Avant
By doctors for doctors

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Connect

Supporting members and the healthcare system in challenging times

Dr Kym Jenkins AM
Psychiatrist
Avant member

Supporting doctors' mental health

Essential for a sustainable healthcare system

Fatigue at work: rights and responsibilities

We consider this important work health and safety issue

AI scribe usage will soon be commonplace

The opportunities and challenges

Tom was looking for support professionally and personally. He found it all in one place.

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Dr Tom Wang
General Practitioner

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Here for members and the healthcare system in challenging times

As a member-owned organisation, Avant's primary focus is to make sure we continue to evolve to meet the needs of our members.

One of the ways we keep abreast of the issues that matter most to doctors is by having members on our Board. Our member elected directors ensure Avant is well informed of developments within the healthcare system and the challenges doctors face, and that our purpose and strategy continue to align with the best interest of our members.

Members are also on staff, part of the executive team and serve on advisory groups to represent doctors' viewpoints across many specialty areas. This includes advising on matters where Avant steps up to advocate for the interests of the medical profession. Our new Chief Medical Officer, Professor Steve Robson, highlights the value of having a powerful doctor-owned organisation such as Avant involved in discussions on issues that are likely to impact the long-term sustainability of the healthcare system.

Concern over the sustainability of our healthcare system is something of a theme in this edition of *Connect*, covering several different issues that have the potential to upset the balance of a system we are all so rightly proud of.

One of these is the importance of supporting doctors who may be struggling with burnout and other mental health challenges. Psychiatrist Dr Kym Jenkins, an Avant member who serves on our National Advocacy Stakeholder Committee, has dedicated a significant part of her career to championing the benefits of providing doctors with strong support networks. After all, as she points out, the wellbeing of the medical workforce is essential to a well-functioning and viable health service.

Another aspect of how well the current system performs, is the effective partnership between Medicare and the private health insurers. CEO of Doctors' Health Fund, Peter Aroney explains why valuing and protecting this partnership will help ensure the long-term sustainability of our healthcare system.

Recent news reports of stressed doctors speaking out about their workloads have put overwork in the spotlight. An article from our workplace law experts provides some insights on doctors' rights and responsibilities around what is potentially a work health and safety issue.

It's nice to be able to also include some positive news when it comes to managing workloads. The growing number of members who are using AI clinical scribes tell us these new tools are really helping reduce admin overload and streamline the creation of structured clinical documents. Experts from our education and legal teams provide guidance on what to check when considering whether to adopt this technology, and a reminder of the potential risks to be aware of.

We're also pleased to introduce our own VoiceBox Scribe. This 'intelligent transcription' AI tool has been developed as an enhancement to the existing suite of products offered by Avant Practice Solutions to help reduce the burden of practice administration.

Providing members with current, reliable advice and education around developments in technology, legislation and practice management is an ongoing commitment. In two new cases – one relating to the unauthorised use of AI technology and the other involving financial fraud by a practice employee – members have allowed us to use their experience in order to help others avoid similar stressful situations.

To ensure the long-term sustainability of our own organisation, the Board continues to support a strategy of ongoing investment in products and services tailored to benefit doctors professionally and personally as they move through their career. In this edition of *Connect* we've included information on how our residential lending team is able to support members looking to secure their future through an investment property portfolio, and points to bear in mind when thinking about income protection insurance.

You should find plenty to consider and enjoy in this edition. I hope, like me, you find reading these articles is a good reminder of the benefits of belonging to a member-owned organisation – one that's focused on looking after your interests and investing to support you in so many ways.

Best regards,

Steve Hambleton

Dr Steven Hambleton AM
Chair, Avant Mutual

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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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Acknowledgement of Country

In the spirit of reconciliation, Avant acknowledges the Traditional Custodians of Country throughout Australia, and their connections to land, sea and community. As a national organisation, we pay our respects to Elders past and present, of the lands on which we gather and work, and extend that respect to all Aboriginal and Torres Strait Islander peoples.

Avant Mutual Group Limited
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Supporting doctors' mental health is essential for a sustainable healthcare system

Dr Kym Jenkins on the importance of peer support and breaking down stigma.

For Dr Kym Jenkins, the sustainability of our healthcare system relies on much more than services and facilities – it depends on supporting the clinicians who deliver care.

"The healthcare system isn't just processes and places, it's people," says Dr Jenkins. "It risks falling apart terribly if those who provide care are struggling."

With a longstanding interest in doctors' mental health and extensive experience in advocacy roles, Dr Jenkins has witnessed significant evolution in how the medical profession approaches wellbeing. She points to Hand-n-Hand, a nationwide peer support initiative she was involved in setting up with Dr Tahnee Bridson, as a prime example of shifting from reactive to preventative approaches.

"For too long we've relied on services like the Doctors' Health Advisory Services to pick up people who have already 'fallen off the cliff,'" Dr Jenkins explains, borrowing what she acknowledges is a well-used public health metaphor of placing the ambulance at the bottom of the cliff. "What we're trying to do with Hand-n-Hand is to provide support at the cliff top, before stressful issues become serious problems."

Set up as a response to the pandemic, when many incidental catch ups, such as shared coffee breaks or over a meal break in the cafeteria were disrupted, this peer support movement has expanded from a small community of Queensland-based volunteers to supporting healthcare workers across Australia and New Zealand. With participants and facilitators now coming from every area of the profession, Dr Jenkins observes, "the great thing has been seeing how it's been really positive for the people who are giving. As well as the people who are receiving."

While it's often difficult to measure the impact of these types of support programs, Dr Jenkins says there's been good qualitative research on the Hand-n-Hand program out of Adelaide University, "A significant number of participants reported peer support had helped them stay in the healthcare profession. And that without the chance to speak to colleagues, they might have just downed tools and left."

She goes on to emphasise that mental health struggles impact many more people than those who drop out of the workforce. "For some individuals, burnout results in them just going through the motions, turning up for their job each day without their heart in it. So they're no longer practising effectively."

The implications extend to recruitment and retention. As Dr Jenkins points out, "The next generation are inspired to join the medical profession by those already practising at the top of their game. If established health professionals are openly, or even inadvertently, expressing their disillusionment, students and early career doctors may question whether the commitment needed to succeed is worth it."

Another program Dr Jenkins has seen impact positively on participants is the Psychiatry Interest Forum (PIF) from the Royal Australian and New Zealand College of Psychiatrists (RANZCP). Developed to promote medical students' interest in joining the psychiatry profession PIF provides access to a range of benefits including events, workshops, networking, awards and other education opportunities.

The College has impressive statistics on the number of PIF members who go on to specialise in psychiatry. Plus, Dr Jenkins adds, "Even if people don't end up doing psychiatry, to have helped increase mental health literacy among our surgeons, obstetricians and physicians is not a bad outcome."

Stigma around mental health issues within the medical profession is undeniably still an issue. While the pandemic made it more acceptable for doctors to seek help for situational stress, Dr Jenkins is uncertain whether this has extended to serious mental health conditions. "I think our shared experience over that difficult time made it easier to admit you need help," she reflects, "but I don't know it's done much to open up the conversation for those with more severe mental illness."

