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By doctors for doctors

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Connect

Prof Neil Spratt
Clinical neurologist and researcher
Avant Grant recipient

Better outcomes for members

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Surgeon prohibited from supervisor role

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Helping get better outcomes for members

As medical professionals, we're always focused on getting better outcomes for our patients. In my role as an Avant Board member, and particularly now as Chair, I welcome the opportunity to represent members in an organisation that's focused on getting better outcomes for the medical community, so that we can deliver on that worthy goal.

For those of us who have had to deal with a complaint from a patient or their family, you don't need me to remind you how stressful and demanding of our time that process is. In this edition of *Connect*, you can read how Avant's team of experts have been actively working with Ahpra to streamline the handling of complaints investigations to reduce the stress on all of us.

Recognising that it would be much better if a complaint never arose in the first place, our member colleagues look to Avant for advice, both in person and at the many forums we hold around the nation. Understanding why patients might be unhappy is often key.

Earlier this year, we spoke with a range of patients who had an experience they were unhappy about, to gain more detail from their perspective. In this issue, we describe some of the typical patient experiences that can trigger a complaint and, more importantly, provide actionable recommendations on how to reduce the likelihood of this occurring. It's an important read, as are the craft-group based claims insights we regularly publish.

We also discuss positive ways that complaints can be dealt with to benefit you, your practice and your patients. While it's pleasing to get positive feedback, negative feedback can be an opportunity for reflection and improvement.

Of course, the reality is that complaints from patients do sometimes happen. We can all learn something from these reports, and, in this edition, we have provided three real-life cases, two where our member colleagues relied on Avant to support them. We summarise the key lessons each of these cases highlight. There is a caution around breaching privacy if we refer to patients in text messages; a reminder that as trainee supervisors we need to remain on site when procedures are taking place; and advice on the importance of complying with regulatory requirements if offering telemedicine services.

On the positive side, it's always nice to bring attention to advances in healthcare that are being driven by a fellow member. Led by Professor Neil Spratt at the Hunter Medical Research Institute, the successful pilot of a telehealth program, designed to improve patient access to follow up from a specialist, is not only good news for stroke survivors who live in regional Australia, but may also have implications for using this type of technology across other areas of healthcare. Recent grant funding from Avant, on our behalf, will support further work to establish the acceptability, feasibility and effectiveness of this approach.

The national Real Time Prescription Monitoring system is taking many of our members a while to get used to. If you're one of those who are still not sure whether you're doing it right, our article on navigating these new reporting requirements will be of interest. And yes, further work is being planned to improve the user interface and experience.

For practice owners considering their options when financing the setup or expansion of their practice, Paul Freeman, CEO of Avant Finance, has penned an article about the pros and cons of doing this through a self-managed super fund.

For those with the ambition to grow their practice, General Manager of Avant Practice Solutions, Dr David Williams, discusses some important factors to consider when planning how to turn this vision into a reality.

Reading the various articles and cases in this edition of *Connect* reminds me yet again why I'm proud to represent you at Avant. It's an organisation that's able to offer so many ways to support and benefit all of us as members. By doctors for doctors, Avant is an organisation that is truly 'By your side more than ever before'.

Best regards,

Steve Hambleton

Dr Steven Hambleton AM
Chair, Avant Mutual

Welcome

Managing complaints

Insights

Case studies

Connect with us

We'd love to hear what you think of *Connect*, or what you'd like to see more of – email editor@avant.org.au.

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Improving patient outcomes with better care models

Prof Neil Spratt
Hunter Research Medical Institute

Professor Neil Spratt is a clinical neurologist and researcher whose work aims to improve treatment and outcomes for stroke patients. He is driven by a desire to make a difference and the excitement of contributing to an area of health research that has changed so dramatically in the past 20 years.

One of the highlights of his research career has been demonstrating how improved systems of care can make as big a difference to the outcome for stroke patients as new therapies.

Stroke treatment revolutionised

Co-director of the Hunter Medical Research Institute Heart and Stroke program, which includes researchers based at John Hunter Hospital and the University of Newcastle, Professor Spratt observes that stroke has been a fantastic area to work in. "When I started out, the attitude to treatment after stroke was somewhat nihilistic. Not much could be done, and patients were left slumped in a wheelchair in the corner of a hospital ward.

"Treatment is now revolutionised and so effective that we rarely see previously common levels of severe disability."

One innovative project he led connected EDs with stroke neurologists for rapid patient and imaging assessment, guiding critical early delivery of specialist therapies. The dramatic benefits demonstrated by the pilot helped make the case for $21 million in state and federal funding for the very successful NSW Telestroke Service to 23 rural hospitals statewide.

He is currently focused on proving the effectiveness of hybrid telehealth models for improving stroke follow-up care in rural areas.

Extending access to healthcare advances across Australia

Professor Spratt points out that "the reality of Australia's disparate population is that in rural and remote areas, the health system can't employ doctors with training and experience across every subspecialty." However, he feels there is a "moral obligation" to improve the provision of care in these areas, so it isn't substandard.

His recent telehealth pilot demonstrated how a partnership between a rural stroke coordinator and a hospital-based stroke neurologist, was highly effective at modifying care to reduce the likelihood of a secondary stroke.

The acceptability, feasibility, and effectiveness of running a rural stroke clinic in different settings is currently being funded through an Avant Grant. Support he says is particularly welcome since projects focused on improvements to systems of care and quality improvements are often harder to get funded.

Community-led telehealth builds patient trust

With this hybrid model, appointments were coordinated by local practitioners who were usually known by patients. The trust and confidence this generated is important in small country towns, particularly within local Indigenous communities.

Holding sessions at the local community health clinic with an established IT setup avoided the potential frustrations of trying to navigate video conference appointments directly with patients, and ensured patients unfamiliar with technology could access the service.

Better access for patients means better support for doctors

Professor Spratt sees technology as "an enabler we're only in the infancy of using to improve outcomes for patients." But he emphasises the need to be careful not to see tech on its own as the solution.

> "The human factor is still really important, which means we need to find imaginative solutions to attracting qualified medical professionals to rural areas.

Dr Carlos Garcia Esperon and Prof Neil Spratt | John Hunter Hospital

As well as the benefit for patients of being able to attend a specialist consultation without travelling to the nearest major hospital, he believes the evolution of telehealth-supported services has the potential to make a medical career in rural areas more appealing.

"For a GP working out of a community health centre, or registrar based in a small district hospital, knowing they are part of an established system that can connect them with experts across different disease-specific conditions, takes away the burden of having to deal with every medical situation in isolation."

Audio-visual technology that enables paramedics and community nurses to liaise directly with a centralised support service can also reduce the need for the local doctor to be on call 24/7.

