

# Connect

Dr Rajni Lal  
Geriatrician  
Avant member

Evolving in response  
to change

**Improving patient  
satisfaction**

Why it's important to place patient  
values at the centre of decision-making

**Navigating the  
AI revolution**

What every doctor  
needs to know

**When virtual care  
falls short**

Conditions imposed on GP registration  
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# Evolving in response to change

**The healthcare landscape is evolving at an unprecedented pace and, as doctors, we find ourselves navigating significant professional and personal changes that touch every aspect of our practice and lives.**

The way we practise medicine today looks markedly different from even a few years ago. New privacy laws are reshaping how we manage patient information, AI is presenting opportunities and challenges, and the dynamics of private healthcare delivery are shifting, to name just a few. It's clear we're in a period of substantial transformation.

At Avant, we recognise these challenges and are committed to staying ahead of them on your behalf. As a member-owned organisation, our responsibility isn't just to respond to change – it's to anticipate it, prepare for it, and ensure you have the tools and support to navigate it successfully.

This edition of *Connect* reflects that commitment. We profile Dr Rajni Lal, whose framework for shared decision-making based on patient values exemplifies how healthcare is evolving beyond traditional paternalistic models. Her work – recently supported by an Avant Foundation grant – demonstrates how empowering patients through accessible, multilingual resources improves outcomes while reflecting the need for a fundamental shift in how we fulfil our informed consent obligations today.

You'll read about how we're advocating for sensible regulation of AI in healthcare, helping shape policy that protects both doctors and patients. We're also working to strengthen the sustainability of private healthcare through initiating constructive engagement between the many stakeholders, as our Chief Medical Officer Professor Steve Robson discusses.

The practical support we provide is as important as our advocacy activities. Whether it's guidance on dealing with a compliance letter from Medicare, advice on meeting your obligations under enhanced privacy legislation, or help understanding your legal requirements when setting up your own practice, Avant is able to help you adapt confidently to a changing environment.

Our case studies in this issue serve as valuable reminders that as the healthcare environment evolves, so too do the risks. Recent developments in privacy law mean breaches can now result in significant penalties, while the convenience of telehealth doesn't diminish the professional standards expected of every consultation. Learning from the experiences of fellow practitioners helps us all maintain the highest standards of care.

The benefit of keeping up with the latest developments applies to more than your professional practice. We look at how investing in your premises and equipment can improve both patient outcomes and practice success. On a personal level, our Avant Law and life insurance experts are here to support you if you realise you need some help with estate planning or reviewing your insurance cover.

The common thread through all these topics is evolution – adapting thoughtfully to change while maintaining the core values of our profession. Whether the changes you're facing are professional or personal, clinical or administrative, Avant is committed to being by your side with practical support, expert guidance, and advocacy that puts your interests first.

I trust you'll find this edition both informative and reassuring – a reminder that while healthcare may be evolving rapidly, you don't have to navigate these changes alone.

Best regards,



**Dr Steven Hambleton AM**  
Chair, Avant Mutual



**As a member-owned organisation, our responsibility isn't just to respond to change – it's to anticipate it, prepare for it, and ensure you have the tools and support to navigate it successfully.**

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# Avoiding unnecessary procedures is a win for the patient, the clinician and the system

**No doctor wants their patient to undergo surgery or treatment if they've not fully understood their options and been able to make an informed choice.**

With an increasingly ageing population, and the language barrier for patients from migrant communities, the obligation to meet national standards for patient-centred care is becoming harder. A challenge that's compounded by the increase in patients who are experiencing more complex conditions and the enormous growth in treatment options.

While shared decision making (SDM) has been embedded in the National Safety and Quality Health Service Standards since 2012, the reality is that many clinicians still struggle to actively partner with patients in meaningful decision-making.

## SDM clinics facilitate informed decision making

Dr Rajni Lal is a geriatrician and Perioperative Medicine Clinical Lead who is pioneering an enhanced approach to SDM through preadmission clinics at Sydney's Blacktown Hospital. She is the first and only geriatrician employed under surgical and anaesthetic teams in the NSW public health system.

Dr Lal was influenced by her experience at hospitals in London where she saw the positive impact of their SDM framework. On her return to Australia, she evolved this further to take on board evidence from the Choosing Wisely UK initiative, which showed the benefit of prioritising patient preferences and decision-making pathways tailored to individual goals.

The Blacktown Hospital clinics provide a proactive, structured environment for patients and families to fully understand their options and make decisions aligned with their values. At the end of the consultation, patients receive a plain-language summary that captures the key points discussed. These SDM summary sheets are now available in 10 languages, removing barriers for migrant communities. "It sounds like a small intervention, but the impact is huge," says Dr Lal.

Evaluation of the program has found that when a genuine SDM consultation has taken place, 1 in 5 surgeries were avoided, including a third of elective procedures.

Dr Lal sees this as a win for the individual patient, the surgeon and the system. The patient avoids surgery that wasn't right for them. The clinician is able to have more meaningful consultations and avoid moral distress about potentially unnecessary procedures. The system benefits from better theatre and bed use and fewer avoidable complications. There's even an environmental benefit, as every avoided surgery reduces the healthcare carbon footprint.

## The power of 'Ask, Listen, Learn'

The heart of Dr Lal's ALL BRAN framework is in its first three steps. Before discussing Benefits, Risks, Alternatives and Natural progression or No procedure, Dr Lal insists on understanding the person: Ask what matters most, Listen to their wishes and fears, and Learn about their daily reality and what gives their life meaning.

"If we don't ask, listen, and learn first, then the clinical discussion is happening in a vacuum, and we risk recommending something that doesn't align with the patient's goals, culture, or definition of quality of life," she explains.

"Most clinicians genuinely believe they're already doing SDM," Dr Lal says. "But once we teach the actual components of this framework, there's often a humble moment of, 'Oh... we're not doing all of that.' It's been really heartening to have highly experienced clinicians reflect on earlier practice and say, very honestly, that some patients were probably treated 'too much'."

Patient surveys bear out the value of the ALL BRAN approach. Despite most of her patients who attended an SDM clinic consultation being older, and many from migrant backgrounds with lower levels of formal education, 100% reported understanding the risks and benefits, and 96% felt confident about their decision.

## Better patient satisfaction and fewer complaints

As Dr Lal explains, "When patients choose the path rather than being placed on it, they're far more resilient if complications happen."

She's found the literature strongly suggests SDM reduces patient complaints. "Complaints often arise when patients feel blindsided or unheard. SDM removes that by ensuring patients understand the risks, benefits, alternatives and likely outcomes. Even when things don't go to plan, they feel prepared and respected." ●



**Dr Rajni Lal**  
Perioperative Medicine Clinical Lead and geriatrician  
Avant member since 2013



**When patients choose the path rather than being placed on it, they're far more resilient if complications happen.**

# Advocacy in action: Finding common ground in private healthcare



**Professor Steve Robson**

BMedSc, MBBS, MMed, MPH, MD, FRANZCOG, FRCOG, FACOG  
Chief Medical Officer, Avant

**After decades working as a specialist obstetrician and gynaecologist across both our public and private health systems, I understand how Australia's dual health system can deliver world-class care. Unfortunately, we're all now seeing just how quickly things can fray when policy reform becomes adversarial rather than collaborative.**

The government has made health reform a signature priority. With GP bulk-billing 'reforms' now in place, focus is shifting to non-GP specialist billing and the viability of the broader private health system – private hospitals in particular.

