



THE AUSTRALASIAN COLLEGE
OF DERMATOLOGISTS

PROFESSIONAL CODE OF ETHICS

applying to
SPECIALIST DERMATOLOGISTS and
DOCTORS-IN-ACD-TRAINING

Iris Hui November 14, 2017
Version 5

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PREAMBLE

The requirements of the Code of Ethics are to be read in conjunction with the Training Charter.

This Code covers:

The standards of dermatology practise and care for doctors who are specialist dermatologists or doctors-in-training to be specialist dermatologists, and;

The conduct and behavioural expectations of specialists as Members of College.

(In our College doctors-in-training are not Members defined in the Constitution, so standard 11 applies only to those holding FACD).

(The conduct and behavioural expectations of doctors-in-training is defined in the Training Charter).

COLLEGE OATH



THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS

In acknowledging the privilege of practising dermatology, and in accepting Fellowship of the Australasian College of Dermatologists, I make this declaration sincerely in the presence of my family, friends, colleagues and teachers.

Patients are my first concern and in caring for them I undertake to use my knowledge and skill to the best of my ability.

I will seek actively to maintain my skills and abilities throughout my professional life, to practise ethically within those abilities and to contribute wherever possible to the science of dermatology.

I will seek to enhance the quality of patients' lives, maintain their dignity, support their carers, and treat all people equitably.

I will strive at all times to be worthy of my patients' respect and never to abuse their trust or confidence. My clinical decisions will not be influenced by personal gain.

I extend these commitments beyond individuals, to the health and wellbeing of the community.

I will treat with courtesy, my colleagues and all who contribute to the wellbeing of my patients.

May these affirmations guide and inspire me in practising the art and science of medicine as a dermatologist.

WHAT DOES THE CODE DO FOR YOU

The Australasian College of Dermatologists (ACD) Professional Code of Ethics commits us to the highest standards of dermatology practise and care. The Code outlines the professional behaviour expected of us as doctors and as Members of a College.

Members of College are to observe and maintain standards of behaviour and ethics befitting a professional membership organisation – a College community where fairness, dignity and respect are the normal behaviours.

Being respected means being treated honestly and professionally, with each person's unique talents, background and perspectives valued. The diversity of talents, background and perspectives creates the strength in our College.

This Code provides a standard against which our peers may judge us. Drawing on various support materials, the Code sets the high standards and other requirements that we agree to meet.

Whilst College works within a regulatory and legislative environment, compliance is but a minimalist aspiration. Nothing prevents us from adopting higher standards should we wish to do so.

College aspires to continuously foster a positive culture within the whole College, through all its activities. A culture where colleagues celebrate difference and diversity and learn from it in the same measure as they might seek to remove destructive behaviours counter to those of a professional membership organisation.

The aim is to promote informed and effective relationships between you and the people you interact with on a professional basis.

What we need to know

The Code reflects the College Oath (above) taken by all new Fellows but applicable to us all at any time. Fellows are encouraged to reflect on the Oath periodically as it succinctly highlights the standards detailed in this Code. The Code addresses many issues not specifically dealt with in various legislation. Where the Code imposes an obligation that is greater than the law we will comply with the Code (unless it would cause us to breach the law). The Code is not meant to limit your rights under any laws. The governing principles of this Code for professionalism are that patients' interests and collegiality are paramount. All Members are expected to abide by the principles and practises outlined in the Code irrespective of whether they work in Australia, or other jurisdictions, including developing countries; or, whether they work for remuneration or as a volunteer.

What about other codes

The Code is consistent with the Health Practitioner Regulation National Law Act of Australia, Australian Medical Council Code (as adopted by the Medical Board of Australia). It must be read with these other Codes to be comprehensively understood. Legal responsibilities may vary from state to state. The Code does not remove these legal responsibilities and we should be aware of jurisdictional requirements.

Acknowledgement: based on work by Royal Australian and New Zealand College of Ophthalmologists.