As Professor Spratt points out, hybrid telehealth models, where rural doctors and other health practitioners are trained to facilitate a consultation with the relevant specialist, also offer an important opportunity to build and develop local expertise. ●

Practitioner wellbeing: limiting the impact of notifications

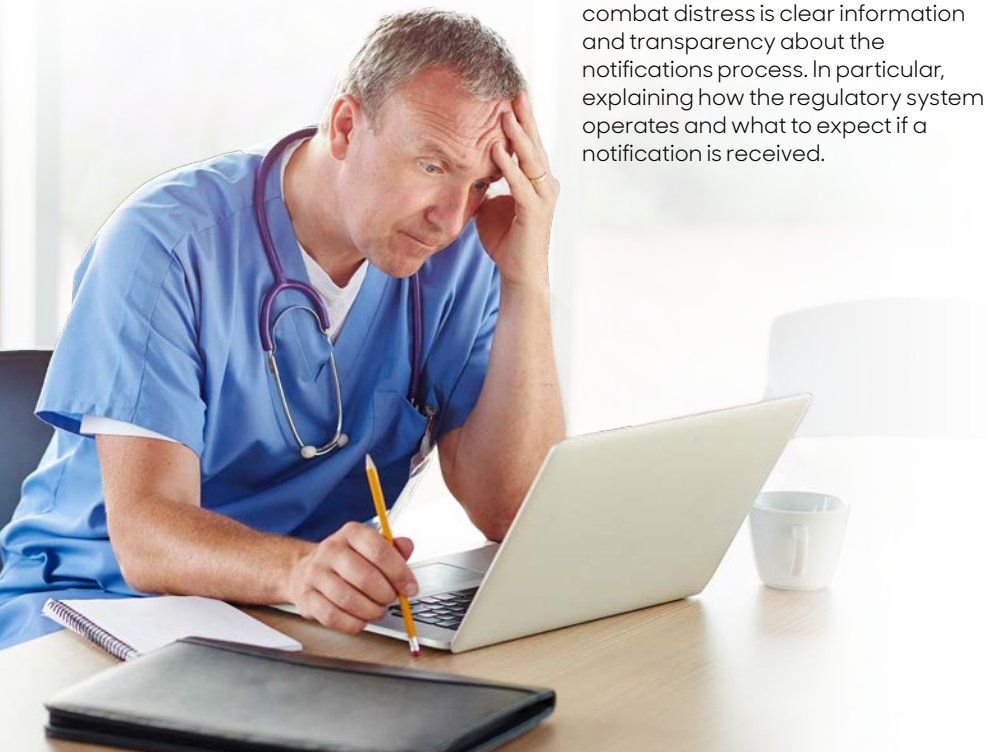
Dr Michael Wright
General practitioner
Chief Medical Officer, Avant

At Avant, we regularly see the significant impact that complaints from patients can have on a medical practitioner. Doctors want to do the best for their patients and receiving a complaint can be confronting and distressing, as well as cause anxiety about loss of reputation, income or career.

Although the majority of complaints Ahpra investigates result in 'no further action', they can have a devastating effect on a practitioner's self-confidence and health.

More than half of all Australian doctors are Avant members, and we want to make sure their opinions are well-represented in discussions on issues that concern them.

For these reasons, I felt hopeful when I was recently invited to speak at a symposium facilitated by Ahpra and the National Boards on the impact of complaints on practitioner wellbeing.



The focus was on minimising the distress associated with the notification process, with attending stakeholders invited to discuss the reasons for practitioner anxiety when involved in a regulatory process.

The participants in the symposium – which included regulators, doctors' health organisations and medical colleges – were all committed to help lessen the high level of distress experienced by many healthcare practitioners when under investigation.

A recently published study[1] described the "virtually daily grief" reported by many practitioners involved in the regulatory complaints process. This is something Avant regularly sees members experience, which we are keen to work with Ahpra to minimise.

One of the issues our members raise is their fear about losing their registration because of a complaint. If they receive a notification and have these concerns, we encourage members to call us. In most cases we can reassure them this outcome is very unlikely.

At the symposium, it was agreed that one of the most effective tools to combat distress is clear information and transparency about the notifications process. In particular, explaining how the regulatory system operates and what to expect if a notification is received.

Another issue doctors report is their distress about the uncertainty and unpredictable timing of the regulatory process. Ahpra described its efforts to better communicate throughout the process and their attempts to reduce timeframes for dealing with notifications.

Future education will likely focus on students and early career doctors to ensure they understand how the system works before they experience a notification. It is hoped that if practitioners are familiar with the process at an early stage and understand that most cases Ahpra investigate result in no further action, the impact of receiving a notification will be reduced.

Avant has worked for many years highlighting the impact of complaints on doctors, and regularly provides feedback to regulators about our members' experiences. Participating in this symposium, with a group of like-minded stakeholders, is one step forward in lessening the "daily grief" for our medical workforce.

I am optimistic improvements can be made to better support doctors who have a complaint, while still ensuring an effective process to keep patients safe. This work is ongoing, but it's heartening to know we are all committed to make going through a complaint better for medical practitioners. In the meantime, if you are concerned about a notification – or any other medico-legal issue – call us on 1800 128 268.

[1] Biggar et al, *International Journal for Quality in Health Care*, 26 September 2023

Why patients complain and what you can do

Dr Mark Woodrow
MBBS MBA GDipAppLaw GCertArts EMCert (ACEM) MACLM AFRACMA
General Manager – Medical Advisory Services and Deputy Chief Medical Officer, Avant

Hearing a patient is unhappy with the care you've provided is something all doctors dread, particularly if this dissatisfaction escalates to a formal complaint. But complaints do happen despite you doing your best, whether it's due to an unexpected outcome, unreasonable expectations, or situational factors.

Earlier this year, we spoke with some patients to understand what drives them to make a complaint and what this could mean for doctors.

Making a complaint isn't trivial

Despite perceptions to the contrary, for many patients, the process of lodging a formal complaint is stressful and time-consuming, especially for someone who is unwell or dealing with the outcomes of an adverse event. It was clear from the patients we spoke with that most of them did not want to embark on making a formal complaint. Our research revealed that a patient will usually only go down this route when they feel their concerns have been ignored, dismissed or not treated sensitively, or when they feel there's been a lack of transparency and the answers they've been given are unsatisfactory.

Understanding this is important, as it means, in many cases, there may be an opportunity to address the patient's concerns early on, and the formal complaint could have been avoided.

Issues that may lead to complaints

The reasons given for making a complaint are usually rational, such as a desire for something to change or a request for out-of-pocket expenses to be paid. However, many patients we spoke with were also driven by the perception that the doctor was reluctant to acknowledge a mistake, or they felt hurt or let down by the doctor.

We found that patients generally do understand that things can sometimes go wrong. And, if this happens, what they want is an explanation and an apology. These findings are consistent with the literature and are supported by our experience managing complaints for our members.

Feeling unheard

Dissatisfied patients often just want to be heard and to have their perspective acknowledged. Making it easy for your patients to raise a concern demonstrates a willingness to listen.

Validation of their concerns can go a long way to addressing the disempowerment that often triggers a complaint. Acknowledge the outcomes weren't what they were hoping for, then explain what went wrong and their options moving forward. This all helps your patient re-establish a sense of control.

The patient may feel disempowered if you talk in technical terms rather than patient-centric terms, appear pre-occupied, take notes without eye contact or dismiss their concerns.

Reasonable and unreasonable expectations

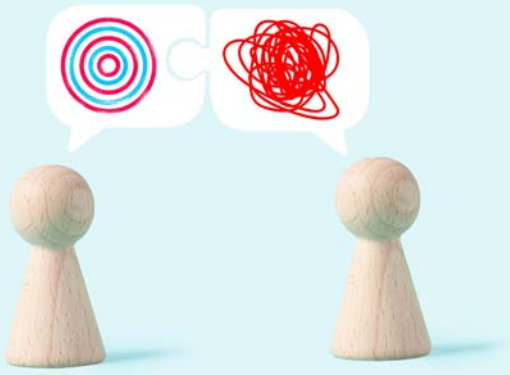
Patients may have unrealistic expectations about what modern medicine can, or should, achieve. This assumption can be due to a lack of understanding.

However, it is reasonable for patients to expect that they will be listened to, informed of potential side effects and complications, and included in treatment choices and decisions about their care. Other expectations may relate to aspects of the process, such as being seen on time (or being informed if there are delays) and care being coordinated across functions.

Patient feedback should be viewed as an opportunity to see if improvements can be made. As with many things, effective communication plays a key role. Establishing good rapport and managing the patient's expectations throughout the clinical relationship are vital. By doing this effectively, you'll be far less likely to be impacted by complaints and more likely to have good outcomes.

Factsheet
Managing difficult interactions with patients

When agitation turns to aggression



Angela Mason
GAICD CPMAAPM DipPracMgt FAAMP CertAA RN JP
Risk Adviser, Avant

Dealing with difficult people is nothing new for doctors, nurses and administration staff. Although you and your staff may have skills to de-escalate a situation, what happens in the rare times when these techniques don't work, and someone becomes physically aggressive?