Dr Kym Jenkins AM

A dedicated psychiatrist recognised for her outstanding contribution to doctors' and refugee mental health, Dr Kym Jenkins was appointed a Member of the Order of Australia in the 2025 Australia Day Honours List. Over a 40-year career, she has held numerous leadership positions including President of RANZCP and Chair of CPMC. A long-standing Avant member, Dr. Jenkins currently serves on Avant's National Advocacy Stakeholder Committee. As Chair of the Migrant and Refugee Health Partnership, and founding member and Board Chair of Hand-n-Hand Peer Support, she continues her advocacy work for vulnerable populations and healthcare professionals.

Nevertheless, progress is evident. Dr Jenkins proudly recalls the position statement put out by RANZCP during her tenure as President, which spoke about valuing psychiatrists' lived experience of mental health – a clear recognition that vulnerability and professionalism aren't mutually exclusive.

As Dr Jenkins sees it, supporting clinicians' wellbeing isn't just about the individuals – it's fundamental to maintaining a sustainable healthcare system where professionals can thrive and provide optimal care for generations to come. ●

Advocacy in action: making the most of Avant's strength and reputation

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

Stepping into the role of Chief Medical Officer at Avant Mutual, I've been struck by the sheer strength and breadth of this organisation. Having been an Avant member for over 20 years and serving as President of the Australian Medical Association, I thought I understood the power of collective advocacy. But seeing firsthand what Avant can achieve – representing over 90,000 doctors across every corner of the healthcare system – has been eye-opening.

Our healthcare system is already world leading. When the Commonwealth Fund released its annual health system ratings last year, Australia was ranked at number one out of 10 advanced economies In particular, we scored highest for health outcomes – a tribute to the skill and dedication of Australia's doctors and the teams they lead, and great news for every Australian.

As a specialist obstetrician and gynaecologist, and an economist, I understand firsthand no healthcare system is perfect. I also know the challenges members face: financial pressures in general practice, ongoing regulatory scrutiny and increasing demands across both public and private sectors.

But with these challenges come opportunities. Take AI and digital health. While disruptive, they also have the potential to transform the way medicine is practised.

What excites me most is what we can achieve together, not by glossing over the problems but by reframing them as opportunities to strengthen our healthcare system and ensure it remains the envy of the world.

One of our greatest opportunities lies in the private healthcare sector, where Avant's members work and which drives much of the country's healthcare productivity. Private medicine performs two-thirds of all planned surgeries in day facilities and hospitals, relieving significant pressure on the public sector. This is the key point – private and public are two parts of one interconnected system, not separate systems. While the current financial pressures on the private sector are very real, they also present an opportunity to rethink its role. The voices of our surgeons and procedural specialists must be at the centre of this important conversation.

We need to have meaningful debates about funding and combine them with efforts to create more innovation and better ways of caring for patients across the whole system, rather than simply expecting doctors to shoulder more responsibility and work longer hours. There's a huge opportunity to harness the energy of our trainees rather than overburdening them to plug gaps in the system. We can also learn from our colleagues in regional and remote areas who continue to do amazing and innovative work under unique circumstances.

In April, Avant brought together key stakeholders, including representatives from private hospitals and day surgeries to discuss potential solutions. An economic modelling project is now underway to demonstrate the value of private healthcare, not only for private providers, but for the benefit of the entire health system. This research will inform our advocacy efforts with the Federal Government in Canberra.

We advocate for you in many areas beyond dealing with patient complaints, often from the perspective of the viability of Australia's entire healthcare system. In recent years we have taken the lead on initiatives relating to Covid-19, Medicare compliance and AI. Throughout 2025, you'll hear more from me on everything from the safe integration of AI in patient care to simplifying medical regulation and strengthening the sustainability of private healthcare.

Avant's achievements on behalf of our members demonstrate the strength of a collective voice – through an organisation you own and shape. The fact that Avant is larger than the AMA, and has around the same number of members as the major medical colleges combined, gives us an unparalleled platform to advocate for doctors at every stage of their careers.

We don't just protect you. We aim to ensure your voices are heard at the highest level and to partner with you throughout your career. Like any partnership, your best interests are our priority – because your success is our success. ●

> **We aim to ensure your voices are heard at the highest level and to partner with you throughout your career.**

Could poor medical records harm your career?

Lissa Lao
BSc, AES member
Research and Insights Specialist, Avant

Creating and maintaining medical records is a fundamental part of being a doctor. While this responsibility can sometimes feel onerous, our latest claims insights highlight just how crucial medical records are – both for delivering good patient care and, if it comes to it, supporting the defence of any claim or complaint.

We analysed nearly 16,000 claims involving Avant doctor members across all specialties. The claims include complaints to regulators and compensation claims finalised between 1 July 2019 and 30 June 2024.

Our data shows that, regardless of the primary reason for the claim or complaint, the quality of medical records is key in determining the outcome.

Poor medical records can compromise the outcome of a claim

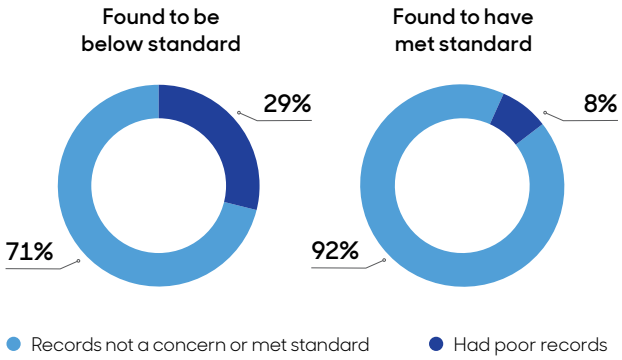
If you do find yourself the subject of a claim, our analysis found the quality of your medical records is likely to make a significant difference to the outcome.

Claims involving poor medical records were more likely to result in a finding that the doctor's care was below standard. In some cases, incomplete or missing records meant that claims could not be defended.

When tribunals and courts are asked to determine a claim, the absence of clear documentation can complicate the process, potentially leading to a greater reliance on other evidence and contextual factors. Medical records that are clear, contemporaneous, and accurate make it significantly easier for decision-makers to understand what occurred and why.

In our experience, poor records may also result in a case being dragged out over a longer period, rather than being resolved quickly. This adds to the anxiety and disruption of an already stressful situation.

Outcome of main claim issue



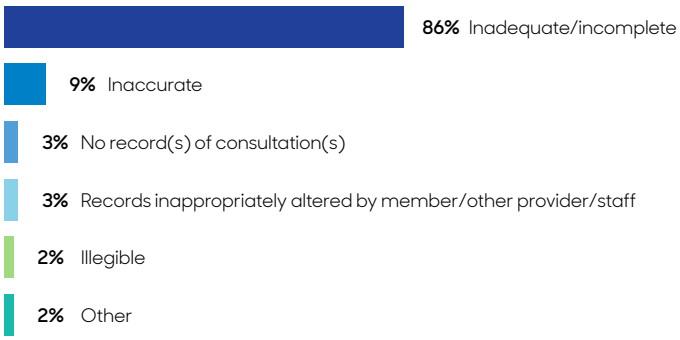
% of complaints/claims where the assessment of the expected standards on the main factor is known. Cases with 'poor records' are those where the quality of medical records were considered 'below standard'.

