Avant
By doctors for doctors

Issue 20 | June 2023

Connect

Dr Sam Heard , OAM
Avant member

Connecting with patients

Communication skills that can help avoid issues when managing patient requests, unrealistic expectations and dissatisfaction

Inquest raises telehealth risks

Scrutiny of telehealth consult highlights need to assess appropriateness

Paths to practice efficiency and growth

Factors to consider when running a practice and how Avant can help

Improving mental well-being

The ongoing challenges, and support Avant is offering to members

In this edition

Welcome

Member profile

Connecting with patients

Case studies

Insights

Improving healthcare

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.

Evolving patient relationships

Healthcare and what Australians expect from it is never out of the news these days. It can be waiting times and the costs to see a doctor, but increasingly it focuses on the experience of the doctor-patient interaction. Many Australians want to take a more active role in their care - in their daily lives and in the doctor's office. Doctors have welcomed this, but expectations can outrun the reality of a consultation during a busy working day in a medical practice.

Despite delivering what we feel is great care, sometimes patients may not be satisfied. Some will make formal complaints. Recent research commissioned by Avant found that there is no particular patient demographic more likely to complain about their doctor, but there are common themes.

Communication is often cited as a factor when doctors have their level of care challenged, with patients expecting doctors to spend more time with them, provide more personalised care and be more communicative about their diagnosis, treatment options, and outcomes. A recent Avant member survey highlighted that this has raised concerns with members as they look to manage the demands placed on them by patients.

In this edition of *Connect*, we focus on doctor-patient relationships, featuring articles on the biggest areas of concern for members, including managing expectations, saying "no" to inappropriate requests, and dealing with aggressive patients.

We have observed that the COVID pandemic has put even more of a strain on interactions with patients and brought significant changes to how healthcare was delivered. Increased use of telemedicine and other digital health tools to access medical care has delivered great benefits, but it also gave some patients the impression that all medicine can be conducted with the same convenience of a retail transaction, rather than a professional service which often requires a physical presence. One of our case studies in this edition of *Connect* reviews a tragic situation which serves as a reminder that care delivered using telehealth is subject to the same standards of care as a face-to-face appointment, and it is important to assess whether a telehealth consultation is appropriate given the patient's specific circumstances.

Despite the many challenges, doctors have a wonderful track record of building good relationships with their patients. Our featured member in this edition, Dr Sam Heard, is a GP who works in the Northern Territory serving Indigenous communities. He outlines his views on connecting with patients and the importance of gaining trust, particularly when communicating in cross-cultural settings.

Meanwhile, outside of the consulting room, many doctors face new challenges when starting or running a successful practice. In this edition of *Connect*, two experts with experience in addressing the common issues describe some solutions for practice owners to assist them in growing their business.

Purchasing premises for a practice can be a time-consuming process and buying a property is a major outlay, whether for a home, practice or as an investment. Our lending and legal experts provide insights on some little-known benefits and opportunities available exclusively to doctors.

Avant's support for members includes our grants programs, which have funded some novel and impactful initiatives that drive quality, safety and professionalism in medicine. It is heartening to read how one of the projects supported in 2019 is assisting doctors to prepare for retirement – something many in the profession don't wish to consider until later on. We look forward to bringing you more of these stories in future editions.

Delivering high quality care requires doctors being in good health themselves. I am proud to see Avant respond by offering further support to doctors through a bespoke health and well-being app we are offering to trainees, which you can read more about in this issue. This is one of several tools Avant members can access to help them cope with the rigours of modern medicine.

I hope you find these articles useful, and you enjoy this issue of *Connect*.

Best regards,

Beverley Rowbotham

Dr Beverley Rowbotham
Chair, Avant Mutual

Building a foundation for change

> Doctors can have more impact on people's health and their lives in a remote setting than they would ever imagine.

"Doing doctoring, rather than being a doctor," is Dr Sam Heard's mantra. Northern Territory GP, Dr Heard says, "In primary care, it's a practical skill set. I recoil from sitting behind a desk just filling in forms and writing prescriptions."

Currently Medical Director of the Central Australian Aboriginal Congress, now the largest Aboriginal Community Controlled Health Organisation (ACCHO) in the NT, and Interim Chair RACGP NT, it's this approach to driving improvements in healthcare delivery that saw him awarded an OAM in 2019.

Working towards equitable access

Having grown up in Naracoorte in South Australia, Dr Heard's ambition to provide equitable access to primary healthcare for everyone was cemented after completing his GP training in London.

"Everyone had access to primary care in the UK, so when I came back to Darwin, I was shocked there were communities struggling to get healthcare," Dr Heard recalls. "I felt useful in this part of the world as there seemed to be something to do."

However, despite significant strides in the life expectancy of Indigenous people in the NT, which increased by nine years in men and five years in women between 1999 to 2018, there is still a 15-year gap in life expectancy between Indigenous and non-Indigenous people.

"The overwhelming issue for Indigenous people is poverty and access to decent nutrition," Dr Heard says. "The biggest risk factor for renal disease, heart disease and diabetes is weight gain, so availability of inexpensive healthy food is critical."

A compassionate approach

While changing patients' lifestyle habits can be challenging, Dr Heard believes trust and reciprocity are the basis of good care.

"I think you have to come from a compassionate point of view; if you are willing to go the extra mile for the patient, they can tell you really care about them. When language is different and understanding is reduced, you've got to spend extra time."

Likening good patient communication to a fire 'out bush', he says you wouldn't start a fire by dropping logs on it and trying to light it with a match.

"You get little sticks and then you start adding thicker ones and, if you do it right, you'll build a really good fire," Dr Heard says, "In cross-cultural communication those sticks have to be very gentle and delicate, and you have to build from quite a small base.

"It's that notion of building social capital. If a patient has an urgent medical problem and you solve it for them, that has huge value. They will reciprocate when you raise your concerns about their chronic disease," Dr Heard adds.

Digital health solutions

A passionate advocate for digital innovations, Dr Heard believes the implementation of digital health solutions will have a huge impact on remote healthcare.

"Low Earth orbit satellites are going to turn everything on its head," Dr Heard says. "We will be able to do more in remote settings than you can with IT bandwidth in a capital city.

"The first step is trying 'digital-first' medical consultations where we have video consultations with 10 to 15 patients. Via tele-ambulance we can measure patient's blood sugar, do a single lead ECG, give patients oxygen, and use lockers to dispense medications," he says.

A partnership between the Congress and the Australian National University, also aims to use satellite connections to support staff providing road trauma care.