As part of their obligation to provide a safe workplace, all practices need an emergency plan that includes how to handle these situations.

Recognise when to take action

It's crucial to identify the point at which a person's behaviour escalates during a confrontation. A patient who initially presents as anxious and restless may occasionally quickly transition to yelling or physical aggression, despite your efforts to diffuse the situation.

If this happens, there are only two things to do: leave and get help. Don't try to restrain the aggressive person or remove any weapon.

Leave early

If you or a staff member decides it is best to leave a situation, let the aggressive person know, and if appropriate tell them why, or make an excuse:

- "I am going to leave now as your behaviour is making me uncomfortable."
- "I need to check on this for you and will be back soon."

Get help – from other staff

Seek assistance from another staff member. All staff should be aware of what to do in these situations, with your emergency plan to include when to:

- move people from the vicinity (adjoining doctors' rooms or the waiting room)
- advise staff of the situation and the possible need to evacuate
- call for external assistance – police or security.

When you can't physically leave

If you or a staff member can't leave a situation, use a duress button or code word that all staff know. If you need to evacuate the practice, any staff left behind should secure themselves in a room or storage cupboard and wait for assistance.

Get help – call police

Call 000, not your local police station. Stay calm and provide as much information as possible:

- State the physical address before the practice name. For example, 140 Main Street, Melbourne, Main Street Family Practice.
- Provide details about the situation and the aggressive person – so police can decide what response is required.
- Stay on the line until the police arrive or you are told to hang up.

If the aggressive person is too close for you to safely speak to police when you call, talk loudly and clearly as if to the aggressive person, using phrases that identify the address and the threat. For example, "I know you're upset John, and that you've come to the Main Street Family Practice for help, but before we can help you, I need you to put down the knife".

If you're unable to confirm the address in the call, police may still be able to track your location through your phone.

Preparation is essential

Ensure your practice policies include an emergency plan and that all staff understand what to do in these situations. Refresh or update this plan in your regular training and ensure related technology works. Include role play on how to respond to these events in your training.

When designing the layout of your practice, allow clear exits for yourself and staff. In a consultation room, don't seat the patient between yourself and the door, and have an exit behind the reception desk so staff can leave without going through the waiting room.

Ensure all staff can access a duress alarm, whether it's a physical button under the reception desk and in each of the consulting and treatment rooms, or a button link on the practice computer system.

Establish a code word which means to contact police. For example, if anyone calls reception from a consulting room and asks for an 'orange tympanic', staff should know to enact the emergency plan.

Incident debrief

After the incident, conduct an initial 'hot' debrief with staff. Don't focus on what was right or wrong, but allow everyone to express their feelings. Encourage them to write down their recollection of the event while it's fresh in their minds. Consider debriefing staff separately to minimise distress.

A day or two later, schedule another debrief to discuss what happened. Make any necessary changes or additional safeguards to your emergency plan, so everyone in the practice is well prepared for these incidents in future. ●

This is an edited version of an article originally published in *The Practice Manager*, the national journal of the Australian Association of Practice Management.

Article
Five steps to dealing with angry and hostile patients

Tanya has had a rewarding career in medicine. We're sure there's even more to come.

Dr Tanya Gray
Paediatric emergency physician

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Regulator clamps down on RTPM notifications

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A recent spike in regulatory action targeting doctors who fail to check Real Time Prescription Monitoring (RTPM) systems suggests that regulators are intensifying their scrutiny of RTPM compliance.

All states and territories in Australia have RTPM to help alert prescribers to patients who may be at risk of over-supply or who engage in doctor shopping. Mandatory checking has been required in some jurisdictions since 2020.

Avant medico-legal experts helping members with questions from the regulator, have found many members don't understand the requirements of RTPM in their state or territory.

"I didn't know I had to check SafeScript every time."

"I usually check QScript in my practice but I was doing a locum and forgot."

"I saw the notification in my practice software and considered it, but I didn't know I had to do more than that."

"The notification was green, so I thought that meant I didn't need to check."

Requirements not always clear

From our work with these members, it appears that some of the materials provided by health departments and medical practice software providers can be confusing.

While it's clear that red and amber alerts in medical practice software must be clicked, it's not obvious that green alerts also have to be clicked to take the doctor through to the state or territory RTPM system.

The legislation however is clear – where RTPM is mandatory, a doctor (with a few exemptions) must check the RTPM system every time before prescribing a monitored medicine.

State and territory differences

There are legislative differences between states and territories which can also confuse, especially for doctors in areas close to borders. The biggest difference is whether the RTPM system is mandatory or not in your state or territory. Five jurisdictions currently have mandatory checking:

- Victoria – SafeScript
- Queensland – QScript
- South Australia – ScriptCheckSA
- Northern Territory – NTScript
- Tasmania - TasScript

We recommend doctors check their RTPM system every time, whether it's currently mandatory or not in your state or territory. If you are not sure whether it is mandatory, still check!

How RTPM systems work

Each state or territory RTPM system is slightly different, but they all have common features.

When a doctor looks at a patient's record in the RTPM system, it registers that they have done so. If a prescription is written, this will be logged in the system, which means a doctor can see if another doctor has prescribed a monitored medicine for that patient.

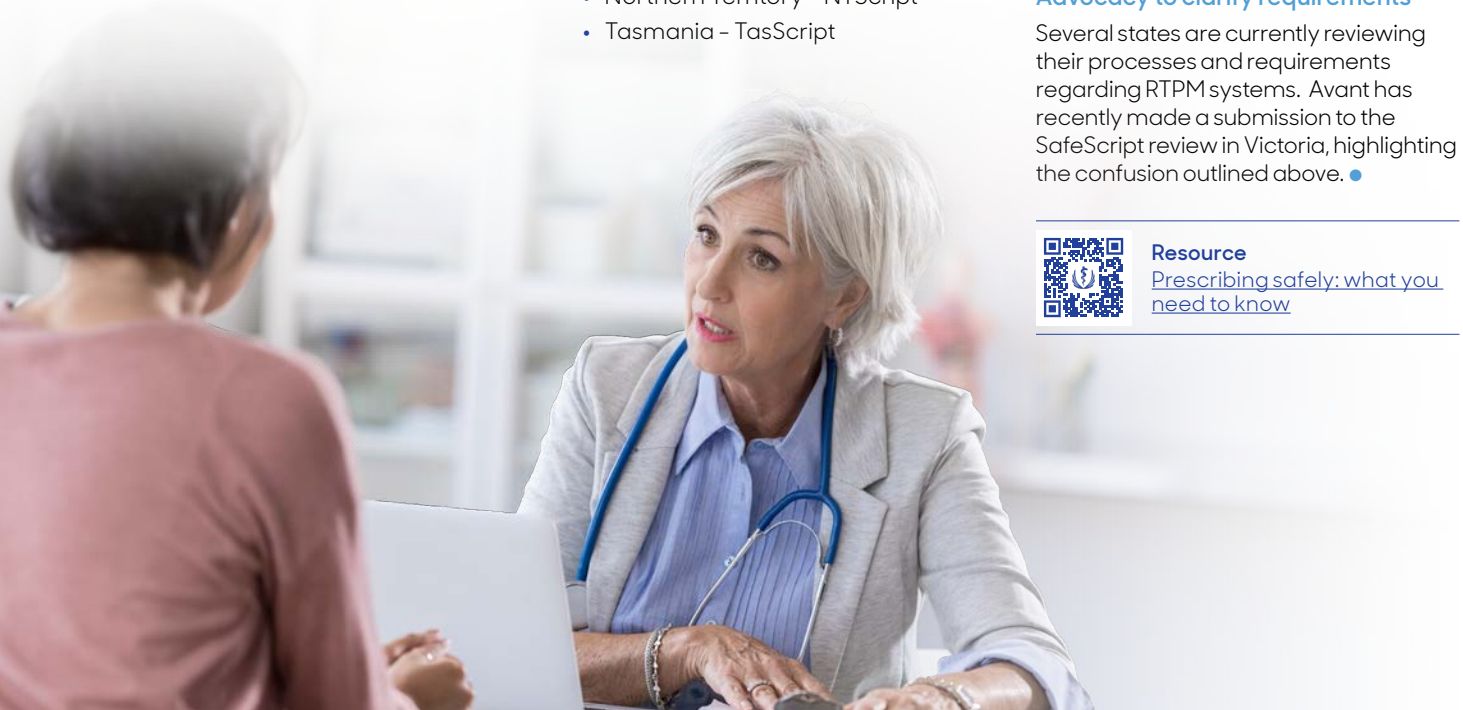
The systems also show when a prescription has been dispensed by a pharmacist, so the doctor checking the record has a complete view of the patient's monitored medicines history.