Medical record issues identified in 1 out of 5 claims

In 19% of all claims, medical records were noted as an issue.

The most common concern, found in 86% of cases where medical records were an issue, was that records were deemed inadequate or incomplete. To highlight the magnitude of the issue, the second most common problem was inaccurate records, which accounted for just 9% of cases.

Medical record issues in claims



Each claim may have more than one allegation about medical records.

Biggest areas of concern

When examining medication-related claims, particularly those associated with prescribing drugs of dependence, medical records were identified as a concern in more than a quarter of cases. This highlights the crucial role of proper documentation when prescribing and justifying the use of high-risk medications.

Similarly, in diagnosis-related claims, medical records were cited as a concern in just under a quarter of the claims. These concerns were primarily related to the initial diagnostic assessment stage. The most common concern is lack of medical records relating to patient examination and referral for diagnostic testing.

This analysis reinforces a simple but powerful message: good medical records are important. Not only for good patient care, but for good defence if you find yourself the subject of a complaint.

Medical records: what you need to know

Avant routinely codes information collected in the course of assisting member doctors in medico-legal matters into a standardised, deidentified dataset. This retrospective analysis was conducted using this dataset. The findings represent the experience of these doctors in the period of time specified, which may not reflect the experience of all doctors in Australia.

ChatGPT for clinical notes: why not?

Tracy Pickett
BA, LLB
Legal and Policy Adviser, Avant

The integration of artificial intelligence (AI) in healthcare presents exciting opportunities, but also a range of challenges for clinicians, practices and hospitals. In particular, AI scribes are gaining popularity with doctors as they automate clinical documentation, reduce cognitive load and save valuable time.

However, after speaking with our members and hearing stories from the wider community it's become apparent that some doctors are using, or considering using, free general-purpose AI tools such as ChatGPT, Copilot and Claude to generate clinical documentation. We explain why this is not a good idea.

Understanding general-purpose AI tools

General-purpose AI tools are built on large language models (LLM) which are fed a huge volume of data and 'learn' from this to interpret, summarise, generate and predict new content.

LLMs can very efficiently generate content that is grammatically and semantically correct within the context of the prompt and the information the tool has been trained on.

Why general-purpose AI tools are unsuitable as clinical scribes

In our medico-legal webinar on AI technology, we addressed the question: *'Why can't I use one of the freely available generative AI chatbots as a scribing tool if I don't enter patient information?'* The discussion focused on the various risks associated with using a tool that has not been specifically developed for clinical purposes.

Terms of service concerns:

- By using the free generative AI tools, you agree to their Terms of Use and may have limited, if any, ability to control what will happen to the information you share with it.
- LLMs typically retain information permanently so stored data may be used to train future systems.

Privacy and data control risks:

- Servers processing the information entered into these tools are typically located overseas, beyond Australian Privacy legislation protections.
- According to this legislation, if identifiable information travels overseas, it's up to the user to ensure the recipient doesn't breach Australian Privacy Principles – an impossible task.
- Users are not protected against secondary use of any information they have entered.

Clinical accuracy issues:

- These tools don't 'understand' the data they receive, but rely on algorithms and probability to predict what output to generate.
- General-purpose AI technology wasn't trained to produce clinical output.
- Risks of inaccuracies are therefore higher than when using purpose-built clinical AI tools.

What if I remove identifying details?

Even with a patient's identifiers such as name, date of birth and address removed, information about the consultation, including clinic address and the appointment time, may still enable these increasingly sophisticated tools to identify the patient.

If a patient can be reidentified by any means, all the usual privacy obligations apply to both the input and output data. In case of a cybersecurity incident that results in a data breach, you may bear some responsibility.

Selecting an appropriate AI scribe

When considering an AI scribe for clinical practice, first verify that it was specifically designed for clinical purposes. For purpose-built clinical tools, ask:

- Is any data collected or retained by the AI provider?
- If data is collected or retained, how long is it kept?
- Is data stored on overseas servers?
- Does the tool exist on an open loop system (i.e. the data goes outside of your IT environment)?
- Is the AI tool 'learning' from the data and patient information being fed into it?
- Is the data identifiable?
- Is the data used for secondary purposes, including training the AI?

If the answer to any of these is 'yes', there may be a risk of breaching privacy legislation, and you should consider this risk carefully before you decide to use the tool.

Be aware AI scribes currently fall outside the Therapeutic Goods Administration's medical device regulatory framework. Thorough due diligence is essential before incorporating any AI scribe into your clinical practice.

"Never input any patient information into a general-purpose AI tool, regardless of whether you consider it de-identified. Always assume data is never truly de-identified.

Registrar nearly loses trainee position over use of AI

Dr Andrew Baird
MA, MBChB, DRANZCOG, DA FRACGP, FACRRM
Claims Manager and Medical Adviser

Just weeks out from sitting fellowship exams, a GP registrar was facing termination of their trainee position after it was discovered they had used ChatGPT to produce medical documentation. The Avant member contacted our Medico-legal Advisory Service seeking support to resolve the issue with their employer, a large corporate practice.

The problem had come to the employer's attention when the registrar realised they had uploaded a patient referral letter into another patient's medical record. Wanting to be sure to follow the correct procedure correcting this error, the registrar sought help from the practice manager.

AI solution to a heavy workload

In an attempt to manage the overwhelming demands of GP training, fellowship exam preparation and a young family, the registrar had decided to try out some of the new AI technology they had heard so many great things about.

Aware that a few of the GPs working for the same practice were already using an AI medical scribe, the registrar started using this tool for their consultation notes, but without checking that the practice approved the use of AI tools. Then, as they weren't confident their patient referral letters were suitably professional, the registrar used ChatGPT to finesse the letters.

It had simply not occurred to them that, since the draft letters included personal information about a patient, as well as the specialist's contact details, there were significant privacy issues entering these details into a publicly available general-purpose AI tool.

An investigation by the practice initially concluded that the registrar had breached privacy and confidentiality obligations by uploading identifiable patient details into uncontrolled environments.

Practice's policy on AI wasn't clear

Although the management team was considering a trial of the new technology, their current policy was that the use of any AI tools, even those that are specifically designed as medical scribes to generate clinical documentation, was prohibited. This had been noted in the minutes of the meeting when the proposed trial was discussed, and the practice took the view that all staff should have known AI tools were not permitted as these minutes had recently been circulated.

As part of Avant's enquiries into the approved processes around documentation, the practice acknowledged their current policy on the use of AI generative tools had not been communicated directly to the registrar, or to other doctors working within the practice.

Subsequent to this incident, the practice completed their trial and decided that doctors would be permitted to use specific medical scribe tools. This policy is now made clear to all doctors when they join the practice.

Fixing incorrect records

Thankfully the registrar had spoken up as soon as they realised their error in entering information about one patient into another patient's record. This prompt and open approach helped us resolve the dispute with the practice, who accepted a statement of mitigating circumstances.