The financial collapse of Healthscope, Australia's second-largest private hospital operator, alongside nationwide closures of maternity and psychiatric services, provides evidence of something deeper than just isolated business failures. These are symptoms of systemic strain that demand urgent and evidence-based attention.

The public conversation about private healthcare's future will have been disappointing for many Avant members, as well as others invested in Australia's healthcare system. Unfortunately, the adversarial point-scoring, with different parts of the sector shaping up against each other serves no one – least of all patients – and provides the government a fractured set of stakeholders to deal with.

Australia's dual health system remains one of our great national achievements, and the question shouldn't be whether to preserve this system, but how to strengthen it.

Avant is in a unique position when it comes to understanding the perspective of the practitioners who work in the private system, and the health funds who provide insurance for private patients. We support more than half of Australia's doctors with medical indemnity cover and also offer private health insurance through Doctors' Health Fund.

This combined perspective was invaluable when I recently led a roundtable convened by Avant that brought together over 30 representatives from across our healthcare ecosystem – medical colleges, private health insurers, hospital operators, patient advocacy groups and federal government representatives. What emerged was the recognition we need to agree on how we work together before debating what we do.

Two distinct perspectives shaped the discussion. The first emphasised defining our destination before plotting the route – establishing what patient care should look like in the future and agreeing on guiding principles for reform.

The second focused on practical reforms the health system needs now – addressing issues relating to cost structure, workforce challenges, and digital infrastructure. Both approaches have merit. The challenge is integrating them.

The conversation confirmed what many already knew: the challenges facing healthcare are complex, interconnected, and won't yield to simple solutions or siloed thinking. Yet it also revealed something encouraging – a genuine appetite for collaboration grounded in a system-wide perspective.

Government participants acknowledged the dialogue as a constructive step forward. Now the task is to build momentum by finessing opposing views and proposing frameworks to guide this ongoing work.

Avant has drafted a three-tier framework that emerged from themes expressed during the forum: systems design principles to frame reform discussions, operational priorities identified through discussion, and implementation mechanisms to test and operationalise agreed directions.

Not every idea will have universal support, nor should it.

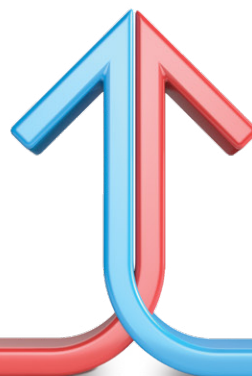
The goal isn't unanimity but, instead, identifying areas of genuine agreement where the sectors – doctors, hospital groups and insurers – can present a united front to government for meaningful policy reform.

This matters because the current fragmented approach has been noticed – and not favourably. When healthcare stakeholders can't find common ground among themselves, it's unreasonable and potentially harmful to expect government to navigate those divisions for us.

The alternative to collaboration isn't the status quo, it's decline by default. Private healthcare might not survive if driven by market forces alone. But if it continues contracting, the public system won't be able to absorb the capacity loss.

After decades in this sector, I've learned the best clinical outcomes emerge from multidisciplinary collaboration, where different specialties contribute their expertise toward shared goals.

Healthcare policy should work the same way. Avant is now building on the roundtable momentum by documenting what was heard, clarifying areas of convergence, and continuing to convene stakeholders around evidence-based dialogue focused on patient outcomes. The roundtable was a start. Whether it becomes a turning point depends on our collective willingness to prioritise collaboration over competition. ●



**Advocating for doctors:  
Shaping better healthcare**

# Maintaining patient trust: why the little things matter



**Georgie Haysom**

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General Manager, Advocacy, Education and Research, Avant

Member of Privacy and Security Advisory Committee, Australian Digital Health Agency



**Trust is essential in the doctor-patient relationship. Patients can lose trust if they feel their privacy hasn't been respected, and may stop sharing important information. Understanding how simple privacy breaches occur – and taking practical steps to protect patient information – can reduce this risk.**

It's a typical Friday night in a busy emergency department. A patient is wheeled in on an ambulance stretcher, and during triage, the doctor discusses the patient's past medical history, including sensitive details, in a raised voice. Several neighbouring patients, along with paramedics attending other cases, overhear the exchange. It's a small moment, but one that could have serious consequences.

## The trust deficit: when privacy breaches drive patients away

While privacy legislation provides necessary protection to manage patient health information, the real challenge lies in translating policy into consistent, everyday practice. In both public and private healthcare settings, breaches often arise not from malice, but from momentary lapses, systemic pressures or a lack of awareness.

When patients experience or witness privacy breaches, trust erodes in tangible ways that directly compromise healthcare delivery:

- **Patients withhold critical information.** Fear of disclosure leads patients to omit vital details from their medical histories. They may not mention substance use, sexual health concerns, domestic violence, or psychiatric symptoms – precisely the information clinicians need to provide safe, effective care.
- **Patients avoid seeking care.** A person who learns their HIV status was accidentally disclosed may delay future testing or treatment, putting their health at serious risk. Someone who discovers their mental health records were accessed without authorisation may refuse to engage with psychological services altogether, even when in crisis.
- **Communities lose faith in the system.** When word spreads through communities – particularly in rural areas or close-knit populations – that medical confidentiality has been compromised, entire groups may become reluctant to access services.

## Common privacy breaches: the everyday moments that matter

While cyberattacks often make headlines, the most frequent privacy breaches are far more routine: discussing a patient's health information in a full waiting room, sending an email containing sensitive details to the wrong recipient, or using a laptop in public where patient data might be overseen. Along with unauthorised access to or disclosure of personal information, these all count as 'data breaches'.

These breaches, though often unintended, can have serious consequences. The accidental disclosure of a patient's fertility treatment or pregnancy loss can cause profound distress, and may prevent them from seeking reproductive healthcare in the future. A conversation overheard in a corridor might mean a patient faces discrimination in their workplace or community.

Perhaps most troubling is the silent toll: the patients who simply disappear from care. They miss appointments, fail to collect prescriptions, or present late with advanced disease because they no longer trust that their information will be protected.

## Practical tips to protect privacy and preserve trust

Privacy is more than a legal obligation; it's a core clinical responsibility that directly influences patient outcomes. Best practice means:

- **Familiarising yourself with policies** to ensure you are not in breach. Hospitals and local health districts have their own policies and procedures about data management and access.
- **Never accessing medical records without legitimate reason.** You should only access patient records where there is a genuine clinical need or with specific authorisation. Accessing records out of personal interest, curiosity, or for self-education is likely to breach legal, employment, and professional obligations.
- **Documenting every access to medical records** of patients not in your direct care, noting the specific reason such as patient follow-up or approved research.
- **Being mindful of your surroundings.** Lower your voice when discussing patient information. Close doors during consultations. Angle computer screens away from public view.
- **Securing all communications.** Double-check recipient details before sending emails. Use encrypted platforms for sensitive discussions.