This detailed recorded history also means the regulator can see if a doctor viewed a patient's record in the RTPM system before prescribing a monitored medicine. This is how doctors who haven't checked their RTPM system are coming to the attention of the regulator.

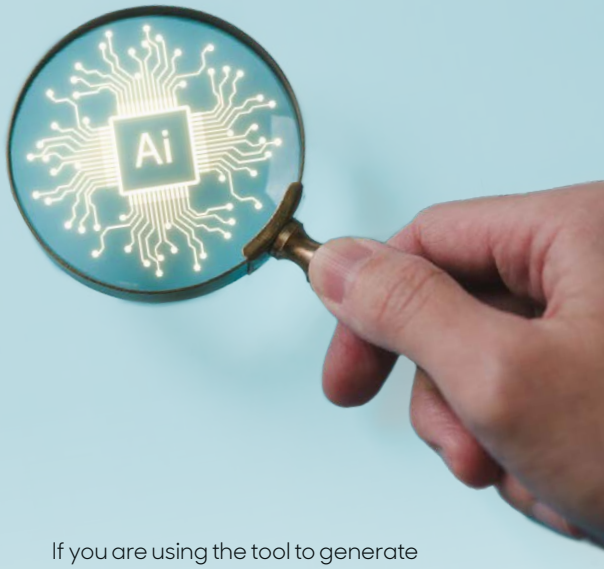
Advocacy to clarify requirements

Several states are currently reviewing their processes and requirements regarding RTPM systems. Avant has recently made a submission to the SafeScript review in Victoria, highlighting the confusion outlined above.

Resource
Prescribing safely: what you need to know



Should you use AI documentation tools?



Kate Gillman
BA LLB
Head of Medico-legal Advisory Service, Avant

Up to one-third of a doctor's day can be taken up with paperwork. What if a tool could give you back some of those hours? Artificial intelligence (AI) medical documentation tools, sometimes known as scribe tools, are being touted as the answer. But before you jump on board, attracted by the various benefits this software can bring to your clinical practice, you need to be aware of a few things.

How AI documentation tools work

AI medical documentation tools listen to a doctor-patient consultation, extract clinically relevant information, then quickly collate and structure the information into a coherent clinical note. These AI-generated notes need to be reviewed and amended by you, the doctor. Amendments may include incorporating examination findings, test results, non-verbal information, unsaid thoughts and identifying patient information.

The AI tool can also generate other documents such as a summary letter or treatment plan, referral letters, or a discharge summary. Using this functionality reduces the risk of transcription errors when dictating the information to go in these documents individually. Over time, your AI tool can also learn your personal style, so the notes will look and sound like they've been written or dictated by you.

Time savings and improved consultations

The potential time savings from using an AI medical documentation tool could be significant. But time savings aren't the only benefit. Communication in your consultations may improve because you are able to give your patient more attention, as you're not trying to write or type at the same time.

After using one of these tools for a while, you may also find yourself verbalising observations and thought processes so they're noted, which would increase transparency during the consultation. The AI-generated notes may also be more comprehensive than your usual notes.

AI-powered tools can incorporate checklists or prompts to reduce the risk of omitting key information. This may improve diagnostic accuracy and continuity of care and assist with recommendations for preventative measures or early intervention.

Be aware of the possible downsides

All new technology comes with some risks and AI documentation tools are no different. Before using an AI documentation tool, do your own due diligence to determine whether the tool will meet your clinical needs without compromising the quality of your patient care.

Privacy, confidentiality and consent

Before using an AI tool, check that patient privacy and confidentiality will be protected. Where will the information be processed, where and how will it be stored (in Australia or overseas), and could the information be used for any other purposes?

If the AI tool records the consultation, make sure you have patient permission (and note that permission) before recording starts, even if the tool deletes the recording after processing it.

If you are using the tool to generate other documentation such as reports or referrals, check these don't include extraneous clinical or other information.

Is your AI 'medical grade'?

Not all AI is the same and the technology is still evolving. Make sure you use AI medical documentation tools that are trained to identify clinically significant information. Check with your colleagues or college for reputable tools. AI medical documentation tools currently fall outside the TGA's medical device regulatory processes.

Patient considerations

Verbalising your observations and considerations for the AI tool may sometimes be clinically inappropriate. For example, you may not want to verbalise the BMI of a patient being treated for anorexia nervosa or your concerns about the cause of a patient's injuries. Remember, you will need to add this information into the AI-generated notes later on, along with any clinically necessary non-verbal communications or cues.

Accuracy of records

AI's tendency to fill in gaps or extrapolate findings, could produce a misleading record. You are responsible for making sure an AI-generated medical note accurately reflects the consultation. You need to check all notes and reports and amend as necessary. You also need to be satisfied there is sufficient detail to justify the Medicare item numbers you bill for the consultation. ●

Avant Medico-legal Advisory Service
avant.org.au/mlas

Is your super included in your will?

Michael Mobberley
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Acc. Spec (Wills & Est)
Senior Associate, Estate Planning & Probate, Avant Law

Many Australians assume that when they die, their superannuation will be distributed in accordance with their will. The reality, however, is that without a super death benefit nomination in place, what happens to your super will be decided by the trustees of your super fund. This means that the people you want to benefit may miss out, or worse, that people you wish to exclude may receive a windfall.

What is a death benefit nomination?

This is a written instruction that outlines who should receive your super in the event of your death. This nomination is then used by your super fund to distribute your total benefits (including any associated life insurance policy payments) to your beneficiaries. The superannuation laws define who is eligible to receive super death benefits, which includes spouses, children and financial dependants.

You can also nominate that your super is paid to the executor of your will (called your legal personal representative), who then must distribute it in accordance with your will.

Who you choose to nominate can have significant tax implications. So, while it may seem like a straightforward process, the importance of making a considered nomination can't be overstated, as was recently seen with the estate of former RACGP president, the late Dr Harry Nespolon.

The power of a death benefit nomination

In 2019, Dr Nespolon was diagnosed with inoperable pancreatic cancer and took steps to ensure his wishes were documented.

Part of Dr Nespolon's assets was a self-managed superannuation fund, that included a life insurance policy, worth approximately $4.7 million.

In initial discussions with his solicitors and accountants, Dr Nespolon indicated he would like his superannuation to be paid to his estate. This would have resulted in his superannuation being held in a trust under his will, with Dr Nespolon's executors controlling the proceeds and how these would be distributed among his de-facto partner and their two children.

However, following further advice about the tax implications, on the day of his death, Dr Nespolon made a new nomination to pay his entire superannuation benefit to his de-facto partner, so she would receive the lump sum payout of $4.7 million tax free.

A legal challenge ensued to determine whether Dr Nespolon had sufficient mental capacity to make the nomination on his death bed, and whether he had made the nomination of his own free will or under duress.