As part of his clinical leadership role, Dr Heard is striving to build a primary care workforce. "We would like to offer a year's training, a remunerated position for doctors who are interested in working in remote Aboriginal health," Dr Heard says. "They would add value even in their first year and, if they stayed two or three years, they will really make a difference to a community." ●

Connecting with patients

Dr Michael Wright
MBBS, MSc, PhD, FRACGP, GAICD
Chief Medical Officer, Avant

I usually find consultations with patients easier after I have seen them a couple of times. At this point, I can usually provide care that better meets a patient's needs as well as understanding their expectations of care. But building the therapeutic doctor-patient relationship begins with the first consultation.

A strong relationship is a central benefit to continuity of care – one of the core features of high-quality healthcare – and particularly relevant to long-term care (such as occurs in general practice). Knowing how to communicate and connect with patients is important for all doctors, not only GPs. Establishing an open, trusting relationship starts from the first interaction and develops as perspectives and goals change.

Having a good connection with patients can improve health outcomes, patient satisfaction and compliance, as well as reduce the chance of complaints. This can be done simply by using some core elements of patient rapport building.

Treat patients with respect

Respect each patient as an individual and talk to them as an equal, even though they come to you for your medical expertise. Sometimes a patient will make a decision you don't agree with or they choose not to follow your advice. You can accept your patient's decision without agreeing with it, and by showing you understand their thoughts and feelings, you maintain their trust.

Show empathy

Understand and be sensitive to the feelings or experiences patients share with you. Actively listening and repeating what you've heard shows you understand, and helps patients feel you genuinely care about them.

Avoid rushing the patient

Time can be a challenge, especially if consultation or procedure schedules are delayed. No matter how busy you are, always show patients you have time to listen to them and give them your full attention.

Involve the patient in their care

Most patients want a say in their healthcare, so have them participate in decisions about treatment options, goals or outcomes. Use laypersons' terms and ask questions, to help you understand the patient's expectations. Encourage them to ask questions.

Personalise the consultation

While you want to maintain professional boundaries, friendliness and courtesy help build rapport and trust. Try to find some common ground, too.

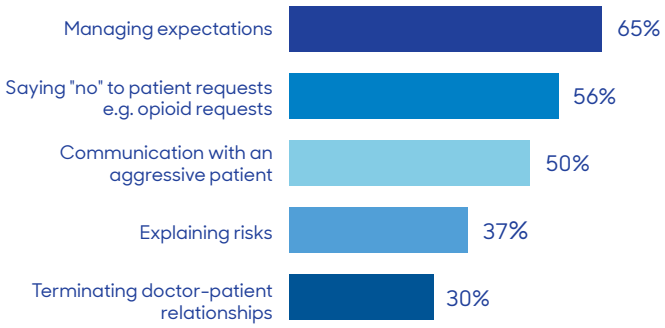
Follow up and follow through

If you tell a patient you'll do something after your consultation, follow through and do it. Have a procedure in place for advising patients about how you'll manage any delays.

The ability to build good rapport and to communicate effectively can often be viewed as 'soft skills', but they are an essential in modern medicine. Our data shows 4 in 10 claims and complaints had a communication-related issue. While the content of what was said was the most common communication issue, the manner of the communication – the way it was said – was reported in nearly half of the complaints in which communication issues were raised.

A recent survey of Avant members about issues relating to patient communication identified several concerns common across specialties. Managing expectations and saying "no" to inappropriate requests were the biggest concerns.

What are members most concerned about when communicating with patients?



The next four articles offer insights from our medical and legal advisers on how to address these common challenging patient interactions to achieve good outcomes. ●

Avant factsheet
Doctor-patient communication

Aligning patient expectations

Dr Amanda Smith
MBBS, FANZCA
Senior Medical Adviser, Avant

Demands on the healthcare system and expectations of patients present ongoing challenges for those providing care. Expectations and perspectives of patients can be quite different from their doctors, and gaining greater alignment starts with understanding the patient's point of view.

Why patients might have a different view

There are many reasons why patients' expectations may not align with your own, which is why understanding them is so important. Making an effort to do this early will be much simpler than trying to do so later.

Doctors might view good care in terms of clinical outcomes, but for patients this is not the only factor. They may place equal importance on things such as the emotional impact of the experience, or whether they feel cared about. Understanding some of the factors that commonly impact your patient's experience can help you develop strategies to understand their treatment goals and expectations. These may include:

- Information overload – medicine can be complex and providing too much detail at once can confuse patients who may then feel uncomfortable, insecure or irritated.
- Insufficient information – this could be due to ineffective communication or time constraints in the consultation.
- Conflicting advice – patients often get information from the internet, friends or other healthcare professionals.
- Anxiety – stresses from illness, the healthcare system or other external factors can make the factors above worse.

Determining patients' expectations

Actively listen to your patient in an unhurried manner and give them the opportunity to share their story. Being aware of their circumstances and concerns can help you understand their expectations. They can be concerned about health outcomes, individual clinicians, or how the healthcare system works. They could have expectations about the length or extent of recovery, your availability to see them or what is covered by Medicare.

Making an effort to build a good rapport with patients may be particularly beneficial to manage the expectations of patients who seem unhappy or nervous.

Addressing unrealistic expectations

Gently reinforce what you consider to be an appropriate expectation of treatment and why, and that your recommendation is in their best interests. It might be helpful to explain where you can't meet a request due to practice policy or legislated regulations.