UNDERSTANDING THE CODE

Additional guidance to assist you to understand the Code can be found on the ACD website at www.acd.edu/Codeofconduct

Policies and procedures relating to grounds for complaints, making a complaint or appealing a decision can be found on the ACD website at www.acd.edu/Policies

KEY WORDS / ABBREVIATIONS IN THIS CODE

ACD	Australasian College of Dermatologists also known as ‘ the College’
Board	Means the Board of Directors of the College
Code	Means this Professional Code of Ethics
College	Means the Australasian College of Dermatologists
College Body	Means in this Code, the Board, Board committees, and other college committee or taskforce or advisory group
College personnel	Means Staff, Members of the College, trainees and IMGs, contractors and volunteers
CPD	Continuing Professional Development
Director	Means any person appointed or elected as a Director of the College as per the Constitution
Member	Has the same meaning as defined in the Constitution (Members are Fellows, Honorary Fellows or Associate Members)
Our doctors	Fellows and Trainees of College
PSC	Means the Professional Standards Committee of the Board

ACKNOWLEDGEMENT

The College wishes to acknowledge the Royal Australasian College of Surgeons; the Royal Australian and New Zealand College of Ophthalmologists and the Royal Australasian College of Physicians in the compiling of this document. As the Professional Codes for Colleges face similar issues we wish to thank these Colleges for their prior work and insights. Our code draws on all three College materials for its inspiration and in many cases, text.

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UNDERSTAND WHAT HAPPENS IF THE CODE IS BREACHED
The Code does not create legal or other rights between us or the people with whom we interact
There is a Professional Standards Committee which monitors Code compliance, breaches of the Code and oversees the administration of the Code
If there is a breach of the Code it can be addressed through the mechanisms explained on page 19

STANDARDS & REQUIREMENTS WHICH APPLY

1. Standard of Clinical Practice

“Patients are my first concern and in caring for them I undertake to use my knowledge and skill to the best of my ability” .

Excellence in patient care requires a range of clinical, interpersonal and management skills, medical and technical expertise, clinical decision-making, communication and teamwork all contributing to achieving a high standard of clinical practice and patient care.

Our doctors will

- 1.1. always act in the best interests of patients
- 1.2. provide clinical care consistent with the prevailing standards of their specialty
- 1.3. ensure that they remain competent and provide clinical care that is informed by current and relevant evidence
- 1.4. ensure that their professional behaviour is at all times respectful of others
- 1.5. promote a cohesive team approach that benefits patients
- 1.6. treat patients without unlawfully discriminating or on the basis of insurance status
- 1.7. protect the privacy of patients within the confines of law
- 1.8. facilitate ongoing care of the patient when our doctors terminate the dermatologist-patient relationship
- 1.9. manage only those patients whose clinical conditions are within the dermatologist’s scope of practice, giving consideration to individual training, experience, credentialing and current practice profile
- 1.10. ensure appropriate informed consent has been obtained from the patient (or substitute decision-maker) before a procedure or course of treatment
- 1.11. ensure that operation safety practices for patients and theatre staff are adhered to
- 1.12. maintain legible and up to date patient records that document clinical assessment, decisions and plans for a patient, ensuring that clinical notes are dated and that the author is identifiable
- 1.13. not falsify records at any time or deliberately destroy, lose or hide records
- 1.14. when retiring from practice, determine and document a process to ensure a smooth handover of patients currently under the dermatologist’s care by ensuring that relevant medical records, whether physical or electronically archived or otherwise stored, of patients currently under the dermatologist’s care or follow-up, are transferred to another dermatologist in the specialty and that any legal, regulatory body or insurer guidelines on transfer or retainment of records are met
- 1.15. respect a patient’s right to access information contained in their medical records and their right to control the use and disclosure of their personal information

2. Relationship with Patients

“I will seek to enhance the quality of patients’ lives, maintain their dignity, support their carers, and treat all people equitably”.

“I will strive at all times to be worthy of my patients’ respect and never to abuse their trust or confidence”.

The doctor-patient relationship is critical to the quality of patient care, safety and outcomes. Our doctors must pay attention to all aspects of this relationship and be aware of laws, regulations and guidelines relevant to their field of practice. Patients are entitled to feel that their doctor listens to them, respects their autonomy and treats them with dignity. Our doctors will be open and honest with their patients at all times.