After considerable scrutiny of the months leading up to his death by the New South Wales Supreme Court, it was found that Dr Nespolon was capable of making the nomination and had done so of his own free will. As a result, his de-facto partner was awarded the entire superannuation death benefit, more than two and a half years after his death.

Making a death benefit nomination

As Dr Nespolon's case shows, a death benefit nomination can have a significant financial impact on those around you.

Without a valid nomination in place, the trustees of your super fund will determine who should receive your super and may choose someone you didn't intend to benefit.

It's important that your estate plan reflects your current situation and objectives. If you haven't reviewed your super death benefit nomination in the last three years or have never made one, now might be the time to do so.

There may also be circumstances where it may be preferable to have the trustees of the super fund make the decision about who will receive your super after your death, particularly if you have a self-managed superannuation fund and have some control about who those trustees will be.

You should seek legal and financial advice before executing a super death benefit nomination to ensure it's compatible with your will and overall estate plan. ●

Telemedicine: the high cost of breaching patient privacy regulations

Karen Castle
Risk Adviser, Risk Advisory Services, Avant

In recent years, we've seen a rapid uptake of telemedicine services across a range of medical conditions, offering convenience for patients and efficiency for practices. However, providing this type of service requires careful consideration of the regulations to safeguard patient privacy and avoid breaching privacy laws, which can carry hefty penalties.

The following case demonstrates the extent to which taking advantage of newer technologies can potentially expose a practice and its employees to situations where strict compliance with privacy and data protection laws is necessary.

Patient enquiry exposes data integrity risk

A seemingly simple enquiry from a patient triggered a series of revelations that a practice was not meeting many privacy requirements. The patient, who had read media reports on patient information being sold to third parties and was concerned about the potential for misuse of their data, had called the practice and requested a copy of their privacy policy.

On realising they didn't have one, the practice, which had been newly established to provide dedicated telemedicine services, contacted Avant for assistance.

After talking to the practice about their policies and procedures, the medico-legal adviser realised that, in addition to needing advice on the wording of a privacy policy, there were potentially several other areas of the business where the integrity of data they handled was at risk of being compromised. The case was promptly referred to Avant's Risk Advisory Service (RAS) to work with the practice to identify and rectify any deficiencies.

Identifying key risks and challenges

An assessment conducted by RAS revealed several vulnerabilities within the practice's operations:

- **Insecure communication platforms:** Practitioners were using channels such as Skype and FaceTime for their patient consultations, without realising these video conferencing services did not provide a secure platform for discussion about sensitive medical matters.
- **Outsourced administration:** For cost efficiency, the practice was using an external company to handle administration tasks. They had not checked what privacy training or protocols around handling data the staff from this virtual company had received. This posed a significant risk of sensitive medical information being mishandled.
- **Cross-border data transfer:** The virtual administration service employed staff in other countries, which meant sensitive health data was being sent overseas. This raised concerns about compliance with Australian Privacy Principles (APP), particularly APP 8, which regulates disclosure of personal information outside of Australia, and stipulates that a practice must "ensure that any overseas provider takes relevant steps to protect the information from misuse, interference, loss and unauthorised access, modification or disclosure".
- **Lack of centralised medical records:** Individual practitioners were keeping records for their own patients, without making this information available through a secure centralised system. This limited the opportunity to provide continuity of care if one of the specialists were absent. Also, if a patient wanted to talk to someone else, they would have needed to provide their information all over again.

Assessing the issues and implementing change

Prioritising patient privacy and compliance isn't just good practice – it's essential for maintaining integrity and trust in an increasingly digital healthcare environment.

With the guidance of our advisers, the practice was able to navigate the privacy and data protection challenges they were facing in providing telemedicine consultations. Subsequently, with our support, they implemented a range of system enhancements necessary to ensure compliance, including:

- Developing a robust privacy policy.
- Establishing secure communication platforms compliant with privacy regulations.
- Implementing privacy training for all staff members, particularly including anyone who handled patient information.
- Exploring options for centralised medical records management to facilitate continuity of care.

To help them stay on top of the regulatory landscape around safeguarding patient privacy, they were also made aware of the ongoing support available to members through Avant Assist.

Penalties for breaching the Privacy Act can be severe. In addition to the substantial fines that can be imposed, a practice under investigation will have to deal with:

- Cost and stress of defending the practice in a court case.
- Compromised reputation for the business from bad PR.
- Loss of trust for individual doctors from their patients. ●

The case discussed in this article is based on a combination of several real cases. Certain information has been de-identified to preserve privacy and confidentiality.

Ask yourself these questions

Practices who have expanded their services to offer telemedicine consultations, or have set up to offer dedicated telemedicine facilities, need to make sure they are well-equipped to address privacy and compliance challenges.

Ask yourself these four questions to help identify whether your policies and procedures designed to safeguard patient privacy are robust:

- Do you provide staff with training and ongoing supervision and controls to ensure that privacy regulations are understood and maintained?
- Have you implemented policies, procedures and systems that reflect the relevant APPs?
- Have you invested in secure encryption technology or other secure processes for transferring and storing sensitive health information?
- Do you have a data breach response plan?

If you've answered 'no' to any of these questions, we suggest you take a proactive approach and seek expert support from our advisory services. They can identify and help resolve any areas of concern, which will allow you to operate with confidence and continue to deliver high-quality care to your patients.

You will also need to consider the Medical Board's Code of Conduct and Guidelines: Telehealth consultations with patients, which emphasises that telehealth consultations should meet the same standards as care provided in a face-to-face consultation.

> Prioritising patient privacy and compliance isn't just good practice – it's essential for maintaining integrity and trust in an increasingly digital healthcare environment.

Avant Assist
Resources and services to support you in delivering safe, best-practice care.

Growing your practice: what you need to know

Dr David Williams
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General Manager, Avant Practice Solutions

Like many doctors, when I started my own practice, I had only a rough idea of what I wanted it to be like.

Now, 15 years later, and after some hard-learned lessons, my vision of my dream practice is much clearer. This has helped it expand across five sites, supporting service delivery of over 40 neurologists who see over 45,000 patients a year.

Through building my practice and helping others build theirs, I've worked out some of the most important factors to consider if your ambition is to grow your own practice.

Have a clear vision

Firstly, form a clear vision of what you want to grow, so you can prioritise and plan for success. Consider your ambition: do you want to be the principal doctor within a practice, or aspire to owning a group of several practices? Will it be a practice of doctors, or a doctors' practice? Will the practice focus on a specialist area, or offer a wider range of healthcare services? What are the points of difference you are delivering so that referrers and patients will want to use your services?

Whatever you decide needs to align with what patients need and want, and the area they are willing to find that service. You could plan to grow referrals yourself and leverage your success and profile to attract new doctors or patients. It's also possible to grow the business by bringing in other doctors to offer a breadth of skills in one place. In which case, would these doctors buy into the practice (as shareholders), or buy time (as service recipients) or rent space (as a sub-lease holder) in your practice?

Identify existing strengths and where you need support

Set out to deliberately lead the culture you want for the practice. Consider the patient experience and support you will provide to impress referring doctors – since this is central to any growing medical practice. Help lock this culture in place by documenting a business plan that includes a vision statement and an organisational structure. Draft some non-negotiables in terms of service levels and care standards that employees and other doctors can clearly understand. Prepare policies and procedures that include how decisions will be made and what expectations you have. This provides a foundational document for guidance of team members and new doctors you are expecting to execute your growth plan – it simply makes it easier to ensure everyone is on the same page.

Think about position descriptions for your staff and the capabilities you need to build your practice vision. Consider your own strengths and weaknesses as well as those of your practice staff, and set out clear roles and responsibilities.