We were also able to advise the practice on the right way to handle correcting medical records in the situation when Patient A's information has been incorrectly entered in Patient B's record:

- Copy the incorrectly entered information from B's record into A's record. Add a note in A's record that this information was incorrectly entered in another patient's record. Omit B's details.
- Do not delete any data from B's record. Instead, annotate this information with 'Confidential - entered in error', and flag so that it will be excluded from referral letters, reports and exports.
- Complete an internal incident report that is kept in the practice's adverse event log. Include the date the information was entered, the date the error was identified and by whom, patients' names (or record numbers) and actions taken. Do not copy this into A's record or B's record.
- Notify Patient A that some of their health information was incorrectly entered in another patient's record. Explain the nature of the health information. Explain the steps taken to rectify the error. ●

Key requirements for medical records

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

AI scribes: rapid uptake in 6 months

Georgie Haysom
BSc, LLB (Hons), LLM (Bioethics), GAICD, GCPsyBM
General Manager, Advocacy, Education and Research, Avant

Use of AI scribes for clinical documentation looks likely to become commonplace. According to our research, use by members went from 11% in August 2024 to 19% in February 2025.

Overall feedback from early adopters has been positive. Most tell us that while they take a little getting used to, AI scribes are a valuable tool for managing clinical documentation workloads.

If you're unsure about embracing this new technology, we have developed a collection of articles and resources to provide guidance and assistance in this rapidly evolving space (avant.org.au/artificial-intelligence-what-you-need-to-know).

What is an AI scribe?

An AI scribe is like an admin assistant. The tool 'listens' to consultations and then, using generative AI technology, drafts structured clinical notes, patient information sheets and referral and correspondence letters, as required.

The AI scribes are more sophisticated than a dictation tool, which generally just stores recordings on a device such as a mobile phone, and uses voice-to-text technology to generate a transcript from the audio.

The upsides

Many of our members using an AI scribe have found it streamlines and speeds up the consultation and note-taking process. They say it also picks up additional details they had forgotten. By reducing the administrative and cognitive load, members feel they can produce more comprehensive patient records and reclaim time in their day.

Members also say using an AI scribe allows them to be more present during the consultation and connect better with the patient, because they are not typing notes.

Concerns from users

As with a human assistant, AI scribes can make mistakes, so you need to check their work. They can mishear and make errors, such as names of people, places and medications. Some members also indicated that scribes could mix up left and right.

Correctly capturing physical examinations can also be difficult for AI scribes. They 'listen' but do not 'see', which means important non-verbal cues may be missed. Clinicians may need to adapt their consultation style to verbalise their observations (for example, confirming the side of the body the patient has pain), or add important context to the note once the patient has left the room.

It's important to be mindful of these shortcomings. Make sure you check and correct the output generated by an AI scribe before accepting, finalising and incorporating the content into the patient's record. Remember, the output is a draft, and you are always responsible for reviewing the accuracy of notes entered into the patient's record.

Obtaining patient consent

It's crucial to obtain informed patient consent before using an AI scribe. This should involve sharing information about the scribe with patients, initially at the front desk, then taking the time to explain to the patient how the tool works when you first introduce it. Once the patient has consented to the use of an AI scribe the first time, a quick check that they are still comfortable will suffice for subsequent consultations.

> **You are always responsible for reviewing the accuracy of notes entered into the patient's record.**

Advocating for minimum standards

AI scribes currently fall outside the Therapeutic Goods Administration's medical device regulatory regime, so are not subject to any regulatory oversight.

That's why we are advocating to government for mandatory minimum standards for all AI tools used in healthcare, including AI scribes.

These standards should address:

- privacy and security
- transparency and explainability regarding how the tool works and how it has been trained
- record keeping, access to meta data and access to historical information for a suitable time frame
- service agreements, including the appropriate use of disclaimers and indemnity clause
- safeguards to reduce the risk of patient harm, including monitoring and error and adverse event reporting
- insurance and indemnity cover.

Avant's own scribe

Many members have asked us whether we can recommend an AI scribe to use in clinical practice.

Avant's VoiceBox Scribe has been developed with input from our medico-legal experts as a secure solution for doctors who are looking for a tool to help reduce their admin overload and create structured clinical documents.

Find out about VoiceBox Scribe

When a patient takes their life

Dr Ushma Narsai
MBBCh, FRACGP
Senior Medical Adviser and Claims Manager, Avant

The harsh reality of a career in medicine is that many doctors will find themselves having to deal with a patient suicide. The impact and consequences can be far reaching for those left behind, including the doctor. It's essential to look after yourself and seek help, including from Avant, particularly if there is a police investigation and coroner's inquiry.

A recent US study found just over half of healthcare professionals have experienced a patient taking their life. While suicide rates are slightly lower in Australia, the reality is that patient suicide is something many doctors will experience.

Look after yourself first

Any patient death can be distressing, but the death of a patient through suicide is often devastating, particularly where doctors have treated a patient over many years.

Doctors understand suicide is complex, and that the impact on those left behind can be long lasting. For the treating doctor, it's not uncommon to experience a range of reactions:

- intrusive thoughts about the patient or event
- second-guessing of clinical decisions
- heightened anxiety about other vulnerable patients
- sleep disturbances or concentration difficulties
- questioning your effectiveness as a clinician.

While grief is a normal process and a healthy part of healing, it can become disabling if not managed.

Think of the advice you give to your patients when they face the death of someone close. You no doubt tell them to surround themselves with nurturing people, take time off from work if needed, eat and sleep well and maintain activities that can help with overall wellbeing.

Supporting the family

After a death of a relative, family members may contact the relative's doctor to understand what happened. You could find yourself having to deal with a range of emotional responses, including anger or blame. Remember this isn't usually a reflection of the care they believe you provided. Offer to connect the family with bereavement support services, if you think that would be helpful.

When providing information to the family or others, remember your duty to maintain patient confidentiality, even in death. This needs to be balanced with the Ahpra Code of Conduct, which says good medical practice involves "being willing to explain, to the best of your knowledge, the circumstances of the death to appropriate members of the patient's family and carers, unless you know the patient would have objected."

We recommend you contact us for advice if you're not sure what information is acceptable to share. ●

> **Think of the advice you give to your patients when they face the death of someone close.**

Dealing with the police or coroner

Following a patient suicide, the death will need to be reported to the coroner as it's an unexpected death.

You may also find you have to deal with police investigations and coroner's inquiries. This may include providing a detailed statement about your care of the patient, submitting clinical notes and records, or even testifying at a coronial inquest.

While necessary, these can take months or years to be finalised, and add another layer of stress.

Unless you're familiar with these official proceedings, make sure you contact us for assistance. Providing support to members is why we're here. You can call us as often as you need our expertise, as our Medico-legal Advisory Service is part of your membership.

Seeking support

As well as talking to family and peers, you might want to consider seeking professional counselling.

Avant's Personal Support Program provides free access to six confidential external counselling sessions for members.

Support is also available through your own GP or Drs4Drs. This network of doctors' health advisory and referral services has been established by the medical profession for the medical profession and provides access to independent, free, safe, supportive and confidential services across Australia.

Key support services available through Avant

Securing your financial future: 5 key considerations for property investors

Jesse Canon
DipFMB
Head of Residential Lending, Avant Finance

Doctors are often in a position where their significant earning potential provides an opportunity to set themselves up for a financially secure future.