Our doctors will

- 2.1. provide the patient with a recommendation that is determined by clinical need
- 2.2. seek to communicate effectively with patients or substitute decision-makers
- 2.3. be sensitive to and aware that different beliefs, backgrounds, values and cultures may influence a patient’s understanding, decisions or responses
- 2.4. make arrangements for the use of qualified language or cultural interpreters to facilitate patients’ language, cultural and communication needs
- 2.5. discuss the patient’s diagnosis, proposed investigations, associated risks and proposed treatment in a way that the patient can understand
- 2.6. answer patient questions and allow time for them to decide about treatment
- 2.7. respect the wishes of their patient to involve family or carers in their decision making and/or accommodate a patient’s request for a chaperone or support person to be present during meetings
- 2.8. not coerce a patient into agreeing to a treatment plan
- 2.9. offer to refer the patient to another clinician if the patient’s wishes are not compatible with actions the dermatologist believes are in the patient’s best interests
- 2.10. will consider the ethical ramifications of undertaking a medical procedure on a family member
- 2.11. refer a patient to another clinician when the best treatment for the patient is not within their scope of practice
- 2.12. protect the confidentiality of all information provided by or obtained from the patient (e.g. imaging, photographs and pathology results) unless otherwise required by law or agreed to by the patient
- 2.13. ensure that their professional contact details are available to current patients
- 2.14. maintain appropriate personal boundaries with patients at all times
- 2.15. ensure that their relationship with the patient is free from any form of abuse
- 2.16. not engage in a sexual relationship with a patient or use their current relationship with a patient to promote such a relationship in the future
- 2.17. ensure that their treatment recommendation does not promote or advance a business arrangement
- 2.18. participate in any applicable open disclosure processes after treatment

3. Financial and Commercial Dealings

“My clinical decisions will not be influenced by personal gain”.

Our doctors must behave ethically in their financial and commercial dealings, ensuring that their professional conduct and advertising of services meets regulatory standards.

Our doctors will

- 3.1. ensure that the professional fee charged is justifiable and reasonable and does not exploit a patient's need or take financial advantage of the patient
- 3.2. ensure informed consent and informed financial consent are obtained before providing treatment
- 3.3. disclose to patients any interests in matters related to their care, including financial interests in facilities utilised or financial gain from the use of devices or treatments prescribed
- 3.4. provide information about the likelihood, risks and costs of subsequent or revisional treatments should these be required
- 3.5. not participate in fee splitting nor provide recompense, either direct or indirect, in return for preferential patient referrals
- 3.6. not pay to receive retainers from other professionals in return for referrals or preferential work arrangements
- 3.7. comply with the Medical Board of Australia's *Guidelines for Advertising of Regulated Health Services*
- 3.8. be responsible for any advertising issued on their behalf
- 3.9. provide clear, factually correct and verifiable information in all of their advertising
- 3.10. not advertise in a manner that is misleading or deceptive
- 3.11. not offer any gifts, discounts or inducements in an advertisement without applicable terms and conditions or in a manner that undermines the informed consent process
- 3.12. not advertise in a manner that promotes the perception that their services are better than those provided by peer specialist dermatologists
- 3.13. where prohibited by law, not use testimonials in their advertising
- 3.14. not use 'before and after' photographs that could give patients unrealistic expectations of treatment or procedural outcomes
- 3.15. not directly or indirectly attempt to reduce the reputation or standing of surgical colleagues, particularly by attempting to elevate oneself with comparative claims of superior experience, techniques or outcomes

4. Working with other Health Care Professionals

“I will treat with courtesy, my colleagues and all who contribute to the wellbeing of my patients”.

Safe and effective patient care involves our doctors working closely with other dermatologists and healthcare professionals. Our doctors provide leadership and respect the training, knowledge, experience and views of others. Participation in constructive peer review and in multi-disciplinary activities is a vital part of clinical practice.