Bring on experts to help build your vision. A larger practice will require more management and more robust systems. Unless you prefer to do business management rather than being a doctor, prioritise the right advice by using specialised practice management consultants, accountants and financial advisers who can all offer important insights on how to grow in a safe, scalable and profitable way. This advice shortens the learning curve and can assist in minimising expensive novice mistakes.

Scalable IT infrastructure

Your infrastructure needs to be able to scale up to support a bigger business, potentially across several sites. A basic booking system might work well for you and a receptionist, but how would it cope with more users and a greater volume of patients? Practice management systems that link to other services, such as transcription and accounting platforms, can deliver efficiencies that are necessary for sustainable scalability.

Security and continuity of service are other key considerations when thinking about the practice systems you're providing for other practitioners. Cloud-based systems offer great flexibility and security but remember, the cheapest isn't necessarily the best, so assess your options from the perspective of efficiency, security and accessibility as well as user experience.

Sound financial management is critical

Building a successful business is all about knowing how you generate, track and reconcile the money. It's important to have clear compliance and governance for all financial matters, particularly if your administration team is taking responsibility for doing this for other practitioners. Invoicing, cash handling, banking, remitting and reporting all need to be transparent. Your practice manager should take full responsibility for this, and the policies and procedures documented so that financial handling is scripted and easy to teach.

Payroll expertise is essential to remain compliant with legislation and avoid fraud. Unless you have the requisite skills, outsource this to experts.

Reassuringly, there is plenty of support to help. Successfully dealing with these considerations, and the many other complex aspects you'll need to address when building up your practice, makes fulfilling your dream even more satisfying. ●

> Bring on experts to help build your vision. A larger practice will require more management and more robust systems.

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Finance your future: acquiring your practice premises through an SMSF

Paul Freeman
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CEO, Avant Finance

The opportunity to invest in property through a self-managed superannuation fund (SMSF) is one that can offer considerable benefits. It should be of particular interest to doctors considering how to structure the financial aspect of purchasing premises for their practice.

This approach can allow a practice owner to access money currently tied up in an industry or retail superannuation fund to provide the initial capital needed. It also has the potential to deliver longer-term financial returns through leveraged borrowing.

Anyone considering this option needs to be fully informed of the legal and tax implications, and seek professional advice from experts who specialise in setting up and running SMSFs.

More than an investment opportunity

Beyond the financial benefits it's possible to achieve from investing in commercial property, there are significant business advantages to owning the premises you run your practice from.

Firstly, there's the security that comes from not being bound to a landlord who may decide not to renew your lease, be slow to make repairs, or keep putting the rent up. Owning your practice premises also means you can avoid the risk of completing an expensive fit-out and having to do it all over again if you are told to move. This also avoids the stress and disruption that moving premises causes for you, your staff and your patients.

If market rents increase, when you own the premises through an SMSF, you will need to reflect this in the rent the practice pays. However, this additional cost is effectively being invested back into your fund, rather than going to your landlord.

Critical to get the structure right

In recent years, regulators have tightened the rules and regulations around property investments through an SMSF. In particular, the ATO recently warned that a fund will fail the 'sole purpose test' if it provides someone with a pre-retirement benefit, such as personal use of a fund asset. This means that a practice property cannot be within the same premises that the beneficiary also lives in.

The relationship between the SMSF, the property and the beneficiary is quite technical. It involves the need to set up a bare trust and have a clear structure that determines which entity is responsible for the setup costs, loan payments, maintaining the asset, receipt of rental income and use of the premises.

All of this is heavily regulated, and the documentation needs to be absolutely accurate, as the consequences of getting it wrong are severe – with penalties potentially up to half the value of the asset. If it's not 100% right, it's 100% wrong.

A tighter lending landscape

This clamp down has resulted in fewer lenders being prepared to consider loans for property purchased through an SMSF. Despite this increased caution, commercial medical practices are generally seen as an attractive prospect for lenders still operating in this market. Which puts doctors considering this option in a strong position. ●

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Consequences of injudicious texting

Justine Matthews
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Associate, Professional Conduct, Avant Law

The use of text messages between healthcare practitioners and with patients is convenient and common, but doctors need to be aware that the content of these texts can be considered part of a patient's medical record. As this doctor found, this means carefully considering what you write before pressing send.

In this case a doctor was brought before the Australian Information Commissioner following a privacy complaint from a patient. It was alleged that the doctor breached the Privacy Act by inappropriately disclosing information about his patient in a series of text messages to a third party.

Weekend call for help

The doctor was a treating specialist of a patient with a chronic medical condition.

One weekend, a relative of the patient contacted the doctor asking for assistance. The patient had collapsed at the relative's home, and they believed urgent treatment was required.

The doctor arranged for the patient to be taken to hospital and throughout the day, liaised with the hospital specialists to ensure appropriate treatment was provided. It was agreed that hospital admission was required so that the patient could receive therapy and support.

After organising with hospital staff to provide transfer to another hospital, the doctor was able to use his connections to arrange for another specialist to admit the patient. Much of his communication to coordinate with the hospital, the patient and the patient's relative, was via text message. Doing this had taken up most of the doctor's Saturday.

However, after all the appropriate arrangements had been made, the patient decided she would be better off coming home and unexpectedly self-discharged from hospital.

When the doctor heard this, he sent a series of text messages to a colleague expressing his frustration. This colleague was not a health professional involved in the care of the patient, however she knew the patient's relative.

Medical record request

The following Monday, the doctor advised the patient's GP that he could no longer treat the patient. On hearing this, the patient lodged a complaint with Ahpra expressing dissatisfaction with the doctor's care and treatment. In this complaint, the patient sought a complete copy of her medical records from the doctor.

A range of documentation from the patient's medical records, including letters, correspondence, pathology, clinical notes and pictures, was provided. However, after receiving this, the patient, who knew the doctor frequently used text messages to communicate, made a further specific request for copies of all texts related to her care.

When copies of the texts were not forthcoming, the patient made a complaint to the Office of the Australian Information Commissioner alleging the doctor had failed to provide access to all personal information held. The patient made a formal request for all correspondence, text messages, notes and other information not provided to date.

The Commissioner wrote to the doctor, asking him to produce all the patient's personal information including all text messages relating to the patient.

Avant's advice

In this case, the text messages sent by the doctor were considered to fall within the definition of personal information as defined by the Privacy Act, and no exception relevant to the circumstances applied, so there was no basis to withhold the text messages.

The consent the patient had signed at the start of the therapeutic relationship was also considered. In this, the patient had authorised the specialist to share personal information with other treating specialists for the purposes of treatment.

While most of the text messages sent by the doctor were to other treatment providers and were covered under the consent, the text messages to his colleague who was not a health professional, did not fall within the scope of the patient's authorised consent.

Privacy breach established

The doctor accepted the texts to his colleague contained personal information about the patient and did not fall within the patient's authorised consent.

The fact that he had not mentioned the patient's name in those texts was deemed immaterial as, contextually, the recipient of the text message was able to identify the patient, who was known to the colleague through the patient's relative.

These text messages then became the basis of a claim for compensation during the regulatory process before the Australian Information Commissioner.

> "The Commissioner wrote to the doctor, asking him to produce all the patient's personal information including all text messages relating to the patient.

Consequences for the doctor

The doctor acknowledged his breach and, in a conciliation, offered payment of compensation and an apology.

Although the doctor was doing his best to support a patient in need over a weekend, his actions in sending frustrated text messages to a colleague had unfortunate consequences.

While legal expenses for assistance in this process are within the Avant practitioner indemnity policy, payment of compensation for privacy breaches is not. ●

Factsheet
Recommendations when using SMS messaging

Key lessons

The caution with respect to this matter is to be very careful when sending text messages.