When patients trust that their privacy will be protected, they engage more fully in their care. They speak honestly and seek help when they need it. This trust is the invisible infrastructure on which effective healthcare depends. •



**Avant resource:**  
**Privacy: the essentials**

# Psychologist's \$5,000 lesson in patient privacy rights



**Ruane Brell**

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Senior Legal Adviser, Advocacy, Education and Research, Avant

**A psychologist was fined for a privacy breach after coming up with a litany of excuses for not providing a patient with a copy of their records. While navigating record requests can be tricky, this cautionary tale reminds doctors of their obligations and refusing access simply because a patient has complained or may complain, is not a valid reason.**

It's worth being aware that 2024 amendments to the Privacy Act have expanded the enforcement powers of the Office of the Australian Information Commissioner (OAIC). This means the OAIC can issue fines, penalties and infringement notices for more low-level privacy breaches than before, including for non-compliance with the Australian Privacy Principles (APP).

## Overview of the case

The patient had consulted the psychologist for almost a year, and had previously worked in an administrative role at the practice.

The patient was unhappy with the treatment they received and made a complaint to the healthcare regulator. In that context, the patient requested a copy of their clinical notes from the psychologist, but despite following up several times received no response.

When responding to patient record requests, APP 12 states that individuals have a right to access any personal information held about them, unless specific exceptions apply.

In this case, the psychologist's silence could have been costly. With no response forthcoming, the patient escalated their complaint to the Office of the Information Commissioner (OAIC), claiming the privacy breach had caused economic loss and distress. The patient's compensation claim included \$70,000 for alleged 'financial abuse' plus compensation for psychological injury and distress.

The OAIC also struggled to obtain a response from the psychologist. Eventually, after 10 attempts to make contact using different methods, the psychologist responded to the OAIC, citing several clauses under APP 12 as reason to refuse providing the records:

1. They didn't intend to provide the records because of ongoing legal proceedings.
2. They didn't have the records, suggesting the patient had stolen the file while working at the rooms.
3. The request was frivolous or vexatious because the patient already had their records (APP 12.3(c)).
4. Providing the records would have an unreasonable impact on the privacy of others (APP 12.3(b)). They claimed that, in the context of a regulatory investigation, the records would reveal details about the patient's employment and relationships which would impact the privacy and public standing of others.
5. The information related to legal proceedings and would not be accessible through the legal processes in that case, (i.e. discoverable) (APP 12.3(d)).
6. Giving access would likely prejudice action against unlawful activity or misconduct (APP 12.3(h)).







**Under APP 12 the psychologist was required to give the patient access to their personal information.**

### Psychologist's claims crumble under scrutiny

The commissioner found the psychologist's evidence was inconsistent and unpersuasive, and none of the exceptions the psychologist had claimed applied in this case.

Critically, the commissioner found the patient's request was not vexatious. Under APP 12 the psychologist was required to give the patient access to their personal information and had failed to do so.

Based on the patient's evidence, the commissioner rejected the allegation the patient had stolen their own records. It was also unclear how the contents of records would impact any others' privacy, even if disclosed during the course of a regulatory investigation. Nor was there any reason to believe the records wouldn't be discoverable, or that providing access to the patient's records would prevent action against any misconduct.

### Interference with patient's privacy

The commissioner's findings were unequivocal. The psychologist had interfered with the patient's privacy on two counts: failing to provide access to their personal information under APP 12.1 and failing to give reasons for refusal and the options to complain about the refusal under APP 12.9.

The commissioner stated the psychologist must not repeat or continue interfering with the patient's privacy and must provide the patient with access to their clinical records, or complete a statutory declaration outlining why they were unable to provide access. The declaration must also include details of when they became aware the records were missing and the steps taken to find the records.

### The commissioner's decision

Although the commissioner wasn't convinced the privacy breach had caused the patient to suffer any economic loss, they agreed the breach had contributed to some of the patient's distress.

The commissioner found the psychologist's manner was insulting and unjustified when dealing with the patient's request. The psychologist had also showed a disregard for the patient's privacy rights; therefore, the patient should be awarded aggravated damages in addition to compensation.

Ultimately, the psychologist was ordered to pay the patient \$3,000 in compensation plus \$2,000 for aggravated damages.

## Key lessons

When a patient asks for their clinical records, it's important to understand patients generally have a right to access personal information you, or your practice or organisation, hold about them, including their clinical records.

You can only refuse access to a patient's records in some limited circumstances. A 'no' might be appropriate if you reasonably believe providing access to the records would:

- Pose a serious threat to the life, health or safety of an individual or to public health or safety.
- Have an unreasonable impact on another person's privacy.

You can't refuse access simply because a patient has made a complaint against you, or you think a patient may make a claim or complaint against you. If you believe an exception applies, it's best to seek advice first.

## Other considerations

When managing a patient's record request, it's also important to determine who owns the records (you, the practice, or hospital), and who's responsible for actioning the request. For example, in group practices, the records may be owned by the practice not the individual practitioners, and so the practice should manage the request.

You also need to respond to patient's record requests within a reasonable time. This is usually within 30 calendar days but be aware that time periods vary between jurisdictions.

As this case highlights, if you do decide to refuse a patient's access to their records, it's not only important to ensure a valid exception applies, but you need to explain those reasons for refusal to the patient. ●



**Avast resource:**  
**Privacy in Practice: what you need to know**

# Medicare: focus areas for compliance activities. *Are you at risk?*



**Dr Patrick Clancy**

MBBS, FRACGP, MHIth&MedLaw

Senior Medical Adviser, Advocacy, Education and Research, Avant

**Avant is seeing more members contact us about Medicare compliance letters as the Department of Health, Disability and Ageing (DHDA) uses early intervention strategies to address billing concerns.**

Receiving such correspondence can be a source of significant anxiety. Understanding what triggers these letters and how to respond appropriately is essential for maintaining compliant practice.

## The purpose of compliance letters

DHDA's Benefits Integrity Division systematically reviews claims made for Medicare Benefits Schedule (MBS) items. These reviews allow the department to implement a range of compliance activities, with prevention and education being the primary objective. Early intervention letters are intended to identify and address potential compliance issues before they escalate to formal audits, Practitioner Review Program processes, a Professional Services Review or, in the small number of cases where practitioners are intentionally non-compliant, prosecution.

These letters are generated using data analytics that compare Medicare claiming patterns with various data sources. The department monitors billing behaviours across multiple dimensions, comparing individual practitioners against their peers and analysing claiming patterns for anomalies.

## What might trigger a compliance letter

Based on the department's compliance priorities, several types of billing may attract compliance attention. The DHDA is particularly focused on specialist and consultant physician claiming of attendance items, bulk billing practices that include additional charges, and claiming for services while overseas.