Our recent webinar for doctors considering setting up a property portfolio, highlighted key questions participants wanted answers to.

1. How do I start building a property portfolio?

A solid strategy and thorough planning are key to your success. This should be informed by considering the fundamental aspects of what you want to achieve. These include: your overall financial objective, your time frame to reach this position, available funds or assets you can borrow against, and the level of risk you feel comfortable with.

Before starting an investment portfolio, it's wise to speak with a finance specialist who can help assess your situation and establish your financial goals. Someone who understands medical professionals' unique circumstances will have the expertise to help you structure your finances optimally and present your case to lenders effectively.

2. How do I choose where to invest?

The secret to finding the right property in the right market and paying the right price is to do your research. Put aside whether you might personally like to live in an area, or specific property, and focus on the data.

Take into account infrastructure that makes an area attractive to renters, such as proximity to shops and cafes, public transport, local schools, healthcare and other services. Future development plans for the area are also a useful indicator of whether somewhere is likely to become more desirable to live in over the longer term.

Once you have a specific property in mind, Avant offers members access to digital property reports# produced by CoreLogic. These reports provide market information including estimated sale value, indicative rental yield and suburb growth trends.

If this all sounds like a lot of work that you don't have time for, consider engaging a buyer's agent who can do it for you.

3. Are multiple cheaper properties better than one bigger house?

Diversification principles apply to property portfolios just as they do to other investment portfolios such as shares. Investing in several properties in different markets can help spread your risk of a downturn in different regions.

The other consideration for geographic diversification is land tax. Each state has a different threshold for when land tax starts being applied. By owning properties in different states, you are less likely to hit the tax threshold for that individual state, and so may pay less land tax across your whole portfolio.

Additionally, having several smaller investment properties gives you the option of being able to sell just one if you need to release cash. Don't forget to consider capital gains tax implications of selling an investment property.

4. Do I need a lawyer in each state I'm investing in?

While different states have different property laws and conveyancing rules, you're likely to find it easier if you can deal with one legal representative who has access to property law experts in the other states or territories.

This centralised approach provides continuity and efficiency, a particularly important consideration when you are managing the demands of a busy medical career.

Avant Law has property experts in each state, and the ACT, so you only need to deal with one lawyer regardless of where you invest in Australia.

5. How can I finance my property portfolio efficiently?

Doctors are generally considered favourably by lenders, meaning if you are interested in property investment, you may find accessing funds is relatively easy.

Firstly, you may be eligible to borrow up to 95% for a residential property, without having to pay the lenders mortgage insurance (LMI) that loans of over 80% usually incur.* And, if you already own a home in which you've built up substantial equity, you may even be able to negotiate a 'bucket' of finance to draw on if purchasing several properties over a short period of time.

The loan calculator^ on the property finance page of our website is an easy way to see what repayments you need to be able to service, and how long it will take you to pay off your loan. ●

Find out more about Avant property finance

Are you secure enough to self-insure?

Alison Fischer
CFP®, ADFP, BCom
Insurance Financial Adviser, Avant Life

Training for and building a successful career as a medical professional takes a significant investment, in both time and money. Part of the reward is being able to practise in a vocation that helps people in a meaningful way. But additionally, the lifestyle you can now afford through your established earning capacity is something you've worked hard to achieve.

The reality for most doctors is that this lifestyle depends on being able to continue working. Unless you're already financially secure enough to maintain your lifestyle without this income, you need backup.

Your potential earnings over your working life are usually going to be greater than the assets you hold in property or superannuation. These earnings should therefore be seen as a major asset. You wouldn't consider not insuring your house, but what about protecting your salary? If you're unable to work, it could quickly impact your lifestyle.

Covering your monthly bills

Income protection insurance provides you with regular income to replace your salary in the case of serious illness or injury.

There are many different options and providers of income protection cover, and there can be significant differences between what is covered under different policies, and how they pay out.

Reassess as your situation changes

Your living expenses are likely to change significantly over time, making it essential to review your cover regularly to be sure it would support your current commitments.

Also, income protection won't replace your total salary, so you may want to consider other cover that can provide additional security against the worst happening. Other types of personal insurance pay out lump sum amounts for certain events such as critical illness, total and permanent disability and death. These funds can be used for any major expenses you may need to consider after one of these events, for example, making your home accessible in the case of disability. As well as contributing to your living costs.

Also, you may be able to claim a tax deduction for your premiums. This is something to confirm with your accountant.

If you need help navigating what types of cover are appropriate for you, Avant Life's financial advisers specialise in personal risk and understand the particular needs of someone in a medical professional career. ●

Important considerations

Occupation definitions

Would the cover pay out if you were unable to work in your current occupation, or only if you were unable to work in any occupation?

As someone who's invested years in training and building experience, being unable to continue working in your chosen specialty due to illness or injury would be particularly devastating. Your eligibility to receive benefits may allow you the time you need to focus on getting back to practising medicine. But with some policies, you could be ineligible to claim if you are deemed able to work in a different occupation, even if the pay is considerably lower.

Waiting periods

How long are you able to manage before you need payments to commence? Your ability to access savings, or sick leave entitlements from your employer can all be considerations.

Benefit periods

Over what period would the benefit pay out? Current income protection cover can pay for a maximum of 2 years up to age 65.

Legal matters

While you're organising to protect yourself financially, it's a good time to check your personal legal affairs are in order. Having an up-to-date will, power of attorney and advance care directive will help your family if something were to happen to you that resulted in a loss of capacity.

Our Avant Law estate planning experts can help with this.

Find out more about Avant Life Insurance

Managing fatigue at work: your medico-legal rights and responsibilities

Daniel Krips
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Special Counsel, Workplace Law, Avant

Overwork and fatigue are familiar to many doctors, particularly those working in public health or early in their career. What are your medico-legal rights and responsibilities around this work health and safety issue?

While much is made about the importance of managing your own wellbeing to avoid burn out, working when fatigued can cause impaired decision making, which risks the safety and health of your patients.

Recent news reports of doctors speaking out about their workloads have put overwork in the spotlight. Junior doctors were labelled 'a workforce of clinical marshmallows' by a NSW hospital medical administrator, when one junior doctor reportedly questioned a rostering decision. In January this year, around 200 NSW public health psychiatrists threatened to resign over unsustainable caseloads and staff shortages. At the time of writing, the dispute had advanced to arbitration between doctors' union, the Australian Salaried Medical Officers' Federation, and the state government at the NSW Industrial Relations Commission.

Both these news stories have highlighted the risks for doctors working long hours in an under-resourced, under-staffed healthcare system.

Working long hours impacts your wellbeing

It's well known that long hours and night shifts can disrupt your sleep-wake cycle and contribute to impaired cognitive and motor function. This can lead to increased human error in clinical settings, such as medication errors, surgical complications or needle stick injuries, which carry obvious risks for you and your patients. Long term, sleep deprivation has been shown to lead to depression, anxiety, diabetes and heart disease.

How many hours is too many?

While there is no regulation or law that specifies a particular number of hours or days considered safe for a doctor to work, the AMA's 2016 National Code of Practice - Hours of Work, Shiftwork and Rostering for Hospital Doctors suggests working up to 14 consecutive hours in any one period carries significant risk.