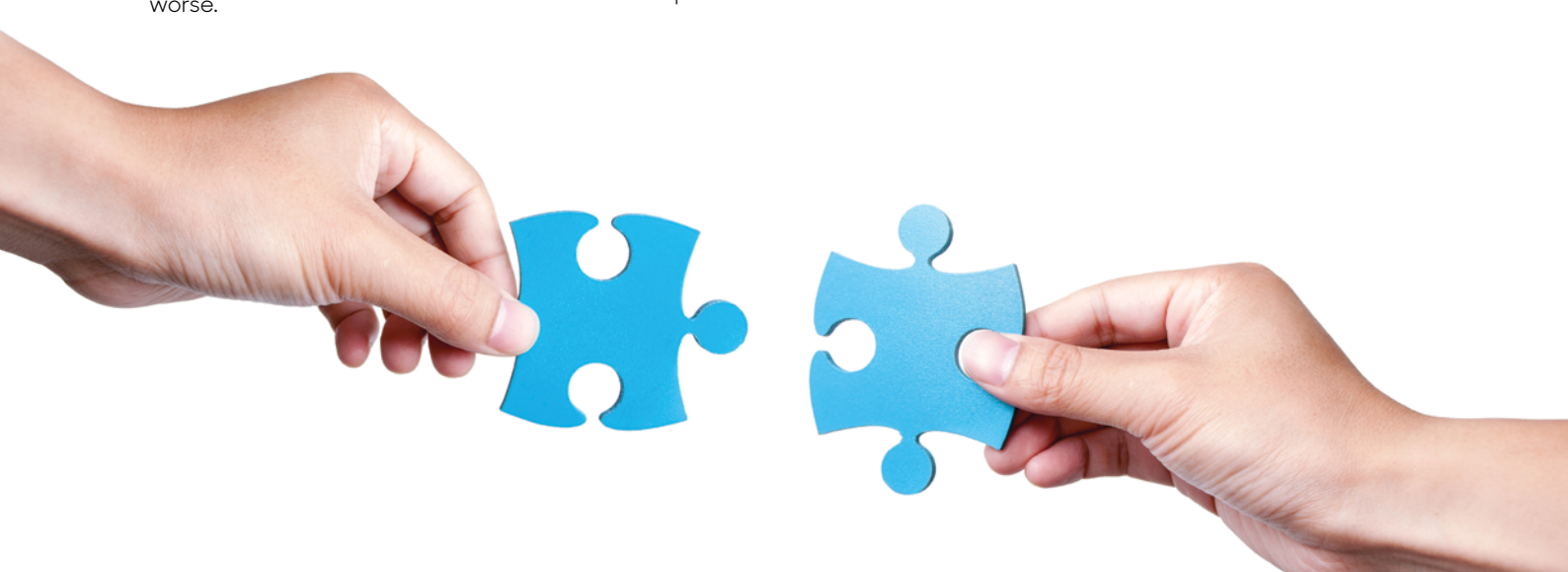
Give the patient further information to read and ask them to come back for a second appointment. Depending on the situation, it may be appropriate to recommend the patient seek a second opinion.

Expectations for procedures

Expectations are often identified during the consent process for a procedure or new treatment. Your approach should be one of shared decision making, during which you inform the patient of the options, risks and recommendations, and equally encourage them to discuss with you their concerns, expectations and goals. Both parties need to take responsibility for the decisions and outcomes. Inform your patients of what to expect during and after treatment, and at the end of the discussion ask them if they have any questions.

Some patients will say that they have no questions even when they do because they feel naive, intimidated, rushed or confused. Questions such as, "From the information I have provided today, what will you tell your family when you get home?" can highlight any discrepancy between the patient's understanding and the information they were provided. ●

Avant factsheet
Managing patient expectations



When it's hard to say "no"

Dr Mark Woodrow
MBBS, MBA, Grad Dip Applied Law, Grad Cert Arts, GCEm(ACEM)
Senior Medical Adviser and Claims Manager, Avant

If you find it hard to say "no" to patients, you are not alone. A recent survey of Avant members identified this as a challenge for 56% of doctors, covering all specialties.

Doctors are expected to only provide care that is clinically indicated and, based on their clinical judgement, likely to benefit the patient. However, patients may sometimes have their own ideas about what treatment they expect. It can be hard to decline a patient's request in a way that maintains a good therapeutic relationship and avoids triggering complaints.

The following techniques can help your patient accept your recommendations.

Listen to the patient

Understand the reason for the request by asking the patient why they are making it. This can help you to find out what else might be going on. Discuss other approaches or treatments, for example physiotherapy or different analgesia options.

Where patients feel heard and respected, even when they do not receive the treatment they requested, they generally report greater satisfaction with the consultation and may be less likely to complain.

In our experience, complaints where the primary issue is a patient not having their request or preferences met, often involve a secondary allegation of disrespect.

Consider carefully and explain your reasons

Once you have asked the necessary questions and have received the patient's answers, consider your response. Make sure you have not jumped to conclusions about what's motivating the patient's request.

If you still believe the treatment is inappropriate, give a firm "no" so there is no misunderstanding. Do so respectfully and offer an explanation using everyday language. Say why you are concerned, or why you consider that the treatment is not in the patient's best interests.

Keep it professional and stand your ground

Be aware of your own mental and physical state, including being tired, hungry or stressed, and how that might be affecting your reaction.

Also, be mindful that your professional objectivity can be compromised when providing care to someone with whom you have a personal relationship.

Understand any legislative restrictions, for example those associated with prescribing drugs of dependence. This can distance you personally and give you confidence to stick by your decision.

Support your team and manage psychosocial risks

Doctors have sometimes put their foot down with a patient, only to find themselves unsupported by colleagues or practice policies.

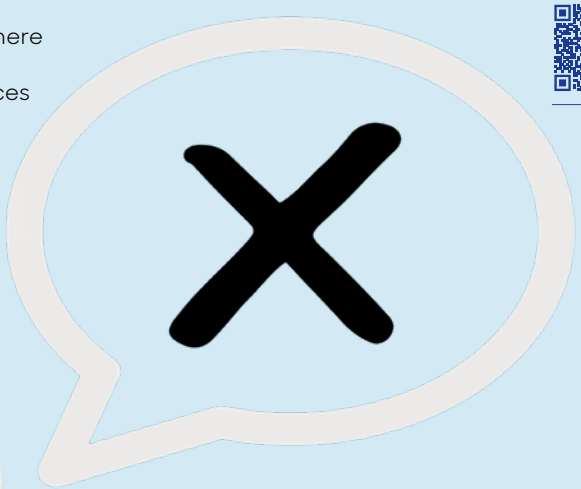
From a practice perspective, it's important to think about the psychosocial risks these scenarios can present and consider changes to the design or management of work to help protect staff.

Having policies, and communicating these clearly, makes it easier for everyone to manage patient expectations and reduce the risk of confrontation. Consider how to manage any potential issues if a patient becomes upset, such as training, managing appointment bookings or considering the layout of the practice waiting room.

Document carefully

Document conversations in the patient's medical record, including the reason for declining treatment and any alternatives discussed. Patients who do not get the treatment they were hoping for may ask for a second opinion, or they may complain. Detailed records will help if your decision is reviewed by someone else after a patient complains. ●

Avant factsheet
Managing difficult interactions with patients



Three steps to dealing with angry patients

Dr Susan Hertzberg
MBBS, MHealthlaw, MBioethics, FACEM
Senior Consultant Medical Adviser, Avant

While most patients are extremely appreciative of the healthcare they receive, there are a few who express anger or hostility. This increased during the COVID-19 pandemic as the restrictions and regulations added stress.

Members often call our Medico-legal Advisory Service to discuss how to manage patient anger and aggression. When not dealt with appropriately, this can potentially become a staff safety concern. It may also result in the patient criticising you or your practice on social media, or even making a formal complaint.

Patient aggression is also a work health and safety issue. Employers have a legal obligation to take all reasonable steps to eliminate or minimise work health and safety risks in the workplace, including those associated with patient aggression.