- Texts discussing a patient fall within the concept of personal information.
- Text messages related to a patient's care usually form part of the medical records, and should be saved in their record.
- Depending on the terms of a patient's consent and the content of the texts, they may or may not fall within the authority granted by the patient.
- A person need not be named but only need to be reasonably identifiable to establish a breach of privacy.
- Even if the opinion or substance of the message is incorrect, it will still be considered personal information.
- Breaches of privacy can lead to regulatory action and/or claims, which can be time consuming and stressful.
- These processes can result in significant consequences, including the payment of compensation and financial penalties.

As such, we return to our regular advice when sending text messages: stop and think before you press send.

Personal information as defined by the Privacy Act

The *Privacy Act 1988* contains thirteen Australian Privacy Principles (APPs), with the relevant law extending to this situation under APP 12. This stipulates that an entity must provide access to an individual's personal information held by the entity upon request, unless an exception exists.

Personal information is defined under the Act to be:

Information or an opinion about an identified individual, or an individual who is reasonably identifiable:

- *whether the information or opinion is true or not; and*
- *whether the information or opinion is recorded in a material form or not.*

The term 'personal information' is technologically neutral to ensure sufficient flexibility to encompass changes in information handling over time. This is consistent with international standards and precedent.

The types of information considered to be personal information are unlimited and can vary widely. The definition is not limited to information about an individual's private or family life, and extends to any information or opinion that is about the individual, from which they are reasonably identifiable.

This also includes information based on opinion, even if it is incorrect. ●

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

Busting five life insurance myths

Ashley Beach
MBus DipFinServ(FP)
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Many people have negative feelings towards life insurance. It's worth knowing the facts, as some of the myths could be stopping you from getting cover you really need. Here, we dispel some common life insurance myths to help you make informed decisions about your cover.

Myth 1

I won't be covered if my health changes

Once the policy commences, what you are covered for under your life insurance won't change – even if your health declines.

In fact, you generally don't even need to tell your insurer about a change in your health unless you intend to make a claim.

Myth 2

The cover in my super is enough

Over 70% of Australian life insurance policies – more than 13.5 million separate policies – are held through superannuation funds. While this cover is great to have, many of these policies only provide the minimum level of cover employers are required to offer. In fact, Rice Warner estimates that the median level of cover in superannuation meets only 60% of needs for life cover (or just 38% for families with children), 13% for TPD cover and 17% for income protection.

Myth 3

I'm young and don't have kids or a mortgage, so I don't need it

Life insurance isn't just about providing for debts and dependants. It's also about looking after yourself. Think what would happen if you became ill or disabled and couldn't work. If you didn't have income protection, you'd have to find another way to pay your living expenses – possibly through friends or family. Having income protection means that you are more likely to be able to manage on your own.

There are benefits to applying for life insurance when you're young and healthy. It's generally cheaper and it means you don't have to worry about getting cover later if your health changes (see myth 1).

Myth 4

I'll be covered by workers' compensation

Workers' compensation provides some protection for work-related accidents or injuries. But it doesn't cover most illnesses, nor does it cover anything that happens to you when you're not at work. It's worth checking your state's workers' compensation legislation. Even if you are covered by workers' compensation, the benefits are typically capped in terms of the amount and duration of payments, which means the cover could fall well short of what you really need.

Myth 5

Only the main breadwinner needs life insurance

There's no doubt insuring the breadwinner is vital for any family's financial security. But if a non-working or lower income-earning partner became seriously ill or injured, their family may need a lot of assistance to replace their services within the home.

Imagine a breadwinner having to reduce their working hours to look after their partner or young children, or employ outside help. Either option could prove very expensive, which is why both members of a couple should consider the various life insurance cover options available – regardless of their role. ●

First home buyers' steps to success

Lindsay McGregor
LLB
Partner, Head of Property, Avant Law

Whether you're buying your first home or supporting a family member to get onto the property ladder, it's a major financial commitment that can be daunting, with lots to consider. This article provides a step-by-step guide to help smooth the journey.

1. Set your budget

Step one of the process is to assess your financial situation and determine the price range you can afford to be looking at. Loan repayment calculators are a useful tool for this. The common assumption is that first home buyers require a 20% deposit to obtain a loan without paying lenders mortgage insurance (LMI). However, this is not always the case, with lower deposit options available for doctors.

2. Get pre-approved for a mortgage

Before you start house hunting, get mortgage pre-approval to demonstrate to sellers and real estate agents that you're a serious buyer. The process involves making an application with a lender who will consider your income, savings, existing debts and future expenses before providing you an indication of how much you may be able to borrow.

3. Research neighbourhoods

Different neighbourhoods provide different lifestyles and features. Consider factors such as proximity to work, schools, cafés, transport and future development plans. Obtaining a property report on a place that's similar to what you're looking for will provide objective information on a property's estimated sale value and suburb growth trends.

4. Make a list of must-have features

You may not have the budget to buy your dream home yet, but you should still prepare a list of must-have features. Consider the essentials you need for your lifestyle, such as the number of bedrooms and bathrooms, the layout, yard size, home office and parking space. This may be your first step on the property ladder, so consider what will appeal to future purchasers, or whether the property has potential as an investment property.

5. Reach out to different real estate agents

It's great to have a knowledgeable real estate agent who can help you find suitable properties, as well as guide you through the homebuying process, negotiate offers, and handle the relevant paperwork. Reaching out to multiple real estate agents will help you understand the market and what you can expect to get for your budget.

6. Look at lots of properties

Make the time to visit lots of suitable properties, keeping in mind your list of must-have features. Talk through how they compare with someone you trust and work out which of your required features become more important and which less so. Once you've found a home that best suits your needs, hire a qualified home inspector to assess its condition. This will identify any underlying issues, repairs or red flags before finalising your purchase.

When purchasing an apartment, carefully review the by-laws, consider the strata fees and whether any special strata levies might be on the horizon, and make sure they align with both your lifestyle and budget.

7. Engage a solicitor for conveyancing

It is best to get legal advice well before you sign anything. Ask the agent for a copy of the marketing contract for your lawyer to review and ensure you are protected and that all appropriate searches and due diligence are carried out. Having a legal team that understands how stretched for time you are when juggling a medical career can relieve stress at this important stage.

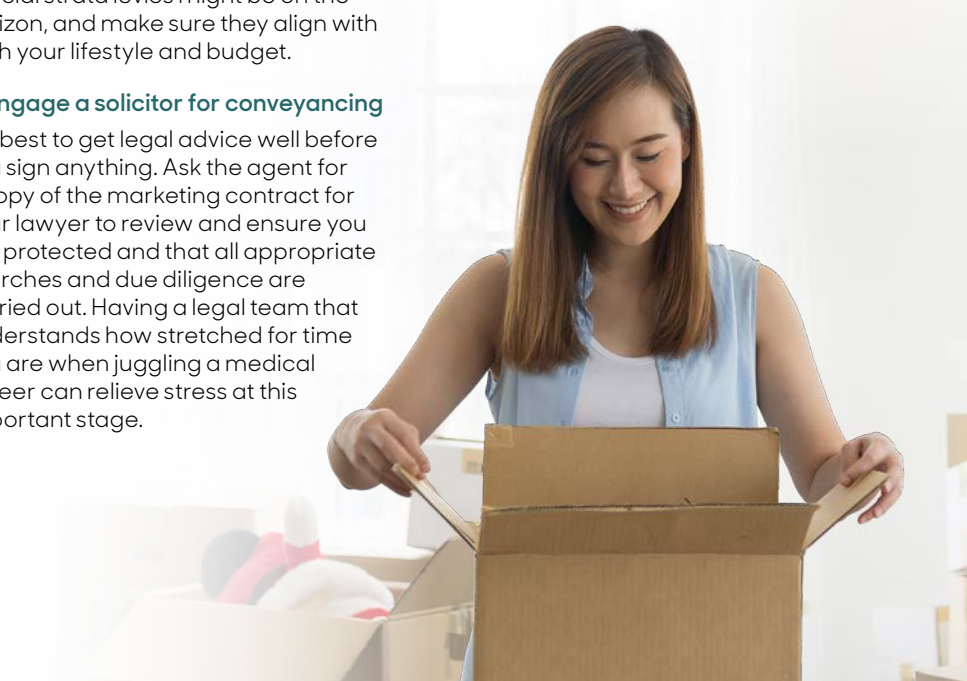
8. Understand your total costs

It's essential to take into account all the costs associated with the purchase. These can include stamp duty, agent and legal fees, conveyancing, building and pest inspections plus a variety of fees from your lender. There will also be ongoing costs of rates, utilities, strata fees and insurances, all of which should be factored into your budget.