The department cross-checks Department of Home Affairs movement records with Medicare claiming data to identify practitioners

who may have billed for services while appearing to be outside Australia. This reflects a fundamental requirement that Medicare benefits are only payable for clinically necessary medical services provided in Australia to eligible persons.

High-volume billing patterns also attract scrutiny. The '80/20 rule' defines automatic inappropriate practice thresholds. A practitioner who provides 80 or more professional attendances on each of 20 or more days within a 12-month period is deemed to have engaged in inappropriate practice under the Health Insurance Act 1973. The '30/20' rule for telehealth attendances is similar.

Opportunistic billing and emerging business models are under particular focus. The department has identified concerns with 'single-issue' models and corporate structures that may pressure providers to meet potentially clinically inappropriate billing targets.

## Common compliance issues

Based on Avant's experience in handling Medicare issues – which, for our members, represent approximately five per cent of all medico-legal matters – the two main allegations relate to incorrect claiming where the requirements for item numbers have not been met, and the volumes of services billed.

Non-compliant billings may involve a lack of clinical necessity, or where services are not considered to be clinically relevant by peers, or insufficient clinical detail is provided. All of which mean the doctor has failed to meet all of the relevant MBS item requirements.

Just over half of Medicare compliance claims involve a repayment of benefits by the doctor.

## Responding to a compliance letter

If you receive a compliance letter, the most important advice is straightforward: don't ignore it! These letters provide an opportunity to address the department's concerns early, before the issue progresses to more serious compliance action.

The worst response is to 'bottom-drawer' the correspondence. Early engagement demonstrates good faith and provides an opportunity to clarify any misunderstandings, correct inadvertent errors, or voluntarily acknowledge and repay any incorrect payments.

## How Avant can help

Avant members who receive a compliance letter should contact us as soon as possible. We understand these letters cause considerable concern and stress amongst practitioners. Our experienced advisers can help you understand the specific concerns raised, review your billing practices, and formulate an appropriate response.

We can assist with analysing whether your claiming patterns align with MBS requirements, reviewing your clinical records to determine if they adequately support the services claimed, and preparing submissions to the department where appropriate. ●



### View our webinar

Experts from the Department of Health, Disability and Ageing join our panel to discuss Medicare compliance activity.

## Proactive compliance strategies



### Review your billing practices

The best time to review your billing practices is before you receive a compliance letter. Regular self-audit can identify potential issues early. Consider: How do your billings compare to your peers? When did you last review the MBS item descriptor and explanatory notes?



### Maintaining clinical records

Maintaining detailed, contemporaneous clinical records is essential for both patient care and compliance defence. Records should clearly identify the patient, include separate entries for each attendance, document the date of service, contain sufficient information to explain the service provided, and be created during or immediately after the consultation.



### Connect with peers

Professional isolation increases compliance risk. Connect with peers, consult widely, and stay informed about changes to Medicare requirements through departmental resources and professional organisations.



### Use your provider number

Remember, if you hold a provider number, you are responsible for all services billed under that number, regardless of whether you directly submitted the claims or whether services were bulk-billed. Maintaining control of your billings and knowing what has been claimed under your provider number is fundamental to compliance.

## Psychiatrist ordered to repay \$100,000 in Medicare billings after records found inadequate

A psychiatrist's consultation records were so poor, they breached professional standards and Medicare record-keeping obligations. There were no records for many consultations. Records that did exist either failed to justify services billed or prescriptions issued, or would not allow another provider to assume patient care.

The doctor was ordered to repay \$100,000 in Medicare benefits received and banned from billing certain item numbers for one year.

### Key messages from the case

Doctors who claim for services under the Medicare Benefits Schedule (MBS) must keep adequate and contemporaneous records. The records need to show the doctor provided a service that satisfies all the elements of each item number. Inadequate records can result in orders to repay benefits in full and bans on billing certain item numbers in future.

The case featured in this article is based on a real case. Certain information has been de-identified to preserve privacy and confidentiality.





# Why investing in a new fitout or equipment can help your practice succeed



**John Tassopoulos**  
General Manager Commercial Lending NSW  
Avant Finance

**Your training and expertise as a medical practitioner certainly provide the foundation for running a thriving practice, but the success of your business can also be tied to how up to date your premises and equipment are.**

In a busy practice, it can be easy for you to overlook how the environment you practise in might impact on your patients' experience. While it makes sense that a positive patient experience results in fewer complaints and increased patient retention, you may not realise this positive experience extends to the aesthetics of your reception and consulting rooms.

Improving your current practice premises or upgrading equipment is likely to be a major cost, but it's an investment that can pay dividends when it comes to building your business.

## **New equipment can help attract more patients**

Patients are more and more informed about potential treatment options available and often want access to the latest technology. As a result, they may look for medical practices who have a reputation for having the most up-to-date equipment or diagnostic tools.

Investing in new equipment may also mean you can provide a greater range of services. This can be the difference between building patient loyalty by meeting their holistic healthcare needs under one roof or losing patients to better equipped practices.

## **First impressions count**

When thinking about investing to upgrade your practice, you may be mainly focused on medical equipment. But if your reception area and consulting rooms seem outdated, patients might wonder if the standard of treatment you provide is also falling behind current best practice. At the minimum, your furniture and fittings should offer patients a professional, welcoming environment.

Similarly, if the tech that supports your staff is out of date and inefficient, patients are more likely to have a negative experience when making appointments or paying for services. Updating practice IT systems can also deliver valuable 'back office' efficiencies such as streamlining admin, improving efficiencies in reception or booking services, and supporting Medicare compliance.

Delivering a quality patient experience will also make a practice a better place to work, helping to attract and retain quality staff.



## **How Avant can help**

Across Australia, our finance experts have helped countless doctors set up and grow their practices. Thanks to our strong industry connections, we can even introduce you to trusted fit-out specialists and medical equipment suppliers.

Then, once you've worked out what type of fitout or new equipment you need to invest in, come and speak to us about financing options.

The good news is that as a doctor, you're likely to be in a fortunate position where you can access funding for up to 100% of the cost for both new and second-hand business equipment\*. Or secure a practice drawdown loan for a fitout where no repayments are required until the fitout is complete (up to 12 months).

Our understanding of the business side of medicine allows us to help you access loan options banks might not offer. We can provide funding through our own commercial loan products, as well as help you source finance through a range of other lenders.

## **Support organising and managing finance**

Another common concern is that applying for a loan involves endless paperwork and supporting documentation. This is where Avant Finance adds real value. Our team of practice finance experts are focused on making the lending process more efficient for members and will take care of much of the time-consuming administration. The Avant Finance Business Equipment Loan even offers a fast-track option, allowing eligible doctors to apply for loans that meet certain criteria without providing financials.

For practice fitouts, we manage the payment of builders and suppliers on your behalf. This saves your practice the headache of handling this side of things – and helps you avoid the growing issue of invoice fraud.

## **Ongoing support above and beyond**

When you partner with Avant Finance, you're assigned a dedicated Relationship Director who provides consistent support as your career evolves. This continuity means your Relationship Director will get to know your practice, understand your goals, and be able to structure finance solutions that grow with you. ●



**For help with practice finance,  
contact Avant Finance**

\*All applications for credit are subject to eligibility and credit approval criteria. Approval of any loan is subject to standard credit assessment and is at the lender's complete discretion. Terms, conditions, fees and charges apply. Contact Avant Finance for further details.

