation National Law (South Australia) Act 2010 (SA)

Tasmania

Fair Trading Act 1990 (Tas)

Health Complaints Act 1995 (Tas)

Health Practitioner Regulation (National Law) Act 2010 (Tas)

Victoria

Fair Trading Act 1999 (Vic)

Health Practitioner Regulation National Law (Victoria) Act 2009 (Vic)

Health Records Act 2001 (Vic)

Health Services (Conciliation and Review) Act 1987 (Vic)

Health Professions Registration Act 2005 (Vic)

Western Australia

Fair Trading Act 1987 (WA)

Health Services (Conciliation and Review) Act 1995 (WA)

Medical Practitioners Act 2008 (WA)

Australian Capital Territory

Fair Trading Act 1992 (ACT)

Health Practitioner Regulation National Law (ACT) Act 2010 (ACT)

Health Professionals Act 2004 (ACT) Health Records (Privacy and Access) Act 1997 (ACT)

Northern Territory

Consumer Affairs and Fair Trading Act 1990 (NT)

Health Practitioner Regulation (National Uniform Legislation) Act 2010 (NT)

Health Practitioners Act 2004 (NT)

Health and Community Services Complaints Act 1998 (NT)