These issues can be difficult to address but handling the situation well can avoid escalating conflict.

The following techniques can be implemented to reduce and manage instances of patient aggression.

1. Ensure staff are protected

Put up signs reminding patients you have zero tolerance towards aggressive and bullying behaviours.

Ensure all staff have a safe exit strategy if faced with an aggressive patient.

Review and update your practice's patient behaviour policy so you can provide a reference for reception staff, practice managers or clinicians.

Where necessary, provide an employment assistance program to support your staff.

2. Understand the reasons for patient aggression

Patients and their family members who are aggressive may well be acting out of fear or ignorance. Rather than being judgemental of their behaviour, seek to understand the motives driving it.

It's likely the patient won't consider the challenges practices face, so objectively assess whether the issue is with you, the system or them. Their anger may be normal and justified, as the health system can be extremely frustrating for patients.

De-escalation techniques include talking in a calm, quiet voice, not being threatening, having open body language and being empathetic. The last thing needed is becoming angry yourself, though that's easier said than done and is a skill that takes conscious effort.

Even if a patient's behaviour is unacceptable, take the time to listen. It's not a good idea to cut them off without explanation or acknowledging their concerns. Obviously, it is a difficult balancing exercise, but try to resist refusing to engage with the patient, as this can inflame the situation rather than defuse it.

Consider the severity of aggression as a continuum, looking out for the early warning signs such as verbal aggression, heightened stare, body posture and tensing of the hands into fists.

3. Formulate a clear and concise response

Your staff should feel empowered to make it clear to aggressive patients that their behaviour is unacceptable.

Run training and role-playing with staff. This may involve practising responding to a difficult situation by explaining why it occurred and apologising for the inconvenience.

In extreme situations, staff should look after their own safety first, and call security or the police for assistance.

Developing a strategy to prevent and reduce patient anger will help both minimise patient frustration and reduce the risk of receiving complaints, and ultimately be a win for everyone. ●

Avant factsheet
Managing difficult patients

When things go wrong

Ruanne Brell
BA, LLB (Hons)
Senior Legal Adviser, Avant

There will be times when a patient's expectations are unmet. Often a patient may not even voice their expectations, which can leave you unprepared and unaware there is an issue. As soon as you become aware, discuss the issue with the patient and identify their concerns.

When the issue is something you have previously covered, reinforce your earlier advice and remind them of the discussion. If it's a concern you were unaware of, work with the patient to manage and address it.

The most common reason patients and families give for complaining after an incident is to gain a better understanding of what occurred. Addressing the patient's concerns straight away can help avoid the situation escalating.

Open disclosure

It is very important to provide an explanation to patients and/or their family as soon as possible after an adverse event occurs. Early communication can be valuable, even just to let them know you are gathering information so you can provide a more detailed explanation later.

The patient may also need to understand what the likely impact on them will be, and what ongoing clinical support may be required or is available.

All jurisdictions in Australia have 'apology' laws, which protect apologies or statements of regret following healthcare incidents from being used later in court. An apology is an essential part of the process, irrespective of whether the incident was preventable, a known possibility, or completely unexpected. The apology is not about blame or liability but about expressing empathy for the patient and their situation. You are apologising for what happened, not for any personal error or failing.

Ending the doctor-patient relationship

In general terms, you are not compelled to continue treating a private patient. However, avoid ending the relationship simply because a patient may be behaving in a way that is challenging to deal with. Before taking this step, consider what is in the patient's best interests.

The key is to recognise when it is appropriate to cease treating a patient and to know how to do it without breaching your legal and professional obligations.

Some difficult patient situations evolve over time. This could be due to conduct towards you, drug-seeking behaviour, a patient repeatedly missing appointments or when they choose not to follow your recommendations. Depending on the situation, it may be appropriate, in the first instance, to provide a verbal forewarning that you are considering ending the relationship, or entering into a written agreement with the patient. This could help to address your concerns and set clear boundaries. Trialling such measures can avoid surprising the patient and be evidence of your efforts if a complaint is made against you.

Working through a challenging situation to maintain the therapeutic relationship is ideal. However, where your ability to provide impartial treatment is compromised and you believe it is in the patient's best interests to obtain care elsewhere, it is appropriate to terminate the relationship. An example might be where a patient has made a formal complaint against you, or consistently chooses not to follow your advice.

Before taking action

Before ending a relationship with a patient, check that you do not have a contractual obligation to see certain patients at your place of work. Some workplaces will have a policy on how these matters should be handled.

It can be useful to discuss the situation with senior colleagues or with Avant before officially ending the relationship. Should you decide to proceed, remember the responsibility for ending the doctor-patient relationship rests with you, the doctor. Do not delegate it to another staff member. ●

Avant factsheet
How to end the doctor-patient relationship

Patient's death after consult raises telehealth risks

Dr Patrick Clancy
MBBS, FRACGP, MHlth&MedLaw
Senior Medical Adviser, Avant

An inquest has examined the health and safety issues associated with telehealth after a 70-year-old patient with a past history of bowel obstruction died a day after a telehealth consultation with a GP.

While the court acknowledged regular use of telehealth was new for many doctors at the time due to the pandemic, the coroner considered a physical examination was necessary at the time of the consultation, and that this would likely have prevented the patient's death.

The inquest was held after the patient died at home, after calling an ambulance. A chronic smoker with several co-morbidities, the patient had two benign polyps removed during a colonoscopy. Five days later, she had surgery for an incarcerated femoral hernia that had caused a bowel obstruction.

Gastroenteritis diagnosed

During the recovery from her colonoscopy and hernia procedures, the patient consulted regularly with her usual GP. Approximately three months after her surgery, the patient organised a telehealth consultation with the doctor. She reported vomiting overnight, feeling sweaty, abdominal pain for two days and constipation. However, she denied having difficulty breathing or experiencing any diarrhoea. The patient believed she had gastroenteritis and requested medication for vomiting.

Given her history of a previous bowel obstruction, the doctor guided her through an abdominal self-examination, asking if she could feel any lumps in her groin. He documented "no abdominal mass" after the patient answered "no". After diagnosing gastroenteritis, the doctor prescribed metoclopramide and provided general advice.

The doctor said he encouraged the patient to come in for a physical examination, but she declined, insisting she was all right and just wanted medication for vomiting. However, he did not document this request.

Tragically, although the patient called an ambulance the following evening, she died before it arrived as a result of an acute aspiration complicating bowel obstruction.