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# Are you better prepared than your patients?



**Clara Boddice**

LLB

Senior Associate, Estate Planning & Probate, Avant Law



**As doctors, you routinely ask patients about advance care directives, power of attorney, and enduring guardianship. Yet you may not have made these arrangements for yourself. We understand why – your professional life is demanding and finding the time to get the right advice and set up the necessary paperwork can linger on your to-do list for years.**

But if you speak to the right people – someone with expertise in estate planning who also understands the professional realities of a career in medicine – the process doesn't need to be complicated. Ticking this important bit of life admin off your list can bring a real sense of relief.

## Why a will isn't enough

Most people think estate planning means having a will. That's certainly essential, particularly given the complexity many doctors face with practice ownership, investments and trusts. Without a valid will, legislation will determine how your estate will be distributed. While dealing with the grief of losing you, your family could then face lengthy delays in administering your estate, or worse, expensive court disputes that can destroy relationships forever.

But here's the critical point: a will only applies when you die. Estate planning is planning for the future, not just your death.

## Planning for incapacity

With increasing life expectancy, planning for potential incapacity during your lifetime is equally important. You may have seen firsthand the toll it takes on families dealing with a health crisis when key decisions haven't been made clear. Suddenly your family may need to seek urgent legal advice for the appointment of a decision maker. When a family is close and amicable this can often be agreed, but when family dynamics are complicated, these disputes can become unnecessarily costly and complex.

For practising doctors, the stakes are even higher. If you become incapacitated, who manages your bank accounts, superannuation, staff, and patient communications? We've seen practices nearly collapse because the doctor appointed a power of attorney who had no understanding of running a medical business.

## Getting practical

Consider your specific circumstances:

- Does your partnership agreement/unitholders agreement cover incapacity?
- If you're a sole trader, do you have a succession plan?
- Do you need to appoint power of attorney to different people for business matters and personal or health decisions?

Once you have the right documents in place, make sure the people you've appointed know where to find crucial information. Create a master document listing all relevant information, including:

- Bank accounts and superannuation funds
- Insurance policies
- Practice interests and investment properties
- Solicitor and accountant's details
- Digital assets
- Passwords
- Location of important documents

Store this somewhere secure but accessible and make sure various trusted people know where it is or, at the very least, who to contact.

## The conversation that matters most

Don't avoid discussing your wishes with those you love. These conversations are never easy, but they're invaluable. One of the most considerate things you can do is to formalise your wishes in various ways so that your loved ones don't need to make these difficult decisions.

## Taking the first step

Estate planning isn't morbid – it's an act of care for the people who matter most to you, and reassurance that your wishes will be implemented.

The start of a new year offers a natural opportunity to tackle this important task. Start with one action: having that challenging conversation with your loved ones and booking an appointment with Avant Law to document your wishes.

Your to-do list and family will thank you for it. ●



**For help with estate planning,  
contact Avant Law**

# Navigating the AI revolution: what every doctor needs to know



**Tracy Pickett**

BA, LLB

Legal and Policy Adviser, Avant

## The rapid adoption of artificial intelligence (AI) in healthcare presents exciting opportunities – as well as emerging risks – that demand our attention.

Healthcare has always been shaped by innovation. From the stethoscope to digital imaging, doctors have consistently adapted to new technologies to enhance patient care. While AI represents the latest evolution in the delivery of healthcare, it will also revolutionise the way care is provided.

The evolution is well under way, with AI scribe usage among Australian doctors increasing substantially in the past year.

It's obvious why practitioners are keen to get on board as the benefits are clear. AI can save time, reduce administrative burden, and allow doctors to focus more fully on their patients during consultations. However, as with any powerful and sophisticated tool, understanding the risks and limitations is essential to using AI safely and effectively. Here's what you need to know to successfully navigate this new landscape.

### Your patients are already using AI

Even if you've decided AI tools aren't for you, there's a critical reality to face – your patients are already using them. Dr Google has been replaced by 'Dr ChatGPT' and similar AI platforms, as patients utilise these tools to obtain 24/7 medical information in increasingly sophisticated ways.

While it's great that patients are taking an active interest in their health, access to this level of information creates new challenges as patients are going beyond simple symptom searches. They are uploading pathology results, investigation reports, and even clinical images to request AI-generated diagnoses and treatment recommendations. The problem is these AI tools were not designed for clinical purposes.

There are significant privacy risks associated with entering sensitive information into publicly available generative AI tools. In addition, these tools want to provide the answer they think the user wants. This is a significant risk if a patient is seeking health advice because, depending on the advice received, the patient may choose not to return to see their doctor or come with preconceived ideas. Even doctors who do not use AI need to be aware of, and prepare for, this eventuality.

When a patient presents with an AI generated response to their healthcare situation, be conscious of responding thoughtfully to their views and concerns. Document your clinical reasoning in the medical record, particularly when your advice differs from the AI tools' recommendation, and document your explanation why your recommendation should be adopted. This isn't just good clinical practice, it's an essential medico-legal safeguard in an era where patients may increasingly question advice that conflicts with their AI consultations.

### AI scribe cautions: review everything

AI scribes are transforming clinical documentation, particularly for generation of medical notes and transcription of consultations. Doctors report that these tools save time, are easy to use and produce more detailed documentation. However, with the benefits, come significant challenges.

The most commonly reported concern is that while AI scribes can produce comprehensive legible records, the tool does not understand the clinical context or nuance of the records it provides. AI errors, do occur and can have serious consequences.

It's crucial that the doctor reviews and identifies any errors in records produced by an AI scribing tool before it's accepted into the patient's medical record. If errors aren't identified and the output relied upon, it's likely that the doctor will be accountable for any resulting harm caused to the patient.

### Diagnostic imaging and clinical decision support

AI tools for medical image analysis and clinical decision support systems offer exciting possibilities for improving diagnostic accuracy and identifying patterns humans might miss. However, they also introduce new considerations around clinical judgement and responsibility.

Before relying on any AI diagnostic tool, ensure you understand what it does, its limitations, and its evidence base. Is it fit for purpose? Is it medical grade? What is its sensitivity and specificity? Maintain your critical thinking and clinical reasoning skills even when AI provides suggestions, and test the veracity of the AI output.

### Privacy implications: know where your data goes

Privacy and security concerns rank among the top reasons doctors cite for not adopting AI tools. These concerns are well-founded and deserve careful attention.

When evaluating any AI tool for clinical use, investigate the privacy, confidentiality and data storage practices of the tool thoroughly. Look for explicit statements confirming compliance with Australian privacy law. Key questions include: Is patient data collected or retained? If so, for how long? Is it encrypted? Can you access it? Critically, is data stored on servers within Australia or overseas?

Tools like ChatGPT, which weren't developed for clinical use, pose particular risks. When you use these tools, you're agreeing to their terms of use even if you're not paying for the service. Servers processing information for general-purpose tools may be located overseas and therefore won't be covered by Australian privacy legislation protections.