Medico-legal consequences of practising while fatigued

With increased risks of adverse events from fatigue comes increased risk of medico-legal issues. Where harm occurs to a patient as a result of fatigue, you may be subject to complaints and disciplinary proceedings.

Avant is aware of a case where conditions were imposed on a junior doctor's registration for deficient treatment of a paediatric patient who died. At the time of treatment, the doctor was in the 20th hour of a 24-hour shift.

Avant resource:
Managing fatigue

> An employer that knowingly allows an employee to work excessive hours is likely to be in breach of WHS legislation.

Your rights and responsibilities under the legislation

Work Health and Safety (WHS) legislation requires employers to minimise risk to employees and the public as far as possible by having safe work practices and managing fatigue. And Safe Work Australia is developing a model Code of Practice for employers and organisations on managing fatigue risks at work.

An employer that knowingly allows an employee to work excessive hours is likely to be in breach of WHS legislation. And an employee who works while fatigued, without taking steps to highlight their condition with their manager or reduce the risk to others, may also be in breach. Such breaches can result in penalties including fines.

When it comes to doctor's workplaces, the AMA's code states that employees have a duty to assist their employer in meeting the requirements of WHS legislation, and take reasonable care not to put themselves, or others, at risk. The code includes a Risk Assessment Checklist for doctors and employers to gauge the overwork risks. So, the onus is on you to recognise the signs of fatigue and report where you are concerned it could be impacting your patient care.

To understand your own rights and responsibilities, review the award or enterprise agreement that applies to your employment. It should have clauses about working hours and fatigue management, and a hospital employer typically has a right to roster you in accordance with this. However, WHS legislation says you can refuse to work if there is a serious risk to the health and safety of yourself or another person (such as a patient), as a result of your fatigue.

If long hours and fatigue are impacting your ability to work safely, Avant's employment law experts can help you raise the issue with your employer. Avant members can also access health and wellbeing resources and support. ●

Meet your medico-legal obligations

- Check the terms of your employment contract. It should include a clause about hours of work, and the hospital's expectations about you working overtime and participating in an on-call roster.
- Your contract will likely include an express or implied term that you must comply with the lawful and reasonable directions of your employer. A direction to work additional hours will generally be reasonable and lawful, but a direction to work while fatigued is not lawful as it breaches WHS legislation.
- If you're concerned about long work hours causing fatigue and your ability to safely treat patients, speak to your supervisor first. If they can't assist, raise your concerns within the hospital to an appropriate person, such as the Director of Training or the Director of the Department.
- Contact Avant's Medico-legal Advisory Service on 1800 128 268 for support and advice should your work hours become an issue.

Look after your own wellbeing

- Limit your caffeine intake and stay hydrated at work.
- If possible, take 10-minute power naps during a long shift.
- Try swapping shifts with colleagues, if needed.
- Aim for adequate work-life balance, including time for social connections.
- Maintain a healthy lifestyle, with nutritious food, limited alcohol and regular exercise.
- Disconnect from technology before bedtime.
- Where possible, obey your 'body clock': sleep when tired and get up at the same time each day.
- Take sick leave if you're so fatigued you're unable to work safely.
- Visit your GP. Fatigue can have a clinical cause in addition to long working hours.

Navigating the challenges of locum work when safety concerns arise

Sonya Black
LLB (Hons), BCom
Legal Team Manager – Workplace Law, Avant Law

It's Saturday morning. You have just arrived at a regional hospital for the first day of a five-day locum. The resident has called in sick, and you are now responsible for all ward patients on your own. The nursing staff are not experienced, the first patient you see needs their treatment plan changed, and you have already been verbally abused by a patient. You have serious concerns about patient safety at the hospital and do not feel safe yourself.

Locum work can be challenging. At each placement you need to quickly adjust to different systems and processes – often without the support of experienced staff, adequate equipment or a proper handover.

Recently, a doctor who left a locum placement in a rural hospital without ensuring adequate medical cover and patient care or informing the Executive Director of Medical Services (EDMS), had a caution and conditions imposed on their registration by the Medical Board.

On appeal, the court did not accept that there was a reasonable basis for the doctor to have formed the view that either she or her patients were at risk if she were to stay at the hospital, and found that the way the doctor left the hospital was unsatisfactory professional conduct.

Tips for managing a locum placement

- Ensure that the work you are expected to perform is within your scope of practice.
- While you are organising a locum placement, request the support of a junior doctor to assist with systems and processes for that hospital.
- When you arrive at the hospital, seek appropriate handover from the treatment team or, if possible, the locum doctor you are replacing. If you do not feel the handover has been adequate, you should review each patient and make your own assessment.
- Remember, you are responsible for the medical care of the patients and should form your own view as to their status, rather than relying on what others may tell you.
- If you believe a particular patient's care has been mismanaged, don't assume this is the case for all patients.
- It may be possible for any safety concerns you have to be resolved. Discuss these with the EDMS (or another appropriate executive) to see if you can reach a resolution.
- Ensure your own physical and psychological safety.

Departing responsibly: *Protecting patients and your registration*

If you have genuine concerns about patient safety, or your own safety, you may decide you have no choice but to leave the hospital before completing the contracted locum period.

You should not make this decision without careful consideration of the impact this may have on the patients under your care, your colleagues and other hospital staff. Avant's Employment Law experts propose following these steps to minimise the potential repercussions of your departure:

1. If your concerns cannot be resolved after being raised with the EDMS (or another appropriate executive), let them know you will be leaving the hospital. Don't rely on someone else to do this.
2. As well as telling the hospital executive, let other doctors rostered on at the hospital know you are leaving.
3. Before leaving, take all reasonable steps to ensure there are enough medical officers to cover the wards and other departments you are responsible for – or that appropriate remote arrangements are in place. You should provide a handover, preferably in writing, on all the patients you have seen.
4. Ensure there are appropriate arrangements for the ongoing management of patients. Even if the current patients don't need your care, consider the possibility that new patients may be admitted during the scheduled period of your locum contract.
5. Consider any notice period you may be required to provide under the terms of your placement agreement.
6. Consider whether the terms of the locum agreement (such as a return flight to your point of origin) will be provided if you leave the placement early.
7. Report any concerns about patient safety to the hospital executive in writing. If you do not have enough time to report your concerns in writing before you leave, you should do so verbally and confirm your concerns in writing as soon as possible.
8. Let your locum agency know about the issues you have experienced.
9. Consider contacting Avant for specific guidance if you are experiencing difficulties in a locum placement given the potential employment and medico-legal ramifications.

Safeguarding your practice: how to detect and prevent financial fraud

Gail Wang
Risk Adviser, Risk Advisory Services

Running a busy medical practice usually means entrusting your staff with financial transactions – but what happens if that trust is misplaced? Financial fraud can pose significant risks to your practice, including reputational damage as well as lost revenue.

A growing concern

We're seeing an increasing number of financial fraud cases involving practice staff, some of them quite sophisticated. The following provides a summary of some of the financial fraud cases we have come across recently.

Reversing payments and pocketing the surplus

A receptionist reverses a patient's payment after they leave, then bulk bills the same patient. Because they also reconcile the EFTPOS at the end of the day, they can take any surplus cash.