Our doctors will

- 4.1. seek the involvement of other health care professionals or more experienced colleagues if this will benefit the patient
- 4.2. when appropriate, participate in a multi-disciplinary approach with other healthcare professionals for the optimal care of the patient
- 4.3. participate in effective handover procedures and make arrangements for continuity of patient care when they are not personally available
- 4.4. care for a patient in urgent need if a colleague is unavailable (even if no formal arrangement has been made)
- 4.5. not discriminate against, bully, harass or sexually harass another healthcare professional or other person
- 4.6. not criticise a colleague in an untruthful, misleading or deceptive manner
- 4.7. not denigrate another dermatologist or dermatology trainee or healthcare professional or trainee
- 4.8. not seek to enhance their practice by actively denigrating or inhibiting a colleague's practice
- 4.9. be receptive to their patient seeking a second opinion, and assist the patient to obtain a second opinion if requested

5. Responsibilities to Society

“I extend these commitments beyond individuals, to the health and wellbeing of the community”.

Our doctors are afforded certain privileges and autonomy in the use of healthcare resources, which should be used wisely and equitably. Our doctors should ensure that services arranged or provided are necessary for the patient and understand that their use of resources can affect the access of other patients to healthcare. Promoting public awareness of dermatological issues and advocating for improvements in the healthcare system that benefit patients are important aspects of clinical practice.

Our doctors will

- 5.1. recognise their responsibility to advocate for changes to laws and regulations that do not serve the best interests of patients
- 5.2. identify and address issues that compromise patient safety and act to minimise risks
- 5.3. report to a relevant authority incidents or events that may lead to patient harm
- 5.4. comply with any mandatory reporting responsibilities (note these may vary by State)
- 5.5. where appropriate, advocate for measures aimed at improving individual and public health
- 5.6. promote sustainability in healthcare through judicious use of health resources
- 5.7. allocate healthcare resources in a transparent and equitable manner
- 5.8. not use resources primarily for their own financial gain or for career or academic advancement
- 5.9. not directly or indirectly perform or encourage indiscriminate or unnecessary medical interventions

6. Maintaining Professional Performance

“I will seek actively to maintain my skills and abilities throughout my professional life, to practise ethically within those abilities and to contribute wherever possible to the science of dermatology”.

Our doctors are responsible for maintaining their professional standards and performance by satisfying ACD requirements of training as outlined in the Training Program Handbook when a trainee, or as a Fellow by demonstrating to ACD and any regulatory body that they comply with Continuing Professional Development (CPD) requirements including ACD Board imposed mandatory training. Our doctors are also expected to be aware of and understand new developments in their field of expertise.

Our doctors will

- 6.1. satisfy ACD requirements for Continuing Professional Development (CPD) or the requirements of the College training program
- 6.2. complete mandatory training in the prevention of discrimination, bullying and harassment and the creation and maintenance of a respectful workplace or College culture
- 6.3. participate in systems for surveillance, monitoring and reducing risk
- 6.4. be appropriately credentialed by the employing authority and/or the facility provider
- 6.5. not undertake a procedure that they are not trained and credentialed to undertake
- 6.6. maintain appropriate medical indemnity insurance
- 6.7. report any loss of hospital privileges, limitations or conditions placed on their medical registration, formal disciplinary action, restricted rights of practice, deregistration or indemnity restrictions to the ACD and all relevant registration and credentialing authorities
- 6.8. claim only such training, experience or expertise as can be substantiated

7. Research and New Technology

“I will seek actively to maintain my skills and abilities throughout my professional life, to practise ethically within those abilities and to contribute wherever possible to the science of dermatology”.

Research is a vital part of dermatological practice and benefits the quality of healthcare provided to patients. When conducting research, our doctors should adhere to the guidelines published by the National Health and Medical Research Council (NHMRC). New techniques and technology are constantly becoming available to dermatologists. If there is proven benefit and it will be appropriate for their patients, it is incumbent upon dermatologists to acquire the knowledge and skills to apply new techniques and/or technology.