Telehealth consult comes under scrutiny

While the coroner accepted the doctor was "highly competent and caring," and that COVID restrictions were in place, expert evidence obtained by the coroner highlighted the following concerns with the consultation:

- The diagnosis of gastroenteritis was made based on a history of vomiting but not diarrhoea. Gastroenteritis, by definition, involves diarrhoea.
- Abdominal pain is not usually a feature of gastroenteritis unless coupled with diarrhoea.
- A previous incarcerated femoral hernia should have alerted the doctor to the risk of further bowel obstruction.
- The questioning of the patient concerning her self-examination was "...a clearly flawed method."
- Given the patient's recent bowel obstruction and comorbidities, her history of vomiting mandated a direct physical examination and assessment of whether intravenous re-hydration was needed.

An expert report concluded that if a direct physical examination had been performed at the time, this would have identified a degree of dehydration and led the doctor to either diagnose bowel obstruction or perform x-rays to exclude it.

Guidelines favour physical examination

The court accepted evidence from the RACGP's 2020 telehealth guidelines which provided guidance on when, and when not, to use telehealth. The patient's risk of contracting COVID based on her age and co-morbidities, supported the use of telehealth. However, telehealth was not recommended for assessing patients for serious, high-risk conditions requiring a physical examination and when a direct examination was required to support clinical decision-making.

The coroner noted the patient had not raised COVID as a concern during the consultation and concluded she, "needed a physical examination therefore, placing doubt on the utility of a telehealth on that day."

Undue reliance on patient's self-diagnosis

The coroner found the doctor had "unduly relied on her self-diagnosis of gastroenteritis" and a physical examination was required given the patient's medical history and age.

Had the doctor seen the patient face-to-face, the coroner was confident he would have conducted further investigations and likely referred her immediately to the hospital.

The coroner said, "[the patient] needed help from [the doctor] who unfortunately on this occasion, on the background of COVID-19 restrictions, failed to provide adequate care."

Coroner finds death was preventable

Ultimately, the coroner found the patient's death was preventable and made a series of recommendations. These included that the RACGP provide the telehealth guidelines to GPs across the state and remind doctors of their importance.

Avant resources
Telehealth: what you need to know

Medical Board's draft telehealth guidelines

Recently, the Medical Board of Australia developed draft revised *Guidelines: telehealth consultations with patients* for public consultation.

The draft guidelines emphasise that doctors should continuously assess the appropriateness of the telehealth consultation and whether a direct physical examination of the patient is necessary. The guidelines also provide new guidance on prescribing for patients the doctor has not previously consulted.

Download Medical Board resource
Guidelines: telehealth consultations with patients

Avant's submission

Avant has made a submission to the consultation supporting the update to the guidelines.

Our submission supports the broad concept that, "The standard of care provided in a telehealth consultation must be safe and as far as possible meet the same standards of care provided in a face-to-face consultation."

The submission voiced our support for doctors to convert from telehealth to face-to-face consultations if clinically indicated. We also called for enhanced guidance around the requirements for doctors when an in-person examination is needed.

Avant does not support the provision of services where consultations are not performed and there is no spoken contact with a patient. These services involve patients completing online questionnaires as essentially the sole basis to determine their clinical management (including providing prescriptions, referrals, investigation requests and medical certificates) without the patient speaking with their doctor. Instead, we recommend that doctors conduct a face-to-face, phone or video consult with a patient to determine if the prescription, referral, request or certificate is appropriate. The doctor can then act as a contact for non-GP specialists for ongoing management, reducing the risk of fragmented care.

Check the Medical Board of Australia's website for the new revised telehealth guidelines.

Download resource
Avant's submission to the consultation

Key lessons

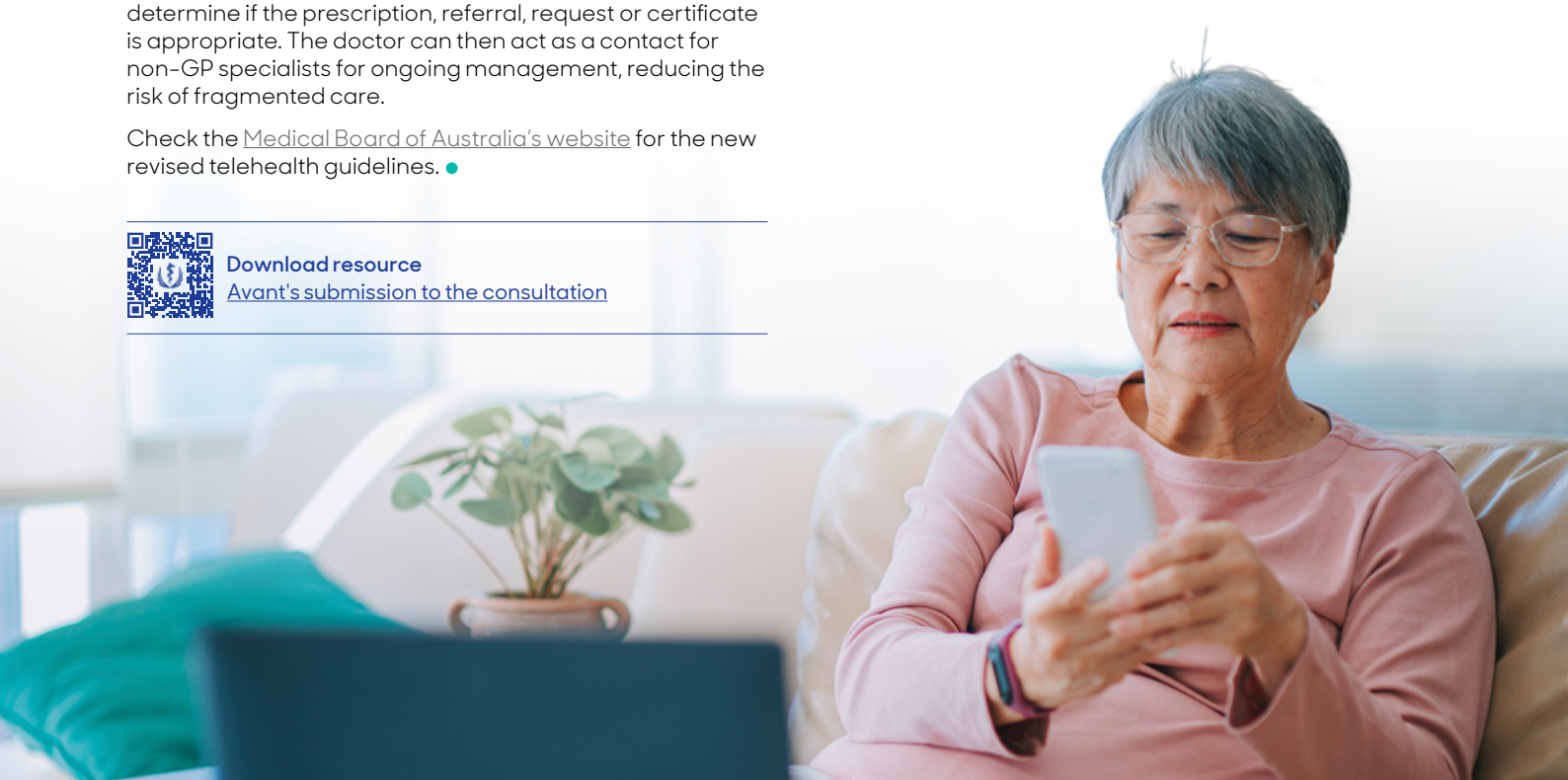
Although this tragedy occurred when the use of telehealth was evolving, it serves as a reminder that the provision of telehealth is subject to the same standards of care as providing face-to-face consultations.