The Office of the Australian Information Commissioner has investigated privacy concerns related to AI in healthcare, highlighting the seriousness of these issues and has





**If errors aren't identified and the output relied upon, it's likely that the doctor will be accountable for any resulting harm caused to the patient.**

advised against entering sensitive patient information into publicly available generative AI tools.

### Have a backup plan

If you've integrated AI tools into your workflow, ensure you have contingency plans available if the tools fail, if an unanticipated breach occurs, or if a patient refuses to consent to the use of the tool. Technology can be unreliable: servers crash, software updates cause glitches and internet connections drop – you need to ensure you can quickly and safely disengage from AI tools if an unresolvable problem occurs.

You also need the ability to discontinue AI tool use if a patient doesn't consent. Not all patients will be comfortable with AI involvement in their care, and their preferences must be respected.

### Guarding against skill atrophy

One of the subtler risks of AI adoption is the potential loss of clinical skills through overreliance on automated tools. This is particularly relevant for junior doctors still developing their clinical capabilities.

AI tools are there to support doctors, not replace them. Before relying heavily on AI, doctors must have baseline clinical skills to evaluate the tool's output critically.

Doctors should consider AI tools as an adjunct to, not a substitute for, clinical expertise.

### Liability: who bears the risk?

Perhaps the most unsettling aspect of AI in healthcare is the current ambiguity around liability and accountability. When something goes wrong, who is responsible?

AI scribe tools are not currently regulated by the Therapeutic Goods Administration. Until regulatory frameworks associated with the use of AI in clinical care mature, it's probable that responsibility will rest with the treating clinician.

Some contracts related to AI technology contain broad indemnity clauses that attempt to redirect liability from the developer to the user (the doctor). Because professional indemnity policies don't typically cover product liability or liability assumed under contract, these clauses can leave doctors exposed to significant legal risk.

Before signing up for any AI service, review the terms and conditions carefully and seek advice if you're uncertain. You also need to review the service terms of any free AI tools you use as you may be accepting terms impliedly through use of the tool.

### AI assists, doctors assess

Despite these cautions, AI undeniably offers tremendous potential to improve healthcare delivery. The key is approaching these tools with informed awareness rather than uncritical enthusiasm or fearful rejection.

Useful guidance is now available from multiple sources, including Ahpra, the TGA and Avant.

As the regulatory landscape evolves and technology matures, many current uncertainties will resolve. In the meantime, remember the fundamental principle: AI assists, doctors assess. Technology should augment, not supplant, clinical judgement. Ultimate responsibility for patient care remains with the treating clinician.

The AI revolution in healthcare is inevitable and, ultimately, beneficial. By understanding and mitigating the risks now, its power can be harnessed safely while protecting both your patients and yourself. ●



**Artificial intelligence (AI):  
what you need to know**



# When virtual care falls short: GP's telehealth caution



**Claire Bassingthwaite**

BCom, LLB

Legal Team Manager, Professional Conduct, Avant Law

**Telehealth consultations have transformed patient access and are now the norm for most doctors, but, as one GP member was reminded, the same professional standards must apply for virtual consultations as face-to-face appointments. This is particularly critical when seeing a new patient.**

## Video telehealth consultation

The GP conducted the telehealth consultation through a national mobile app service with a patient who was based interstate. Prior to the appointment, the patient was required to complete a health summary through the app, which included their personal details, medical history, current medications and presenting symptoms. The doctor was expected to review this before the consultation.

In the summary, the patient detailed she had undergone breast surgery, had asthma, allergies to latex and codeine, and was not taking any medications.

Before the consultation, the GP and patient exchanged messages via the chat function. The patient advised the reason for her consultation was that she had gained 25kg in a year despite having a reasonably good diet and exercising. The GP asked if she had seen a dietician. The patient said no but indicated that she ate well. After confirming her height and weight, the doctor calculated her BMI to be 30–31.

Still via the chat function, with the information provided, the GP suggested she could try phentermine, an appetite suppressant medication. The patient looked up information on the medication and agreed to try it.

The GP then started the video telehealth consultation and discussed phentermine in more detail, explaining that combined with a good diet, it could help reduce her BMI. He told her to take it for a few days to see how she tolerated it and provided one month's supply with a starting dose of 30mg. He also advised the patient not to drink alcohol while taking the medication and strongly recommended she see a dietician.

## Patient dissatisfied with treatment

The GP did not see the patient again, but later received a complaint notification from Ahpra. The patient had complained he did not perform a proper assessment, and she shouldn't have been prescribed phentermine due to her history of anxiety. She said her mental health suffered significantly after she took the medication and she experienced panic attacks, ruminating and obsessive paranoid thoughts. She also reported developing behavioural symptoms, including picking her skin and pulling her hair.

Ahpra acknowledged the patient's dissatisfaction with the GP's treatment and recognised the experience was disappointing for her. The regulator proposed a caution and mentoring conditions for unsatisfactory performance in relation to providing weight loss management, prescribing principles, communication and record keeping.

## GP admits consultation was subpar

Avant helped the GP submit a written response to Ahpra. In the response, the GP admitted to being under a lot of stress at the time of the consultation and acknowledged he didn't conduct a thorough consultation as he would usually do.

The GP apologised for the extreme anxiety the patient experienced due to the medication. However, he said she didn't disclose her history of anxiety, and if she had, he would not have prescribed phentermine.

In consultation with Avant, the member agreed to reflect on his practice and proactively complete 8 hours of education on weight loss management, prescribing principles relating to weight loss, communication and record-keeping.

## Ahpra's decision

The regulator found the GP's performance during the telehealth consultation fell below the expected standard and was unsatisfactory because:

- He failed to take the patient's full medical history.
- He didn't make any arrangements or follow up in relation to the patient seeing a dietician.
- The messages between him and the patient were brief, and he didn't perform a complete assessment before deciding a prescription for phentermine was appropriate. Instead, this was suggested as the first line of management and no other options were explored.
- There was a lack of any medical records.

Ahpra cautioned the GP and imposed conditions on his registration for 6 months. This required him to undertake mentoring on comprehensive patient assessment and communication. ●

The case featured in this article is based on a real case. Certain information has been de-identified to preserve privacy and confidentiality.

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## Key lessons

The most important takeaway is when you are conducting a telehealth consultation you must adhere to the same standards as conducting a face-to-face consultation.

You are required to keep an appropriate record of the consultation. If the telehealth platform does not allow you to save your notes or messages with your patient via the chat function to the medical record, ensure you document the consultation in a separate patient record.

If you are seeing a patient for the first time, and don't have access to their medical records, ensure you take a full medical history and probe for more information before offering treatment options. The Medical Board of Australia's Guidelines for technology-based patient consultations require you to communicate with your patient to ensure the proposed treatment is not contraindicated. This is particularly important when conducting telehealth consultations where you have no prior knowledge or understanding of the patient's condition(s) and medical history, or access to their medical records.