Our doctors will

- 7.1. acknowledge the wellbeing of the individual patient as the paramount concern, regardless of the value of the research project
- 7.2. disclose any known risks to the patient and seek to minimise these risks
- 7.3. ensure that patients who participate in research have given their informed written consent
- 7.4. ensure that patients retain the right to withdraw from research at any time without prejudice to their treatment and that they are offered counselling after withdrawing
- 7.5. if in the role of primary researcher, be responsible for proposing, designing and reporting the research and be responsible for any work conducted on the project by other individuals
- 7.6. perform research under the oversight of an accredited Human Research Ethics Committee (HREC) when required and seek to participate in a properly constructed clinical trial
- 7.7. ensure that all research on animals is consistent with institutional and government regulations and guidelines
- 7.8. declare to research subjects and to the relevant oversight body, the nature of any contractual involvement with industry involved with their research or any other identified conflicts of interest
- 7.9. make relevant disclosures before any presentation or publication
- 7.10. only report and publish factual and verifiable data and not falsify research results for any purpose or plagiarise the work of others
- 7.11. appropriately recognise the contribution of others in research
- 7.12. not accept being cited as an author on an article where they have had no real input
- 7.13. obtain all necessary permissions when engaging in the use of new technology
- 7.14. fully inform the relevant regulatory or credentialing authority before employing a new intervention, technique or prosthesis and not introduce a new procedure or technology to a hospital or health service without seeking approval from the local new technology committee or relevant body
- 7.15. recognise and acknowledge to the patient whether a new technique, procedure or prosthesis is experimental and/or how it has been shown effective in properly conducted trials elsewhere
- 7.16. obtain informed consent from a patient before employing a new intervention, technique or prosthesis
- 7.17. maintain a personal register of experience with a new procedure and participate in peer review of new techniques and technology
- 7.18. National Health and Medical Research Council, *Guidelines for Human Research*. Health Research

8. Our Doctors' Health & Wellbeing

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

Our doctors should seek to maintain good physical, psychological and emotional health, regularly reflecting on whether any impairment, either temporary or permanent, will affect their individual performance and/or that of their team, always being mindful of any risks to patient safety. It is vital for all health professionals to promote a culture that recognises, supports and responds effectively to colleagues in need.

Our doctors will

- 8.1. refrain from practising if impaired by any physical, psychological or emotional ill-health that could affect patient care
- 8.2. refrain from practising if impaired by drugs or alcohol
- 8.3. if impaired, arrange the involvement of a suitably qualified colleague in the management of a patient
- 8.4. ensure they seek appropriate treatment for any physical, psychological or emotional impairment
- 8.5. be aware of the effects of ageing and ensure that these are managed to prevent any harm to patients and/or consider reduced scope of practice or retirement where this may be necessary
- 8.6. volunteer to be tested if they may be infected with a blood-borne virus and participate in notifications and testing as required by law in relation to potentially infectious conditions
- 8.7. be aware of their blood-borne virus status and inform relevant authorities of an infection with a blood-borne virus or other infection that could be transmitted through surgical practice and comply with all regulatory and employer requirements
- 8.8. Records must include enough detail to allow another practitioner to assume immediate management of a patient in the event that the treating dermatologist is temporarily or permanently not available to continue managing the patient.

9. Supervision, Education and Training

You should recognise your professional responsibility by virtue of your position to supervise, teach and act as a role model.

Our doctors whether Fellows of College or trainees often take an active role in teaching other doctors, students and other healthcare professionals. The long term delivery of high quality care is impacted by the quality of training and supervision that is given. When doing so, our doctors take responsibility to maintain and develop their skills as supervisors, trainers and educators. A doctor as supervisor, trainer and educator must give feedback to learners but equally seek and accept feedback on their performance as a supervisor, trainer and educator from learners and peers, so as to maintain and improve competence.

College recognises that training occurs in varied environments where Fellows and Trainees are employed. As employees, they both hold obligations to their employers for their workplace behaviour according to employer's policies, values and workplace requirements. College holds no powers to intervene in the resolution of unlawful workplace behaviours but will use disciplinary powers as defined in its Constitution where required.