Therefore, it's important to assess whether telehealth is appropriate based on the patient's age, medical history, symptoms and significant conditions in a differential diagnosis. Doctors should continue to assess whether a physical examination is necessary throughout the consultation, in line with the Medical Board of Australia's draft telehealth guidelines.

There are obvious limitations to telehealth, particularly in relation to physical examinations, so keep these tips in mind:

- Assess if the mode of telehealth being used is reasonable.
- Remember, documentation standards do not change for telehealth consultations. However, there are extra documentation requirements:
  - What technology was used for the consultation (phone or video) and the rationale.
  - Whether the patient has given financial consent, and whether the patient has consented to a telehealth consultation.
  - Whether anyone else was present.
  - Whether there were any limitations to your assessment.
- Put clear arrangements in place to transfer care to a face-to-face consultation, if you believe a physical examination is required.

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



Patient's claim rejected despite consent concerns

Morag Smith
BJuris, LLB
Special Counsel, Civil Claims, Avant Law

Chronic pain can significantly impact quality of life, including psychological well-being. When medical intervention fails to help, the patient can look for someone to blame, with treating doctors being the leading candidates.

As this case demonstrates, when a patient accuses a doctor of negligence, having detailed medical records is essential for a successful defence. It also demonstrates that claims can be defended if there is no evidence that the medical treatment caused any damage to the patient.

A routine procedure

A patient suffered a neck injury at work and was diagnosed with disc protrusion at C6 on her right side, impinging on the C6 nerve. Her GP referred her to an experienced radiologist to perform a nerve root sleeve injection (NRSI).

Before the NRSI, a nurse completed a diagnostic informed consent form with the patient, confirming her consent to the procedure and indicating that she understood the risks, including potentially life-threatening allergic reactions, bleeding, and infection. No warning was given about the risk of nerve damage.

The radiologist Avant member performed the NRSI under CT guidance. The patient tolerated the procedure and there were no immediate complications – she was not in any pain or experiencing any weakness, numbness, burning or other neurological symptoms.

Later the same day, the patient attended her GP complaining of severe pain radiating from her neck and down her arm. Within a week the pain reduced, and her symptoms were like those experienced before the NRSI. She reported that following the NRSI there was partial relief of her pain.

Six weeks later, the patient's GP referred her to an orthopaedic surgeon, and she went on to have a C6-7 hemilaminectomy, microdiscectomy and spinal rhizolysis for C6-7 disc protrusion. The patient was okay two weeks after the operation, but her pain returned.

Neither the patient nor her GP requested any clinical advice or further treatment from the member.

Allegations follow corrective surgery

Two and a half years later, the patient accused the radiologist member and the GP of negligence because she suffered complications from the NRSI, including nerve damage that required further surgery. She alleged the member and the GP:

- failed to explain the nature of the injection and the risks associated
- didn't suggest the option of ongoing conservative management
- exposed her to risks that could have been avoided.

Medical records provide clear evidence

The GP's records indicated that prior to the NRSI the patient was suffering from neck pain, which restricted her physical abilities, and imaging suggested C6 irritation.

The GP's referral to the radiologist indicated the test required was a "Nerve Root Sleeve Injection Right C6" to treat neck pain.

The member's records clearly document there were no complications during or immediately after the NRSI, and the images show the tip of the needle was adjacent to the C6 nerve root – it did not touch the nerve.

Pre-operative imaging shows disc protrusion that appears to compress on the right lateral recess behind C6, which could have been impinging on the C6 nerve root.

Based on the presenting symptoms, the member had no cause to consider an alternative injection or treatment.

Expert evidence supports member

A pain specialist and a radiologist reviewed the imaging and noted the needle was inserted a bit deep, however, they believed it was unlikely the member hit the root nerve. If this had occurred, the patient would have experienced immediate and severe pain. They also confirmed the images did not support the patients' claim that the NRSI damaged her C6 nerve root.

The patient's expert witness evidence was that the pain became worse after the NRSI, however they did not say that it caused the increase in pain.

Duty of care not breached

To make a successful claim for damages, the patient had to satisfy the court the member had breached their duty of care and caused an injury, which they could not. The imaging and expert evidence proved the NRSI was administered correctly and the needle did not enter the patient's nerve root. The case against the radiologist and the GP was dismissed.

Consent a contentious issue

Although the consent form was signed by the patient, the nurse did not warn the patient of the risk that her symptoms may be exacerbated as a result of irritation of the nerve root following the NRSI, or that she could suffer a permanent nerve injury. Our expert radiologist witness expressed the view that the risks of nerve damage were material and that all patients should be advised of this possibility before undergoing NRSI.

If the patient had suffered a nerve injury as the result of undergoing NRSI, and she had not been warned of this material risk, a court would likely find that informed consent had not been obtained. ●

Avant factsheet
Medical records - the essentials

Key lessons

There will be times when the treatment you provide does not meet a patient's expectations, especially if they are suffering from ongoing pain issues.

While the member was at risk due to the poor consent process, the claim failed because the patient could not prove the NRSI caused her ongoing pain or meant she required further surgery.

Take care when delegating consent, and make sure you are confident fully informed consent has been obtained.

Make sure the delegated person has the appropriate skills, knowledge and information to conduct and record the consent process effectively.

Where there is uncertainty about the consent, reiterate the process with the patient.

Even when a risk is rare, it doesn't mean it's reasonable not to warn a patient, particularly if it could have a significant impact.

Defence process

In cases like this, an important aspect of the evidence is how the actions of the doctor involved are viewed by their peers. Central to the defence of the member involved Avant finding suitable expert witnesses to assess and advise on the clinical aspects. A radiologist and pain specialist were sourced to review the imaging and their expert witness evidence, along with imaging in the medical records, were key in refuting the claim the NRSI was the cause of the patient's ongoing pain issues.