Manipulating MBS item numbers

A staff member alters MBS item numbers without the doctor's knowledge or consent. The doctor receives the expected payment, while the staff member keeps the difference.

Skimming gap payments

A receptionist bulk bills the patient but still charges them a gap. The gap often has no digital trail, so the receptionist is able to keep the gap payment.

Charging separately for extras

A receptionist asks the patient to make a separate payment for 'extras', such as $15 for a script or $25 for a dressing. These small additional costs are directed to the receptionist's own bank account.

Misuse of credit card

A practice manager uses the company credit card, which has no set expenditure limit, for personal purchases. This goes unnoticed until the quarterly accounts are reviewed.

Payroll fraud

The person responsible for payroll adds unauthorised overtime or 'forgets' to deduct leave from their balance. In some cases, employees have given themselves a pay rise.

Without proper auditing and reconciliation, these types of fraud can remain undetected for months.

Owner of the provider number is responsible

Beyond financial losses, fraudulent activity – especially Medicare-related fraud – can have serious legal and professional consequences. It's important to realise that in cases of Medicare fraud, the owner of the provider number is ultimately responsible, even if the fraudulent activity was carried out by a staff member.

How to protect your practice

Implementing preventative measures is crucial to safeguarding your practice.

One preventative measure is to outsource bookkeeping and payroll to an experienced and BAS-accredited medical bookkeeping and payroll service. Doing this ensures you maintain compliance with financial reporting obligations as well as creating a separation of duties that limits the opportunity for fraud.

There are also some key steps you can take to tighten up your internal processes:

1.

Two-person check for refunds and reversals

One of the most effective ways to prevent fraud is to require two staff members to approve any refund or reversal transaction. Ensuring no single individual has complete control significantly reduces the risk of unauthorised activity. It also promotes accountability and transparency within the practice.

2.

Restrict post-consultation item number changes

To prevent billing code manipulation, restrict changes to item numbers made after the day of consultation. And require the doctor who saw the patient to approve any necessary changes. Consistent billing records that accurately reflect the services provided are essential for compliance and financial integrity.

3.

Reconciling practice bank accounts and internal reporting

Reconciling bank and credit card statements with accounting software is a fundamental safeguard. Conduct weekly, monthly, and quarterly reconciliations to identify any discrepancies between the practice's financial records, bank statements and internal reports.

4.

Monitor changes in Medicare billings

Generate regular reports that are reviewed by a designated staff member or external auditor to pick up changes in Medicare billing patterns. Detecting unusual or suspicious activity allows you to investigate potential fraud before it escalates.

5.

Implement strong internal controls

Access controls: Limit access to financial systems to authorised personnel only, ideally practice owners and the practice manager. Medical software systems should restrict access to accounting functions, such as changing bank account details and authorising refunds.

Regular audits: Historical reconciliation audits can detect discrepancies in item numbers and financial transactions. Implementing a daily checklist for each doctor to review, approve and sign, confirming the item numbers billed for their sessions, provides a record to check any inconsistencies against.

Staff training: Educate staff about the importance of financial integrity and the consequences of fraud. Provide training on how to recognise and report suspicious activity.

Payroll: Maintain oversight of the staff member responsible for payroll. This includes requiring written approval for overtime hours worked and evidence that leave hours have been deducted.

Cash: Any cash held in the practice should be banked regularly to minimise the risk of theft.

Above all, maintaining a culture of transparency and accountability is key to protecting the practice's financial health and reputation. ●

Financial administration support services

Practice manager 'borrows' $100,000 from employer

Michelle Graham
Registered BAS Agent
Bookkeeping & Payroll Manager,
Avant Practice Solutions

This cautionary tale of financial fraud involves a trusted practice manager who embezzled almost $100,000 over several years. The theft was only uncovered when the practice manager took three months' long service leave, prompting the practice owners to seek temporary bookkeeping assistance.

When the owners of a thriving regional general practice contacted Avant Practice Solutions for bookkeeping support during their practice manager's absence, they had no idea they were about to uncover a significant breach of trust. But once the Bookkeeping and Payroll Managers from Avant started looking at the practice manager's financial processes it didn't take long to spot a few red flags.

The first concerning sign was that the MYOB files weren't set up with a live bank feed. Instead, at month end, the practice manager was manually importing financial information, which created an opportunity for manipulation.

Initial unusual transactions the tip of the iceberg

An initial review of credit card statements then revealed several unusual purchases, including home gym equipment, an Apple watch and other apparently non-business expenses. When presented with these, the practice owners confirmed they were unauthorised transactions that should never have been going through the business account.

As the audit of financial reports continued, more troubling transactions emerged. These included a $60,000 withdrawal labelled 'share purchase' and payments for several overseas flights. Funds to repay these larger debits had then been deposited a few weeks later, with the practice manager seemingly confident these short-term unauthorised loans would not be picked up.

Once the severity of the situation was realised, the practice contacted the police. Subsequent detailed investigation by a forensic auditor revealed the full extent of the fraud: approximately $97,000 had been misappropriated over several years.

Serious repercussions for all involved

When the practice owners spoke to their regular accountant about the situation, he admitted he had simply relied on basic Excel reports provided by the practice manager when lodging the quarterly business activity statements (BAS). Critically, he had failed to reconcile these reports against bank or credit card statements – a basic accounting safeguard that would likely have detected the fraud much earlier.

The accountant's services were immediately terminated. But criminal proceedings against the practice manager dragged out over several months, ultimately resulting in a guilty verdict and a criminal record. While some of the embezzled funds have been recovered, a significant portion remains outstanding.

Additionally, the stress of dealing with the whole situation led to one of the practice owners giving up his share in the business, and returning to work in a corporate practice where he would no longer have the responsibility of running the business. ●

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

Informal consultations and unstructured handover result in tragedy

Dr Mark Woodrow
MBBS, MBA, GDipAppLaw, GCertArts, EMCert, MACLM, AFRACMA
General Manager, Medical Advisory Services, Avant

Care delivered outside of a formal consultation can negatively impact on the communication and documentation between health professionals.

Key messages from the case

Informal, corridor or other casual situations where clinical care needs are addressed, should be held to the same standards as any other patient interaction. Thorough and contemporaneous documentation, and a structured handover are essential to ensure good communication between healthcare practitioners. Except in emergencies, you should not provide care to family members, close friends, and those you work with. In these situations, you may lack objectivity and patient care is likely to be fragmented.

Missed treatment opportunities

Six-year-old SK had been home from school with a mild flu for several days. His parents, both registered nurses, were separated. Over the course of several days as his condition progressively worsened, his parents separately took him three times to the regional hospital where they both worked.

He was sent home from the hospital on two occasions. On the first occasion SK was informally seen by Dr C in the emergency department and provisionally diagnosed with a viral infection. On the second occasion, SK was initially seen and assessed by Dr R who ordered a chest x-ray. The patient was then sent home the same day by Dr C following changeover of shifts and after reviewing the x-ray.

His mother then took him to the medical centre where the GP suspected scarlet fever and insisted he must be admitted to hospital. The consultant paediatrician, Dr I, admitted SK to the high dependency unit with a provisional diagnosis of scarlet fever and possible chest infection. He did not recognise that SK was already showing signs of septic shock. That night SK became progressively more unwell and feverish. Eventually he stopped breathing and could not be revived.