By contrast, State legislation and Commonwealth legislation grants powers to authorities to act on complaints between employees in workplace settings, including powers to grant compensation or other remedies.

Our doctors ***when supervising, teaching or educating will***

- 9.1. Comply with the Training Charter
- 9.2. Apply the principles within the Training Charter to the educational program at hand (eg in-College, post-Fellowship training)
- 9.3. If appointed training roles of DOT, SOT, or Clinical Supervisor carry out their roles to the best of their ability
- 9.4. Recognise that professionalism and excellence in practice and teaching is learnt from the examples of supervisors, teachers or educators
- 9.5. Attend and complete any mandatory courses or learning modules to ensure that their knowledge of the responsibilities and skills of the supervisor are maintained.
- 9.6. Encourage a constructive and positive climate for learning and training that assists trainees to achieve the learning outcomes of the program
- 9.7. Recognise the role of the trainee as a partner in the learning process and include them in the design of any learning program
- 9.8. Work to ensure equality of opportunity for trainees and reflect the diverse needs of doctors in training to the best of their ability
- 9.9. Work to provide a balance between the needs and rights of patients and learning opportunities for trainees

10. Doctor-in-ACD-Training including IMG's in supervised positions

In addition to all the requirements of this Professional Code of Ethics and those outlined in the Training Charter and Training Program handbook, trainees or IMGs in a supervised position will:

- 10.1. Manage patients within their scope and level of experience as a trainee, under a designated supervisor(s)
- 10.2. Advise patients that they are a doctor in training through our College if not clear to the patient
- 10.3. Respect the wishes of a patient to see a consultant if they request this
- 10.4. Maintain professional performance as a clinician in training
- 10.5. Conduct themselves in a manner appropriate to their status as representatives of the profession and the speciality and not say or do anything likely to bring the profession into disrepute, including making statements to the media or posts on social media.
- 10.6. Not ignore actual behaviour that may be in breach of the Professional Code of Ethics or the Training Charter, but to act in good faith to overtly identify and report any such behaviour;
- 10.7. Not act as a qualified dermatologist or accept or use any titled position, e.g. consultant dermatologist, locum consultant dermatologist, acting consultant dermatologist, etc.
- 10.8. Educate other doctors and students as appropriate to their level of experience and training, creating a safe environment and keeping the training setting free from bullying, harassment and all forms of discrimination.
- 10.9. Maintain their registration with APHRA and/or the medical board of another country if undertaking a period of overseas training as appropriate
- 10.10. Hold current indemnity insurance as a condition of accepting a training position, irrespective of whether they are employed in a hospital, private practice or rural rotation position.
- 10.11. Seek permission from the ACD before participating in the teaching of dermatology aimed at general practitioners: lectures, talks, written articles for publication in journals and brochures

11. Member Conduct

“I will treat with courtesy, my colleagues and all who contribute to the wellbeing of my patients”.

This Section 11 of the Professional Code of Ethics applies to all Members and sets the expected standards for members of the College.

It is based on a simple principle: that everyone is entitled to respectful treatment in the College and in its activities whether they be fellows, trainees, other members, staff, contractors of College, or volunteers.