When considering prescribing a medication, ensure your patient has no contraindications, is aware of the side effects, and that you advise them of any alternatives.

You should recommend that the patient follow up with their usual GP with a face-to-face consultation to co-ordinate ongoing management of their condition, including further prescriptions that may be needed. If a referral to an allied healthcare professional is appropriate, the GP may also facilitate access to a local health service.

Finally, remember the Medicare Benefits Scheme item numbers define telehealth consultations as involving an audio and/or video link, not online chat consultations.

“

If you are seeing a patient for the first time, and don't have access to their medical records, ensure you take a full medical history and probe for more information before offering treatment options.



Avant resource:  
Conducting a telehealth consultation



# Going solo: essentials for sole traders



**Marko Novakov**

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**Starting your own practice as a sole trader can be one of the most rewarding steps in your medical career. It's a chance to build something that reflects your values, your style of care and your connection with your community.**

As a sole trader, you have complete control, but also full responsibility. These are significant and cover legal and business aspects such as meeting the licensing requirements for a health facility and protecting patient data. It's important you follow the right steps early to set yourself up for success, while safeguarding yourself, your patients and your livelihood.

Understanding these key legal considerations for doctors setting up as sole traders will help you start your business with confidence.

## 1.

### Choosing to be a sole trader

Many doctors start their first practice as a sole trader because this structure is simple to establish and gives you direct control over your work.

As a sole trader, you need to set up an Australian Business Number (ABN) but can use your own Tax File Number (TFN) to report your business income as part of your personal tax return. If your annual turnover is expected to exceed \$75,000, you'll also need to register for GST.

While the structure is straightforward, it also means you are personally liable for the practice's debts and obligations. Your personal and business assets are legally the same. For this reason, professional indemnity and other forms of insurance are essential.

If you anticipate growth or plan to employ staff, speak with an accountant or lawyer who specialises in medical practices. They can advise whether a company or trust structure might be more suitable in the long term.



**As a sole trader, you have complete control – but also full responsibility. The right protections are essential.**

## 2.

### Meeting your obligations

As a practitioner, you must comply with Ahpra registration and the Medical Board of Australia's standards, but owning a practice brings new layers of responsibility.

Depending on your services and location, your premises may need to meet state or territory health facility licensing requirements. It's also important to ensure your provider number and practice location are correctly registered with Services Australia to bill through Medicare and prescribe under the Pharmaceutical Benefits Scheme.

If practising as a GP, you may also wish to seek RACGP practice accreditation. Even as a solo practitioner, accreditation demonstrates that your practice meets nationally recognised standards for safety and quality. It may also support your governance and risk management processes, and is a key eligibility requirement for government funded incentives, such as the Practice Incentives Program and Workforce Incentive Program.

## 3.

### Protecting patient privacy and information

Maintaining confidentiality is one of your most critical obligations.

Under the Privacy Act and the Australian Privacy Principles, all medical practices, regardless of size, must manage personal information responsibly.

As a sole trader, this means:

- Using secure, encrypted clinical software that meets privacy standards.
- Developing and displaying a privacy policy that explains how you handle patient data.
- Training any staff or contractors (such as virtual reception or IT support) on confidentiality obligations.
- Preparing a data breach response plan, as required under federal law.

Data protection is increasingly complex, and small practices are frequent targets for cybercrime. Investing in secure systems early reduces both stress and risk.

### Cyber safety checklist

- ✓ Use multifactor authentication.
- ✓ Back up data regularly.
- ✓ Encrypt mobile devices.
- ✓ Keep software up to date.





## 4.

### Employment and contractor considerations

Even if you're practising solo, you may hire a receptionist or engage a nurse or even a cleaner.

When you employ anyone, you're responsible for meeting obligations under the Fair Work Act, including written employment contracts, correct pay rates and leave entitlements. You must also provide workers' compensation cover and a safe workplace under Work Health and Safety laws.

If you engage contractors, ensure agreements clearly outline their role and responsibilities. Misclassifying someone as a contractor when they are effectively an employee can lead to penalties from the Australian Tax Office and Fair Work Ombudsman.

Having good employment contracts, workplace policies and appropriate record keeping will help avoid disputes and demonstrate compliance.

## 5.

### Insurance and risk management

Insurance is your safety net as a practice owner. In addition to mandatory professional indemnity cover (required by Ahpra), you should consider:

- **Public liability insurance** – for accidents or injuries on your premises.
- **Income protection insurance** – if illness or injury prevents you from working.
- **Property and contents insurance** – to cover equipment and fitout.
- **Cyber liability insurance** – to protect against data breaches and cyberattacks.

It's good practice to think about risk management as part of your everyday operations. Establish clear systems for patient follow-up, documentation and informed consent. Regularly review your policies and procedures. Even in a small practice, they're vital for safety and consistency.

Avant's risk advisers can help you assess your risk exposure and we can help ensure your cover meets your needs as a sole trader.

### Building confidence as a sole practitioner

Owning your own practice is a balancing act, combining the demands of medicine, business and leadership. It can feel overwhelming at first, and the right support can make all the difference.

Start with the basics: understand your obligations, set up simple systems and seek expert advice where you need it. You don't have to do it alone.

Avant can provide members with practice start-up resources, risk management tools, and medico-legal support to help you manage your responsibilities confidently. ●

### Quick reference: Legal essentials for sole traders

Register your ABN and business name and set up a suitable reporting system for tax and GST.

Maintain Ahpra registration and check any state health licensing requirements.

Protect patient privacy through secure systems, clear policies and a data breach plan.

Meet workplace obligations, if you employ or contract others.

Hold appropriate insurance, including indemnity, public liability and cyber cover.

Develop a risk management plan that includes documentation, consent and incident review.

### Where to find support

Avant members can access dedicated support for starting and managing a medical practice from Avant Law, Avant Practice Solutions and our Risk Advisory Service.



Find out more:  
Avant Practice Solutions

# Failure to recommend specialist review ends in court



**Dr Sally Parsons**  
BM, BS, DCH, FRACGP  
Medical Adviser, Avant

**This case took 10 years to be resolved, and underscores how a small error in a discharge summary, and failure to recommend specialist review, cascaded into a patient claim for damages. The practitioners involved found themselves facing potential liability for not fully informing the patient of his treatment options.**

A shoulder dislocation was misdiagnosed in an ED discharge summary, and the emergency physician failed to discuss all treatment options or recommend orthopaedic review. While the court found earlier referral or surgery wouldn't have made a difference to the patient's outcome, it's a critical reminder that accurate diagnoses and clinical handovers are essential.

Although a delay in seeking specialist advice will not necessarily mean a doctor is liable for any harm caused, it's good practice to discuss treatment options with the patient early, rather than waiting until one course of treatment proves unsuccessful. Doctors also have a duty of care to refer patients or recommend specialist review when necessary, and to provide the information patients need to make an informed decision about their treatment.

The emergency physician was embroiled in the case for a decade, reinforcing that even minor errors which have no impact on patient outcomes can result in prolonged and stressful legal disputes.

