

2020

A year in review

2020 has been a year like no other. It was an eventful year for the medical profession that saw the fast-tracking of several key changes to regulation, compliance and healthcare provision. We take a look at the key issues that have impacted members and the medical profession this year.



Responding to COVID-19

As the coronavirus outbreak made its way to Australia at the start of 2020, there was considerable concern among healthcare workers about how prepared the country was to cope. The dramatic shift in focus and a need to change the process of patient care, raised many medico-legal issues for members. It also impacted doctors' finances and mental health.

There needs to be a safe working environment for doctors and Avant strongly advocated on matters including personal protective equipment (PPE) and workers compensation legislation. Our role in supporting members in responding to the pandemic continues as the profession prepares for the introduction of a vaccine.

Telehealth's rapid expansion

In response to the COVID-19 pandemic, the government introduced new telehealth Medicare item numbers in March 2020. Doctors have had to rapidly adapt to telehealth and Avant continues to provide support in best practice, privacy and security, and medico-legal issues. The Government announced in November 2020 that telehealth will be a permanent fixture of the Medicare system and will exist past the original extended date of March 2021.

Work is being done by the Australian Commission on Safety and Quality in Health Care on clinical standards, and several of the medical colleges have helpful guidelines. The Commonwealth Department of Health and the Australian Digital Health Agency are currently working on technical standards for telehealth.

Telehealth survey reveals need for training

In September 2020, Avant surveyed members on telehealth and their awareness and mitigation of the associated medico-legal risks. The feedback assisted us to develop education for members to help them minimise the medico-legal risks and make telehealth safer for doctors and patients. Out of the 1,300 responses received, the majority said they had not received enough training on how to conduct telehealth consultations. More than one-third of those using telehealth said they did not have sufficiently clear guidelines to determine who should be offered a telehealth consultation. Avant has shared the findings with the Centre for Health Systems and Safety Research (Australian Institute of Health Innovation) at Macquarie University, and most importantly, we will use the data to support our members.

E-prescribing fast-tracked in efforts to protect at-risk patients

Electronic prescribing was one of the developments fast-tracked from its planned launch in late 2020 due to the COVID-19 pandemic.

Since May 2020, electronic prescriptions in the form of tokens, have been rolled out across South Australia, Victoria, the ACT and metropolitan Sydney. To date, more than one million electronic prescriptions have been issued, which includes over 800,000 original electronic prescriptions and over 400,000 repeat tokens to patients. This service complements telehealth and is another

layer of contactless delivery, since it allows for medicines to be prescribed and dispensed without a paper prescription. The next part of electronic prescribing, the active script list, is due to be released in early 2021.

Online events keep doctors informed

The cancellation of physical events limited the ability to connect with colleagues and hear from experts. To assist, Avant moved to online events and secured speakers including then Chief Medical Officer, Dr Brendon Murphy, to talk about leading through the pandemic, and Professor Bruce Robinson, Chair of the MBS Review Taskforce, on Medicare compliance.

Avant also kept doctors informed through the 'Ask the Expert' webinar series, delivering 15 virtual events. Topics covered essential issues around COVID-19 and PPE, telehealth and aspects of professionalism.



Professor Brendan Murphy, former Chief Medical Officer for the Australian Government

Legislation updates

Reporting impaired practitioners

New mandatory notification reforms came into effect early in 2020, which were supported by new guidelines from Ahpra. The threshold for a treating practitioner to notify a concern about their patient-practitioner has been raised. Treating practitioners are only required to notify if they form a reasonable belief that their patient is practising with an impairment, while intoxicated or outside of professional standards and is placing the public at a 'substantial risk of harm'. A substantial risk of harm is a very high threshold for reporting risk of harm to the public.

Many doctors had been concerned that the previous laws had acted as a deterrent to seeking help for legitimate mental health concerns, due to stigmas that an illness indicated an impairment and could threaten their careers. Avant has been advocating for doctors to be able to seek treatment for their health conditions without fear of being reported under these laws, and this change to the law is a step in the right direction.

Medical indemnity schemes

Schemes were introduced to bring stability to the medical indemnity sector. A Commonwealth Government review of the schemes culminated in the Medical and Midwife Indemnity Legislation Amendment Bill 2019 being introduced in September 2019.

Avant advocated strongly during the review and the outcome means there won't be material changes to the majority of doctors' premiums. Under the bill, as of 1 July 2020, practitioners who have retired permanently from private medical practice are eligible for a Run-Off Cover Scheme, without having to wait three years. Therefore, doctors will not have to further fund their own cover during this period.

COAG policy directions

Health ministers issued two policy directions in January 2020, designed to provide clarity to Ahpra and the national boards on its mandate to prioritise public protection. There are new directions where Ahpra will be permitted to inform a doctor's place(s) of practice of investigations being undertaken – before an investigation has been finalised and before a board has decided to take regulatory action. Avant provided feedback to Ahpra and believes this to be unfair and prejudicial to the doctor because many investigations end in 'no further action'.