Our Members will

- 11.1. Uphold at all times the Professional Code of Ethics
- 11.2. Uphold lawful and reasonable directions of the College, including those set out in its policies and procedures;
- 11.3. Honour contractual obligations and other undertakings;
- 11.4. Abide by the rules and standards of bodies empowered to regulate sectors in which the College operates.
- 11.5. Act honestly;
- 11.6. Not engage in behaviour that could harm the reputation of the College;
- 11.7. Contribute to creating an enabling and inclusive environment in our organisation free of conduct which a reasonable person would deem to be unwelcome, offensive, humiliating, or intimidating;
- 11.8. Assist in fostering an atmosphere conducive to good working relations
 - by treating all other persons fairly and with dignity, courtesy and respect;
 - where people are free to report concerns or complain without fear of retaliation or reprisal;
 - where feedback is embraced when given, and given in good spirit when required
- 11.9. Not unlawfully discriminate, bully, harass or sexually harass another person engaged in College activities
- 11.10. Not ignore actual behaviour that may be in breach of this Code of Conduct, but act in good faith to overtly identify and report any such behaviour;
- 11.11. Support colleagues who identify and report, in good faith, such behaviours.
- 11.12. Respect the position of, and delegation of responsibilities to, any College Body or office holder;
- 11.13. Respect College staff and seek to
- 11.14. Carry out tasks or duties assigned to them by the College officers diligently and professionally, and:
 - Use their position in a responsible manner
 - Use College’s resources (budgets; staff; systems, information) in a responsible manner for legitimate College purposes.
 - Declare interests as per the College's Declarations of Interest Policy
 - Act responsibly when conflicts actual or perceived are identified
- 11.15. If Directors, adhere to legal and statutory duties as in the Corporations Act, and summarised in the Directors Manual
- 11.16. When acting on behalf of the College or any of its College Bodies the Prohibition on improper gifts and entertainment policy shall be followed

- 11.17. When acting on behalf of the College or any of its College Bodies information obtained is to be kept confidential and not used for personal gain or improper purpose
- 11.18. Comply with the privacy or data protection laws of those jurisdictions in which the College operates. Directors and Members must observe the College Privacy Policy.
- 11.19. Use reasonable endeavours to protect and respect the assets and resources of the College. This covers proprietary information such as intellectual property, member, employee and any other information concerning the College that is not generally known to the public.
- 11.20. Obligations of information confidentiality and protection of the College's assets shall continue after Directors and Members retire from or otherwise leave the College and/or its College Bodies but shall cease to apply to confidential information that may come into the public domain other than through wrongful disclosure.

WHAT HAPPENS IF THE CODE IS BREACHED?

Members of College must not ignore behaviour that may be in breach of this code (section 11.10 above). Trainees of College are likewise obligated (section 10.6 above).

Fellows or trainees may be witnesses to, or recipients of dialogue, communication or behaviour that is in breach of this Code.

College

1. Expects inappropriate or unacceptable dialogue, communication or behaviour be dealt with swiftly;
2. Expects recipients of, or witnesses to inappropriate or unacceptable dialogue, communication or behaviour not to ignore or 'walk past' the incident;
3. Expects that incidents of such inappropriate or unacceptable dialogue, communication or behaviour are optimally dealt with on the spot;
4. Understands that on the spot action may not be possible for a number of reasons. The recipient may be taken by surprise by the dialogue, communication or behaviour. The witness may be passing and unable to act;
5. Seeking advice prior to acting is encouraged, so long as the matter is dealt with in a matter of days whilst the matter is fresh;
6. Encourages witnesses or recipients to use the Hotline Service to receive anonymous third party advice and support to develop strategies for raising and resolving the matter with the person(s);
7. Expects that the incident, the action and whether the matter was resolved or in progress is reported as a Breach. This assists measure incidence in College;
8. Encourages grievances or breaches to be collegiately and informally managed prior to consideration being given to taking more formal action to lodge a complaint;

Where attempts to resolve matters collegiately fail to result in resolution or change and lead to a complaint being lodged, a formal resolution process is triggered as per the ACD Protocol for Complaints or Breach Handling.

Reporting or Complaints

Breaches shall be reported including action taken so College can note this or assess what next is to be done. Notifications must be made in writing to the CEO of ACD. Depending on the nature and possible consequences of the breach or of a complaint either will be assessed and dealt with by the ACD CEO, ACD Professional Standards Committee (executive or the full committee) and may be referred directly or through either the CEO or PSC to the ACD Board.

Consequences

If a complaint or breach of the Code leading to no improvement is upheld it may result in actions consistent with those described in the Constitution:

- counselling the person against whom the complaint has been made
- censure of the person against whom the complaint has been made
- referring the person against whom the complaint has been made to an external agency, i.e. MBA
- suspension of ACD membership for a defined period or termination of ACD Membership (or suspension or dismissal from the Training Program if the perpetrator is a Trainee).

ACD cannot impose monetary penalties on a Member or a Trainee.