## Misdiagnosis minimised injury severity

The patient had presented at a regional hospital emergency department with a left shoulder injury. He was referred for an x-ray, which reported a left AC joint dislocation. Unfortunately, the emergency physician incorrectly documented 'subluxation' on the patient's discharge summary. This misdiagnosis minimised the seriousness of the injury and was carried through into the GP's notes, potentially influencing the decision to pursue conservative management.

The hospital didn't have an orthopaedic department, and the patient was discharged with advice to keep his arm in a sling and to see his GP in two weeks. The discharge summary didn't suggest there were other management options or that he should seek orthopaedic review.

Following review of the discharge notes, and also accessing the diagnostic report which referred to a dislocation, the GP's notes recorded the injury as a joint subluxation. Based on the reports and patient's presentation, the GP decided conservative management was her preferred approach.

Around two months later, when the injury didn't resolve, the GP referred the patient for orthopaedic review. More months passed before he was able to see a specialist and then have reconstructive surgery.

While the surgery achieved a good anatomical result, the patient continued to experience pain and mobility restrictions. Unfortunately, he was unable to return to his job as a plasterer.

The patient claimed he had suffered harm due to the physician's negligence in misreporting the injury on the discharge summary and not recommending he seek orthopaedic review for advice on whether conservative or surgical treatment was most appropriate.

## Orthopaedic review not recommended

There was no question the physician had misreported the patient's injury on the discharge summary. The correct diagnosis was a grade 3 AC joint dislocation.

There was also no doubt the physician had omitted to write in the discharge summary that the patient needed to seek immediate orthopaedic review to determine the appropriate treatment. The court accepted the patient's evidence that he was not advised by the hospital doctors to seek orthopaedic review. However, he was advised to see his GP, which he did.

## Court decides if errors made a difference

The court's decision centred on whether these errors made any difference to the patient's treatment.

As advised, the patient consulted his GP who recommended conservative treatment based on her own clinical judgement.

The expert evidence and literature supported both conservative and surgical treatments as being widely accepted as competent professional practice for AC joint dislocations.

The court emphasised that the central problem was not which treatment was ultimately chosen – both were valid. Instead, the misdiagnosis and lack of advice about the need for referral to a specialist meant the patient was not fully informed about his treatment options.

Despite this, the court ultimately, found the patient failed to prove that surgery was the preferred treatment, or that earlier surgery would have resulted in a better outcome.





**It's good practice to discuss treatment options with the patient early, rather than waiting until one course of treatment proves unsuccessful.**

### **Patient's claim fails as unable to prove misdiagnosis had caused harm**

Despite the clear misdiagnosis and communication errors by the emergency physician, the court found the patient could not prove these had caused him harm.

The court concluded the patient's claim for damages failed for several reasons:

- The error on the discharge summary made no difference to the GP's treatment. The GP brought their own clinical judgement to management of the injury and treated the patient accordingly.
- The patient failed to prove he could have had earlier surgery, even if he had been advised to seek early review.
- The patient could not show his loss of function was due to the delay in seeking orthopaedic review and surgery. There were multiple complicating factors that may also have contributed to his ongoing disability. These included his failure to comply with the conservative treatment program of immobilisation and physiotherapy after the injury, as well as a later injury in a car accident. ●



**CPD activity for members:**  
**Medical records: part one - documentation**

### **Key lessons**

It's important to ensure diagnoses recorded in discharge summaries are correct. Always check the records carefully to ensure they are correct and up to date.

Breakdowns in handover or communication between clinical care teams can lead to diagnostic errors. When providing or accepting handover of care, make sure the process provides accurate and sufficient information to ensure ongoing care for the patient.

Your duty to exercise reasonable care and skill includes presenting the patient with all management strategies or recommending they consult an appropriately qualified specialist who can inform them of treatment options.

Where various treatment options are considered acceptable practice, explain the options and your recommendations. Ultimately, it will be the patient's decision, based on their own situation including their needs, lifestyle, responsibilities and resources.



# Introducing Dario Molina, new CEO of Doctors' Health Fund



**Dario Molina**  
BComm, ACA  
Chief Executive Officer  
Doctors' Health Fund

**Private health insurance is a vital part of Australia's world-leading healthcare system. Doctors' Health Fund's new CEO, Dario Molina, sat down with us to share his thoughts on what makes Doctors' Health Fund special and his vision for the future.**

## Q. What inspired you to join Doctors' Health Fund?

I've worked in the private health insurance space for almost two decades, and have admired Doctors' Health Fund for many years, watching as it became one of the fastest-growing health funds in Australia.

I believe the fund's success can largely be put down to its commitment to serve doctors and their families by providing members with better value health cover and highly personalised service.

I was drawn to that sense of purpose, a genuine drive to support those who care for others.



**Putting members at the centre of every decision has always been our ethos, and that won't change under my leadership. We'll continue to deliver quality cover and excellent service for our members.**

## Q. What sets Doctors' Health Fund apart?

As I see it, there are several things that make the fund special.

Doctors are both users of our cover and providers of care, and this has led to doing things a bit differently. We are focused on treating our members as fairly as possible from both perspectives.

For example, our Top Cover Gold cover pays medical benefits up to the AMA list of services and fees. This allows doctors to be paid fairly, and patients to benefit from lower out-of-pocket costs. Doctors' Health Fund is unique in offering this level of cover, and it means our medical benefits and gap statistics are consistently industry leading.

Not only does this benefit patients and doctors, it helps support the viability of the private health system.

Our doctor-focused approach is also a point of difference that's reinforced by being part of Avant, which is doctor-owned. The fund therefore benefits from the stability, resources and expertise of Avant.

Beyond the cover we offer, another factor that's essential to our success is providing service that has the personal touch.

Again, our understanding of our members helps us. We work hard to provide support to fit in with doctors' busy lives. Whether this is through extended operating hours or supporting an easy claims process, the team are focused on making member interactions easy and seamless.

It was great to see from the most recent annual survey that 94% of our members were satisfied with their Doctors' Health Fund membership.

## Q. What is your vision for the fund?

Putting members at the centre of every decision has always been our ethos, and that won't change under my leadership. We'll continue to deliver quality cover and excellent service for our members.

Looking ahead, there are many opportunities to build on what we offer to members. We're exploring how to harness emerging technologies, including AI, to improve how we operate and interact with members – whether that's through smarter data insights, faster service or a more personalised member experience.

Doctors from overseas provide a significant contribution to Australia's healthcare workforce. And next year we will launch Overseas Visitor Health Cover for international doctors and their families living in Australia on a working visa. This offers them peace of mind that they can access affordable medical care during their stay.

We are also looking to better understand how we can continue to meet the needs of doctors at the different stages of their lives.

At the same time, we will keep investing in the relationships that set us apart within the healthcare sector; standing alongside other like-minded health funds that put members ahead of profit.

By working together, we can have a stronger voice and greater influence when it really counts. As our Chief Medical Officer outlines at the start of this publication, consultation and collaboration are the key to promoting our values across the industry and keeping our members' interests front and centre when it comes to private healthcare. ●



**Find out more:  
Doctors' Health Fund**

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