Supreme court vindicates doctor over referral delay

Harry McCay
BComm, LLB
Special Counsel, Avant Law

A state's Supreme Court of Appeal decision reassures doctors on their legal duty to chase up referrals for patients in the public healthcare system after it overturned a $190,000 negligence ruling against a GP member.

The original case alarmed the profession when it found the GP had breached his duty of care for failing to chase up a referral to a surgeon for a patient with a hyperkeratosis (corn) on his foot.

The appeal ruling clarifies the extent of a doctor's duty of care for patients where the only option is the public healthcare system with long waiting lists. The decision confirms doctors do not have a duty to follow up referrals for public patients with non-urgent conditions where the action would not result in any escalation of the care.

Doctor sends another referral

The patient initially presented to the doctor complaining of pain in the sole of his right foot associated with hyperkeratosis. The doctor ordered an ultrasound which revealed a cyst underlying the hyperkeratosis. He offered to excise the hyperkeratosis, provided antibiotics and recommended that the patient get insoles.

About six months later, the doctor referred the patient to a surgeon at a public hospital as he had no private health insurance or means to pay for an operation privately.

The patient presented again a month later. As there had been no response to the first referral, the doctor sent a second referral to the surgeon highlighting that the hyperkeratosis was impacting the patient's ability to work. A period of two years elapsed during which there was no response from the hospital and the patient was treated with painkillers and an antidepressant.

Patient's infected foot leads to surgery

A little over two years after the second referral was sent, the patient presented to hospital and was diagnosed with an infected foot. He underwent surgery to drain an abscess on his foot and excise the hyperkeratosis.

Over a year later, the patient sued the doctor for compensation, claiming the doctor had failed to refer him for specialist treatment, follow up the referral appropriately and institute a proper treatment plan for his condition. The patient argued that if the doctor had chased the referral, the patient would have been treated earlier and not had to undergo surgery in the manner that he did.

The original decision

In the original case, the primary judge ruled the doctor had a duty of care to follow up the referral if the patient hadn't been seen within a reasonable timeframe, deemed to be a month.

The primary judge found that by December 2014, following up the referral would not have been unduly onerous or costly, and would have been a "reasonable precautionary measure to take" to ensure the selected treatment was effective.

"I am not satisfied the [doctor] took any step from that date to satisfy himself that the plaintiff, as his patient, had not somehow got lost in the system. In that regard, there was a breach of [the doctor's] duty of care," the primary judge said.

The court found that had the doctor followed up the referral, triaged as category 3 (non-urgent), he would have discovered the referral pathway was ineffective and been able to take measures to have the patient seen by a specialist for some initial advice.

The primary judge ruled the patient's surgery would have occurred at least a year earlier, allowing him to work with an increased level of mobility and less pain.

The patient was awarded $190,000 for damages plus the legal costs incurred in running the claim.

Grounds for appeal

Avant successfully appealed the original decision in favour of the member. The appeal turned on what precautions a reasonable GP would take to guard against the risk of harm to the patient and whether any breach of the doctor's duty of care caused the patient's injuries. The three key grounds for appeal were as follows:

- The patient's referral to the hospital had not gone "awry" or "got lost in the system."
- The scope of the doctor's duty did not require follow up, which was futile.
- Had the doctor followed up the referral to the hospital this would not have resulted in the patient being seen by a surgeon at any material time earlier than he was.

Attempting to escalate referral futile

In handing down its decision, the court of appeal confirmed a doctor may have a duty to follow up a referral, but this depends on the facts of the case.

The court of appeal accepted Avant's argument that the doctor did not have a duty to follow up the referral in this case as a reasonable GP in his position would know it was futile unless there was a significant deterioration in the patient's condition.

In considering what would have occurred if the doctor had tried to escalate the referral, the court of appeal emphasised the evidence of an independent GP, briefed by Avant, who spoke of his experience with delays in the particular hospital system.

The GP described the wait times as "not a matter of particular surprise," and observed that surgery for category 3 patients is recommended to be completed within 365 days. However, in 2013 and 2014, wait times were even longer.

Ultimately, the appeal judges accepted the expert GP's and member's evidence that if the doctor had phoned the hospital to escalate the referral, it would not have led to earlier treatment for the patient.

Duty to consider alternative options

The original case also investigated the doctor's duty to consider alternative options when a patient faced delays in the public health system. This included the possibility of calling a private surgeon to obtain advice on management.

The court of appeal noted there was no evidence that any specialist would have been prepared to give advice without seeing the patient, let alone what the advice would have been or how it would have affected the patient's outcome.

Overstretched health system to blame

Based on the evidence, the court of appeal rejected the finding that something had gone "awry" in the hospital's processing of the referrals.

Instead, the delay was found to be nothing more than the "normal operation of a significantly overstretched public health system" based on the patient being on a long waiting list and allocated low priority.

The claim was dismissed, and the patient was ordered to pay the doctor's costs.

The patient has applied for special leave to appeal the decision in the High Court of Australia, so there may be further judicial comment on this case. ●

Key lessons

Doctors may have a duty to follow up a referral in certain circumstances and the likelihood of such a duty being imposed will increase if follow up is likely to improve the patient's outcome or avoid an adverse outcome.

This case demonstrates the importance of submitting evidence in follow up cases involving the public health system from doctors who had personal experience of working in the system at the particular time.

Avant factsheet
Patient follow-up and recalls

Paths to efficiency and growth for your practice

Patrick Esplin
BSc, LLB
CEO New Ventures, Avant

When training to be a doctor, you don't get taught how to start or run your own medical practice. However, many of the common business-related issues you may face have solutions that can improve efficiency and enable growth.

Avant member and neurologist, Associate Professor David Williams, is someone who encountered many of the challenges that owners are presented with when establishing his own practice. He reflects, "I wished I had access to expert advice when I started in private practice. With hindsight, there were lots of simple mistakes I could have avoided along the way."

Get practice management expertise

"When I started in private practice, I struggled to find the right advice about setting up and running my practice," Associate Professor Williams said. "Managing the business side of a medical practice is a full-time job. Keeping up with compliance issues and financials not to mention staffing, IT, billing and book-keeping is a big commitment."

To address this lack of expertise, Associate Professor Williams advises getting in some experts, "We all consult accountants and lawyers for financial and legal matters, so consulting experts in medical practice management just makes good business sense."

Make sure you are billing efficiently

With Medicare rebate rates delivering less revenue, and payroll tax on the horizon for many practices, having good billing processes is one way to limit loss of revenue.

Many practices lose more than 20% of their revenue due to incorrect billing. Associate Professor Williams notes, "Often this is because invoices aren't submitted, follow-ups aren't chased, and dealing with insurers, patients and debtors takes time practice staff don't have.

