GENERAL PRACTICE REGISTRARS PROVIDING CARE TO PRACTICE STAFF

Position statement number: S02

1. PURPOSE
This document outlines the position of General Practice Registrars Australia on registrars providing care to practice staff and others who they work with.

2. SCOPE
This document applies to community-based general practice settings and other primary health care settings in which General Practice (GP) registrars (including independent pathway doctors and Australian Defence Force registrars) receive clinical training. This statement also applies to hospital and out-of-practice training environments, in which the GP registrar may be working as part of their clinical training requirements.

3. GPRA POSITION
In accordance with the Good medical practice: a code of conduct for doctors in Australia [1], GP registrars should not provide clinical consultation services or provide medical care to practice staff or others who they work with, or the immediate family of these professional colleagues.

4. RECOMMENDATIONS
All training practices should have a written policy regarding clinical staff seeing staff members as patients that is informed by the Good medical practice: a code of conduct for doctors in Australia [1] and aligns with this position statement in relation to their GP registrar employees. Practice policy may consider exceptions for emergency medical situations. Reception staff and practice management should be briefed on this practice policy to ensure it is adhered to when making patient bookings. Practice policy should also prohibit staff making casual requests or seeking informal (“corridor questions”) medical advice of clinical staff in relation to their health or the health of a family member.

Supervisors should be supportive of registrars who reasonably refuse to see practice staff members or the immediate family members of practice staff as patients.

When there is no possible option for a practice staff member or their immediate family member to see another more senior GP or another appropriate health care provider, either at the same practice or at a different location (as may arise in remote rural communities), then the practice should have protocols in place to deal with this situation. Boundary issues, professional relationships and safeguarding confidentiality [2] should be discussed, clarified and documented at the outset to avoid misunderstandings [3] and appropriate support provided to the registrar in the execution of their consult as well as the opportunity to debrief and reflect.

5. BACKGROUND
There is a conflict of interest for medical practitioners when treating work colleagues [4]. The Medical Board of Australia, in the Good medical practice: a code of conduct for doctors in Australia (item 3.14), recommends that ‘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' [1]. In particular, in such circumstances, the following factors can subvert the normal doctor-patient relationship:

- professional objectivity may be compromised and the medical practitioner’s judgment may be influenced by the nature of their relationship with the patient;
- medical practitioners may not address sensitive areas when taking a medical history or not perform an appropriate physical examination;
- the patient may feel uncomfortable disclosing sensitive information or undergoing a physical examination;
- patient autonomy may be compromised;
- the principles of informed consent may not be adhered to. [5]

GP registrars are recognised as providing a valuable role in community-based patient care. However, registrars are particularly vulnerable in general practice as, being a junior member of the practice medical staff, they may feel unable to refuse to provide care and/or struggle to manage conflict of interest and power imbalance if they are asked or expected to provide care to staff members and immediate family of staff members [6].

Wellbeing of registrars is a critical consideration in these circumstances. The 2017 GPRA Benchmarking Survey, of GP registrars found that 85% of respondents had been required to see other practice staff and/or family members of practice staff during their GP training, with nearly one half of those respondents indicating that this had been a stressful experience.

The recommendations in this statement have been developed with ensuring the safety of registrars. Supervisors play an important role in supporting registrars in maintaining boundaries to provide best patient care. When there are unavoidable medical consultations, it is essential that there is recognition and careful management of conflicts of interest and the other factors that may impact upon patient care. The registrar should be fully supported by their supervisor in dealing with such circumstances and any issues that arise.

6. **DATES AND NOTES**

Originally approved by the GPRA Board: 16 February 2019
Current version number: 1
Next review year: 2022

7. **REFERENCES**

1. Medical Board of Australia. Good medical practice: a code of conduct for doctors in Australia. 2014

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Sample size = 10% AGPT registrars. Margin of error < 4%, at 95% confidence interval