SafeScript in Victoria

In May 2020, it became mandatory for all doctors, pharmacists and nurse practitioners in Victoria to check a patient's prescription history of monitored medicines via SafeScript, which include Schedule 8 and Schedule 4 substances. This is one of the measures taken to curb the number of drugs of addiction-related overdoses. Avant has advocated for a real-time prescription monitoring system and mandatory education for GPs on prescribing S8 drugs for several years. Queensland is in the process of rolling out QScript, a system based on the SafeScript model. A similar system has been trialled and is available in Tasmania, which will be accessible to all doctors at a future date.



Guidelines on advertising health services

Revised guidelines for advertising a regulated health service came into effect on 14 December 2020. Ahpra also released its revised compliance and enforcement strategy at the same time. Avant provided in-depth feedback during Ahpra's public consultation process. The revised guidelines explain the obligations under the National Law and define who is an advertiser, what is considered advertising, and includes examples and flowcharts to assist practitioners in understanding and meeting their legal and professional obligations when advertising.

Guidelines on blood-borne viruses (BBVs)

Ahpra released guidelines regarding health practitioners and BBVs in July 2020. Under the new guidelines, treating doctors are only required to inform Ahpra if doctors or medical students are not complying with the guidelines and potentially pose a risk to the public. Avant advocated for clear guidance in this area, which also considered medical practitioners' safety and privacy.

Regulation and compliance changes

Updated Code of Conduct

The Medical Board of Australia recently released its updated Code of Conduct which commenced on 1 October 2020 and follows a consultation on a proposed updated Code in 2018. There are new sections outlining the Board's expectations in relation to doctors' personal versus public profile including their online profile, cultural safety, discrimination, bullying and harassment and vexatious complaints. The Code makes it clear that doctors should not self-prescribe, should not prescribe Schedule 8 drugs (drugs of addiction and opioids) or perform elective surgery on those with whom they have a close personal relationship. Also, doctors should not look at other people's medical records unless there is a legitimate need.

Changes to Ahpra's investigation process

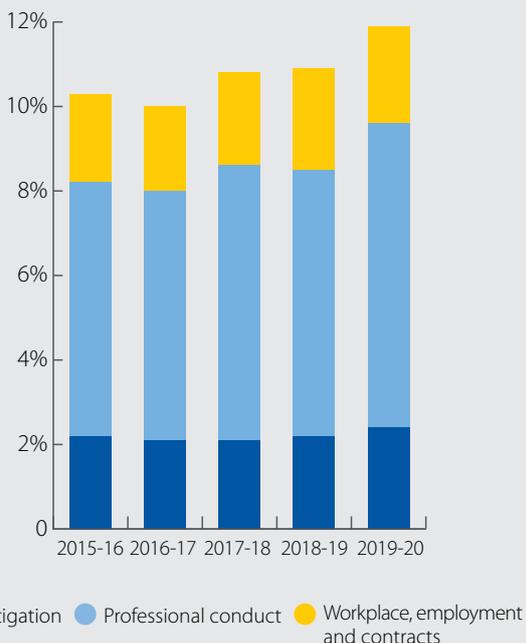
Ahpra is implementing a new approach to professional conduct investigations that aims to improve timeliness and efficiency. The number of notifications made to Ahpra about doctors has increased by 60 percent over the last three years. At the end of each investigation, they have a discussion with the practitioner and find that most have responded in a way that gives confidence there is no need for action.

For low to medium risk notifications, Ahpra wants to bring this discussion to the beginning of the investigation, with the aim of understanding the broader context of the complaint and understanding whether the practitioner has recognised and responded promptly and appropriately to the issues raised. This change is intended to satisfy the Medical Board that the practitioner is safe to practise while reducing the time and impost on both the practitioner and Ahpra on writing and reviewing written responses. This does represent a change in approach and will require trust and goodwill on both sides. Avant is in support of moving away from an adversarial approach to a more collaborative approach.

Complaint numbers growing

The likelihood of a doctor facing a complaint or medico-legal matter increased in 2019-2020 and has been a steady trend in recent years. Professional conduct claims continue to be the most common type of claim, as this includes complaints to authorities about doctors. With civil litigation steadily increasing over the past five years, we have worked harder than ever, defending more members and thereby, protecting all our members against excessive costs.

Frequency by medico-legal claims type



Having access to expert advice whenever it's required is highly valued by doctors as issues can occur at any time. Over the last financial year, we received almost 28,000 calls from doctors and practice staff asking for medico-legal advice – a 17% increase compared to the previous year.



I have peace of mind knowing that Avant's MLAS team are only a phone call away, if I ever need their assistance." – Avant member

Medical Costs Finder

A website for consumers to compare the average cost of specialist medical services was launched in 2019, with another \$17 million allocated to its ongoing development in the 2020-21 Federal Budget. The online tool is to encourage fee transparency in healthcare and display the median amounts for doctors' fees, Medicare benefits, health fund benefits and patient out-of-pocket costs for each procedure or treatment. While it is proposed that doctors voluntarily opt-in to the system and allow their data to be available to the public, it is currently not mandatory.

The website has so far attracted mixed views. Transparency into 'out of pocket' expenses and informed financial consent between patient and doctor are important elements of our healthcare system. Moreover, a tool to assist GPs when referring patients may be welcomed by some. Although a website that lists individual fees of doctors, especially if optional, has uncovered its limitations for doctors and patients alike.

Avant Foundation

Supporting quality, safety and professionalism in the practice of medicine

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Dr Matt Doane
Avant Foundation Board member