9. Move into your new home

After you've purchased your first home, find a suitable removalist and book in a date, update your address on all relevant documents and inform service providers and other suppliers of your change of address. ●

Avant Finance
First home buyers' webinar



Trainee left to operate unsupervised while surgeon attended to private list

Tracy Pickett
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Trainee supervisors play an important and much-appreciated role ensuring doctors of the future receive not just direction on how to deliver high-quality medical care, but also guidance on the standards of professional behaviour expected of the medical profession. Supervision of trainees is a role that should not be taken lightly.

As a supervisor, even if you do not believe patient safety is at risk, your professional obligation to be honest, ethical and trustworthy means you should not ask others to engage in shortcuts or deceptions. And for trainees, if you're asked to perform a procedure or make a statement that makes you uncomfortable, it's important to speak up.

The surgeon in this case was sanctioned by regulators for both lack of trainee supervision and for making false and misleading statements.

Surgeon ignores request to reschedule concurrent lists

Dr C, a urologist responsible for supervising trainees, left a trainee urologist to operate unsupervised on his public hospital patients while he drove to another hospital to attend to his private list. Following a complaint, the regulator found Dr C had breached training regulations.

In the days before the date of the surgery, aware that he had scheduled concurrent surgical lists running at separate hospitals, Dr C asked the trainee to send an email saying he was happy to operate unsupervised. The trainee was uncomfortable with this and did not send the email, but instead spoke to the head of department and supervisor of training.

On hearing about the scheduling conflict, the supervisor of training asked Dr C to move his private list or cancel the public list. Dr C advised the public hospital that he had moved his private list and would be available, however his private list went ahead as scheduled.

Concerns about supervision already raised

The Urological Society of Australia and New Zealand had previously raised concerns about the quality of supervision of trainee urologists at the public hospital and had threatened to withdraw accreditation. Everyone in the department had been advised that supervisors had to be on site at the hospital and have no competing activities, so they were available if needed in the operating theatre. It was made clear that it was unacceptable to schedule operating lists concurrently.

The College of Surgeons' Urology Board recognise that remote supervision may be permitted in certain circumstances, as long as a consultant is readily available to assist if needed. However, for a trainee at the level in this case, the hospital considered remote supervision was unacceptable.

The regulatory committee concluded Dr C had failed to provide supervision. As this was significantly below the standard expected it constituted unsatisfactory professional conduct.

Medical records pre-completed prior to surgery

The regulator alleged that to enable him to conduct two lists concurrently, Dr C pre-signed blank count sheets and safety checklists for the public hospital surgeries. This was a breach of the jurisdiction's regulations and health policy, which require records to be made contemporaneously with medical treatment or as soon as practicable afterwards. When theatre nurses raised concerns with the hospital, they were advised to destroy the pre-signed sheets.

Breaching these safety check procedures had the potential to endanger patient safety and was significantly below the accepted standard, and as such constituted unsatisfactory professional conduct.

Reprimanded for lack of trainee supervision and lack of integrity

Dr C was reprimanded 'in the strongest possible terms' due to his failure to provide proper supervision to a trainee and breaches of medical records regulations that could have had serious implications for patient safety. He was considered to have demonstrated an inadequate understanding of requirements for supervision and a lack of motivation to comply with them.

He had also demonstrated dishonesty and lack of integrity inconsistent with ethical standards expected.

Conditions were imposed including:

- requirement to undertake an ethics course
- category C supervision
- prohibition on acting as a supervisor.

Trainee did the right thing

Even though he had performed surgery unsupervised, which he was not permitted to do at his level of training, the trainee was not criticised. It was recognised that, due to his concerns about the situation, he had not followed his supervisor's request to send an email saying he was happy to operate unsupervised, and had spoken to the head of department and supervisor of training about his concerns

In this case, all the surgeries performed by the trainee appear to have gone without incident. However, if there had been a complaint, his conduct may also have been investigated and criticised. ●

Key messages from the case

Doctors who supervise trainees must provide the required level of trainee supervision and support. Failure to do so could lead to the withdrawal of the teaching hospital's accreditation or professional consequences for the supervising doctor.

Trainees should also be aware of their responsibility to speak up if asked to perform a procedure for which they are not trained or make a statement they do not feel comfortable about.

Doctors are expected to demonstrate high standards of ethical behaviour and integrity. Departures from these standards such as dishonesty, alteration or falsification of records, or misleading regulators will all attract severe penalties – even if no patients are harmed.

Factsheet
How to navigate difficult discussions with your supervisor

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

Planning for your changing healthcare needs

Peter Aroney
BComm ACA
Chief Executive Officer, Doctors' Health Fund

As a doctor, you will have seen how your patients' healthcare needs change as they move through the stages of life.

Using life's milestones as a trigger to review your own health cover can help ensure it will meet your and your family's immediate and future healthcare needs. You don't want to find yourself unable to claim benefits for certain services because you haven't got the right cover, or that you are paying for cover you no longer need.

Growing your family

If you want to be seen as a private patient for pregnancy and childbirth, you will need to have the right cover well before you conceive, as there is typically a 12-month waiting period. It's also important to consider your cover for pregnancy-related conditions, such as reproductive services, as waiting periods will also apply.

Once the baby is born, there is a limited period for them to be added to your policy to automatically have the same cover as you, with no waiting periods. This is especially important if your baby needs neonatal care. At Doctors' Health Fund, you need to add your baby to your cover within 60 days of birth, however this can differ across health funds.

Raising children

During childhood years, the cost of visits to the dentist, optometrist and speech therapist can be considerable. Checking you can claim the optimum benefits for these extras can help with this. Benefit limits for orthodontics are usually different to other dental services as they accrue over time until you reach the lifetime limit.

Children turning 21

Once they turn 21, your child is no longer automatically considered a dependant under your health insurance. Whether they can remain covered on your family policy is based on their student, relationship and income status. Every health fund has their own requirements and rules, and will get in touch each year to confirm this information.

Active lifestyles

Our recent survey showed most doctors have positive attitudes to physical health, which is good to hear. However, this can impact how often you need certain extras services such as physiotherapy, remedial massage or exercise physiology, or even call an ambulance due to an injury. Checking that your limits and benefits for these services suit your lifestyle ensures you're covered should you need to claim.

As you grow older

As we age, our healthcare needs can become more complex. You're more likely to find yourself needing treatment for heart and vascular conditions, a joint replacement, or for conditions such as cataracts or a hearing device. Not all policies cover these services, so make sure you regularly review your cover in line with your potential needs.

If you find yourself admitted to hospital for private inpatient treatment, the different excess options provided by your health fund can reduce the amount you pay out of pocket.

Unsuitable cover has repercussions

When your health cover is not aligned to your healthcare needs, you can find yourself unable to claim benefits for services you need due to waiting periods. This can delay care, or increase the cost.

The good news is that waiting periods served with one health fund carry over to another health fund if you switch. However, if you have never had cover for a particular service and suddenly need related treatment or care, waiting periods will apply in most cases.

Your health cover should provide access to quality and timely healthcare when you and your family need it, so don't let it be out of sync with life's milestones and stages.

Please note this is general information and may not apply to your personal circumstances. ●

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