Pathology reports concluded the cause of SK's death was bacterial sepsis arising from bacterial pneumonia secondary to influenza.

The coroner found the ultimate cause of death was complications from a natural illness but the inquest identified several issues and missed opportunities in SK's treatment.

Informal consultation of a colleague's family member

SK's first examination was an informal 'corridor consultation'. SK's father worked in the emergency department and took SK with him on a social visit. Other staff noticed a rash on SK's body and insisted a doctor should look at him.

Dr C, the experienced locum on duty, took a history from SK's father and performed a thorough examination. At this stage SK had no temperature or signs of infection and appeared alert and happy. Dr C considered SK's symptoms presented like scarlet fever but in the absence of other clear signs, she diagnosed a viral illness, with a differential diagnosis of scarlet fever or tonsillitis. She provided an 'as required' prescription for penicillin. SK went home with his father.

SK had not been formally triaged, and no clinical record was created. Dr C did not make notes of the consultation.

At the inquest into SK's death, it was recognised that Dr C had been placed in a difficult position. She had only recently started working in the department and had felt pressured to see SK. At the time, informal consultations were not uncommon.

The coroner accepted that Dr C had conducted a thorough examination and formed an appropriate diagnosis.

Poor documentation and handover

Experts were critical of the poor note-taking throughout SK's treatment. They were also critical of failures to read other clinicians' notes. This meant that doctors assuming care were unable to benefit from other colleagues' examinations or understand their care or treatment plans.

The coroner was critical of Dr C's lack of documentation during SK's initial assessment. It meant that there was no information about assessment when his mother brought SK back to the emergency department for the second time.

Additionally, the coroner criticised the lack of documentation of any handover discussion between Dr R and Dr C when Dr R was leaving the hospital. Neither Dr R nor Dr C documented any discussion, nor did Dr C document her examination of the x-ray.

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

> The coroner highlighted several communication failures particularly relating to the handover between the doctors.

Communication failures

The coroner highlighted several communication failures particularly relating to the handover between Dr R and Dr C on SK's second presentation.

Dr R claimed he intended for Dr C to review the films and reassess as to whether SK required antibiotics or hospitalisation. Dr C understood she only needed to check the x-ray and discharge SK if nothing significant was seen. She did not examine SK or review Dr R's notes, so was not aware SK was now experiencing fever and cough. She saw no signs of pneumonia and discharged SK home with his mother.

At the time the hospital was trialling the handover with the ISoBAR system. Neither Dr R nor Dr C were trained or proficient in using this model.

The coroner concluded that had the ISoBAR system been used, it is unlikely there would have been a misunderstanding between Dr R and Dr C.

On that occasion, SK was seen by Dr R. He also suspected a viral illness but arranged a chest x-ray to rule out pneumonia. The x-ray was completed later that afternoon as Dr R was leaving work, so he handed over to Dr C.

Outcomes

The coroner concluded that SK's cause of death was complications from pneumonia, including scarlet fever and bacterial sepsis.

He was critical of systemic and process issues leading to missed opportunities to diagnose and treat SK's condition.

Following SK's death, the area health service implemented a mandatory triage process before any patient could be seen in the emergency department.

It also implemented systems for reviewing clinical records to check for completeness and accuracy, and for colour-coding observation charts for clinically deteriorating paediatric patients. ●

Key lessons

Wherever possible, avoid treating family members, close friends or those you work with. Such consultations can lead to discontinuity of care.

If you do need to treat someone close to you, always keep careful records of any such consultation and treatment that you provide.

Whenever providing care it is important to make a contemporaneous record of the details about the patient's health that would allow someone else to take over care of the patient without having to speak to you.

Ensure you record clinical observations, medications or treatments provided, as well as your reasoning, rationale for reaching a diagnosis and differentials you excluded.

Breakdowns in handover or communication between clinical care teams can lead to diagnostic errors. If you are accepting handover of care, make sure you have enough information to assume care for the patient. Structured handover using ISoBAR tools can help reduce misunderstandings.

Public-private model provides Australians with globally-envied healthcare

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

During the 17 years I've been CEO of Doctors' Health Fund, Australia's healthcare system has consistently been ranked as one of the best in the world.

At the same time, healthcare has regularly been noted as one of the highest issues of concern for Australians.

This year has proved particularly challenging, as certain vested interests within the private hospital sector engaged in a very public and deliberate campaign against private health insurers to achieve funding outcomes that support their revenue targets.

These often-heated conversations led some to question both the value of private health cover, and whether insurance funds are pulling their weight.

What this rhetoric shows is a misunderstanding of the role private health insurance plays in our dual private-public system. It's the unique combination of Medicare and private health insurance that helps our system remain sustainable.

With Medicare providing the 'backbone' of this system, private health insurance functions to offer patients choice, flexibility and efficiency. Doing this reduces the pressure on the public system by providing access to private hospital services, which alleviates the demand and financial burden on public hospitals.

Further, private health insurance contributes billions of dollars annually to healthcare funding, helping support our doctors and healthcare workers to deliver the highest quality care. This strong reputation for a well-functioning healthcare system also helps attract top talent to pursue careers in Australia's medical profession.

Australia has a community-rated health insurance system, prohibiting discrimination. This requires a broad spectrum of the population to participate; healthy, unhealthy, young and old.

Within the system, restricted member-based funds provide cover for individuals who work on the frontline to deliver crucial services for the Australian population. These include teachers, police, defence personnel, emergency service workers and doctors.

These not-for-profit funds, such as Doctors' Health Fund, support their members' health and wellbeing by working to give more back to members in benefits. They are also able to offer tailored benefits and deliver a member-first service ethic.

Without the ultimate goal to generate profit for shareholders, member funds tend to operate on lower margins and impose lower premium increases compared to for-profit insurers.

People contribute to private health insurance for peace of mind and choice, and almost 15 million Australians currently have health insurance. As well as providing access to hospital care, private health insurance allows patients to utilise ancillary or 'extras' cover, including dentistry, physiotherapy and optical, all of which help promote wellness and may reduce the likelihood of a more serious hospital admission down the track.

When you consider private hospitals deliver around 70% of the elective or planned surgery, and handle 54% of mental health admissions, the critical role of the private health system is evident.

We should be proud of the way Medicare and the private health funds work in tandem to deliver the world's best healthcare for Australians. Valuing and protecting this will help ensure the long-term sustainability of our healthcare system. ●

70%

of elective or planned surgery is performed in private hospitals

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Cardiothoracic surgeon

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As a mutual, we're owned by our members – so our focus is always on you

Membership has many benefits

Ownership

Members are owners of Avant and serve on the Board. They ensure all profits are reinvested to benefit members.

Support

We advocate for doctors' interests, and offer a wealth of education, advisory services and grants.

Exclusives

Members have preferential access to, and savings on, a suite of Avant products and services.

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Dr Steven Hambleton AM
General Practitioner, Chair, Avant Mutual

"I chair the Board of Avant and it's really important that we have doctors representing members and our profession on that board. Our job is to put the member view on the table whenever decisions are being made.

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