



Complementary Health Care Policy

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Summary:	This policy outlines the requirements for registered medical practitioners providing complementary health care. The Council requires practitioners to apply the same professional standards to all aspects of their care to patients.		
Applies to:	Registered medical practitioners practising in NSW		
Author:	Medical Council of NSW		
Owner:	Medical Council of NSW		
Related legislation, Awards, Policy and Agreements:	<ul style="list-style-type: none"> • Medical Board of Australia, Good Medical Practice: A Code of Conduct for Doctors in Australia • <i>Health Practitioner Regulation National Law (NSW) No 86a</i> • Medical Board of Australia, Guidelines for advertising regulated health services 		
Review date:	December 2018		

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PURPOSE

The Medical Council of NSW (the Council) requires registered medical practitioners to meet professional standards of practice in all aspects of their care to patients. This includes practitioners providing complementary health care, and the specific requirements for these practitioners are outlined in this policy.

DEFINITIONS

Complementary Health Care	The provision of non-evidence based care, or aspects of care, to a patient.
Direct harm	An adverse patient outcome as a direct result of complementary health care.
Indirect harm	Harm which occurs to a patient because of delay or failure in the access of evidence based care as a result of the use of complementary health care.
Financial harm	Hardship as a result of expenditure on complementary health care.

BACKGROUND

Medical care is based on evidence-based research which evaluates methods of assessment, investigation and treatment for their efficacy, safety, quality and cost-effectiveness.

Complementary health care involves the provision of care, or aspects of care, which have not been scientifically validated in this way. The Council is concerned about any of these practices which cause direct, indirect or financial harm to patients.

Patients consulting registered medical practitioners have a reasonable expectation that the practitioner will comply with the usual professional standards of conduct and competence, and will take into consideration the existing evidenced-based options when providing complementary health care.

The Council's regulatory role extends to maintaining the protection of patients accessing complementary health care from registered medical practitioners.

MANDATORY REQUIREMENTS

All registered medical practitioners providing complementary health care must ensure that they:

1. Comply with the Medical Board of Australia's Code of Conduct.

The Code sets out the general expectations of all registered medical practitioners practicing in Australia. The Council emphasises that these expectations also apply in the provision of complementary health care to patients.

2. Maintain current knowledge and skills in the area of practice in which they are registered.
3. Act only in their patients' best interests, including ensuring that the use of complementary health care does not:

- (a) interfere with or discourage the use of evidence-based care if this may adversely affect a patient's health.
- (b) cause direct harm, indirect harm or financial harm to a patient.

4. Clinically assess and manage patients by:

- (a) taking an adequate history and performing an appropriate physical examination, meeting the standard of practice generally expected of the profession.
- (b) investigating when necessary, and ensuring that patients are not denied access to any appropriate, evidence-based investigation modalities.
- (c) reaching a diagnosis that a medical practitioner providing evidence-based care would reach, based on the available information.

5. Communicate effectively and provide patients with sufficient information to allow them to make informed choices at all stages of their assessment, investigation and treatment.

Informed consent should be obtained from the patient by:

- (a) providing advice about all of the available treatment options, their risks, benefits and efficacy, as supported by evidence-based research.
- (b) providing an objective account of the risks, benefits, efficacy and cost of any recommended non-evidence based investigation or treatment.

6. Maintain medical records that comply with regulatory standards.
7. Are aware of their limits and refer any patient to another practitioner when this is in the patient's best interest.
8. Facilitate continuity of care by informing other members of a patient's treating team of the patient's progress and management plan.

9. Ensure compliance with any regulatory requirements and are honest in relation to financial and commercial matters, including disclosing pecuniary interests such as accepting or offering a benefit for a referral or recommendation.
10. Abide by any regulatory requirements for advertising health services.
11. Are aware of and abide by any regulatory requirements with regards to any specific complementary health care practice.
12. Disclose any personal opinions regarding particular medical practices as their own, and disclose the evidence, or lack thereof, in support of this opinion, particularly when the opinion may undermine public confidence in evidence-based medical care. This would enable the peer review of any statements or opinions made to patients in the public domain.

IMPLEMENTATION

The Executive Officer is responsible for ensuring that this policy is available to all registered medical practitioners, practising in NSW.

Medical practitioners who provide complementary health care must familiarise themselves with this policy and should take steps to make this policy available to their patients.

REVISION HISTORY

Version	Approved by	Amendment notes
1 (Dec 2004)	MCNSW	
2 (Sep 2011)	MCNSW	In 2010 a version 2 of the policy was created but was never finalised or endorsed. The subsequent policy revision that was endorsed in September 2011 was incorrectly endorsed as version 3. On 5 March 2015 this document was amended to change the policy version from 3 to 2 and to remove reference to a 2010 amendment to the policy (as this was a draft amendment and not endorsed).