"When billing admin is stretching practice resources, outsourcing medical and surgical billing to deal with these matters allows more time for patient-focused activities, as well as benefiting the bottom line from efficiently collected fees."

Optimise staff resourcing

"When I first started out, I couldn't justify employing a full-time receptionist, and later found it hard when a receptionist was sick or resigned," says Associate Professor Williams. "Using technology can create efficiencies and help practices cope with surges in demand or loss of key reception staff.

"Virtual administration and reception services are an affordable option for medical specialists who don't need full-time onsite staff, who practise from different consulting rooms, or who are just starting out in private practice. Outsourced support provides stability and flexibility for a growing clinic with consistent communication and a single point of contact," he adds.

Flexibility in resourcing can also be as simple as managing incoming calls from patients and referring doctors when there are staff shortages.

Offsite back-up for your reception team is the ideal way to increase your service to patients without having to add extra staff to your front desk.

Reducing doctors' admin

Another area of administration Associate Professor Williams found took up time was drafting letters and other communications. As a practice grows its number of patients, doctors and admin staff need more time for these tasks.

"Dictation tools may help but it can take considerable effort training the voice-to-text software," he explains. "Overseas transcription agencies are another potential solution but can take days to respond. Although the cost is relatively cheap, the files may still have to be imported, formatted, addressed and sent. I was also concerned that sensitive data was being accessed overseas, which could contravene privacy laws."

Artificial intelligence and bespoke software for the Australian market are solutions now used by many practices, providing accurate and securely sent messages that are automatically filed against a patient record.

“

We all consult accountants and lawyers for financial and legal matters, so seeking expert medical practice management advice just makes good business sense. Getting quality advice can avoid some costly mistakes.

Solutions for practices' legal needs

In addition to the operational challenges, members have been telling us of the increasing legal complexities in running a practice. Commercial and corporate law solicitor at Avant Law, Ben Ryan, highlights the matters for which members are currently seeking advice.

Payroll tax

"The changes in how payroll tax is viewed for medical practices, has meant the structure of employee contracts and workplace policies may benefit from a review to see whether they need updating," Ben notes. "How employees are engaged may depend on your needs and can have implications around payroll tax exposure and superannuation contribution entitlements. This is a complex matter where legal, as well as accounting, advice can be of great benefit."

Privacy and data security

"Protecting personal information is an essential function of businesses, particularly when handling sensitive health information," Ben explains, adding that "to meet your privacy obligations, your medical practice must have appropriate policies and procedures for information storage and security, and ensure all staff are across these."

If you do experience a data breach, you need a plan for what to do. Ben notes, "Many practices have needed help with cyber investigations, mandatory breach notifications and managing contractual obligations. Legal expertise is absolutely necessary to help prepare for these risks as well as respond to them."

Keep on top of workplace laws

At the end of 2022, several workplace law reforms were passed that impact medical practices. Ben notes, "Understanding the many changes and their implications can be difficult, but is vital so that practice policies are compliant with the new laws. Within the legislation are changes to flexible work, fixed-term contracts and parental leave entitlements."

Structuring for growth

"Growing the practice usually includes bringing on new staff. Setting up service agreements is a key aspect, and the structure needs to be clear. For example, the inclusion of consumables, and whether the agreement provides an incentive to bring in revenue," Ben explains.

"Ratcheted service fees or vested interest in the company are a couple of ways to incentivise and retain staff. Much will depend on the level of control you wish to have over staff."

Growing may also mean developing or moving location. Should the property be leased or purchased? Leasing an owned property to the practice can be beneficial, although this needs the right structuring to cover options to buy or the right of first refusal.

Avant's practice solutions

Managing a practice is multi-faceted with many complex elements. Avant has many products and services designed to aid practice protection, efficiency and growth. Hoxton Medical Practice, a company set up by Associate Professor Williams following his own experience, is the latest addition to Avant's suite of practice solutions. Others include PracticeHub online medical practice management software, legal services from Avant Law, and financing. ●

To find out how we can help your practice, contact us on 1300 968 636.

Benefits for doctors when arranging property finance

Jacqui Lombard
BComm (Accounting and Auditing)
Co-founder and NSW Head, Kooyong (part of Avant)

As a doctor, you enjoy a unique position when it comes to getting finance for property. Not only do you have a high earning potential and stable income, you can benefit from advantageous lending policies from loan providers who specialise in providing financial services for doctors. This can include lower deposit requirements, higher borrowing limits and favourable interest rates.

In the current market where lending conditions have been tightened and repayments are going up, accessing these benefits may give you a real advantage when it comes to buying a home, or if you're thinking about investing in a commercial or residential property.

Reduced deposit

For residential property purchases, doctors can obtain finance with a lower deposit than usually required, often as little as five percent. Or, in some specific cases, it's even possible to borrow up to 100% of the property's value.

Typically, if you have a deposit of less than 20%, banks will require you to insure the loan through a third party. This lender's mortgage insurance incurs a premium that's added to the loan cost. However, as some banks view doctors as a low credit risk, they may waive this requirement.

These two benefits make a considerable difference when it comes to getting into your new home sooner. Particularly if you've recently moved into a new position with a higher income, but the deposit you've already saved would not allow you to purchase the type of property you're now comfortably able to make mortgage payments on.

Maximising your borrowing power

You could also benefit from the favourable lending policies that some financial institutions will consider for doctors. This can maximise your borrowing power.

Lenders traditionally look at two things when it comes to borrowing capacity. Firstly, they consider the debt to income ratio, where borrowing capacity is calculated at between six to eight times your taxable income. Then they will look at net monthly surplus, or how much money you have available each month after commitments and liabilities.

Every scenario is different, but typically lenders will only take into account base salary. However, doctors' income streams may not be as regular as other professions, and overtime payments and earning potential may not be factored in by all lenders.

With the right broker, who understands how medical practitioners are remunerated, someone who is a PAYG employee at a medical clinic or hospital may be able to have 100% of overtime and allowances included.

Another benefit is the opportunity to have your projected income considered. For example, if you're a newly self-employed doctor, your projected annualised income, based on your first quarter's financials, can be considered in your loan application.

Property law and finance support for doctors

Avant Law's team of legal experts has a long and trusted history of supporting doctors with their professional legal needs. In recent years, this service has expanded to provide personal and business advice, and now includes property experts who can assist with title searches, due diligence, negotiation with vendors, the completion process and purchases as part of a self-managed super fund. Avant's finance division, Kooyong, specialises in arranging commercial and personal property finance for doctors and is able to access lenders who offer favourable terms.

If you're considering investing in a property, contact us to see how we can help you. ●

Preserving your estate: what you need to know

Jennifer Jackson
BA, LLB
Head of Estate Planning & Probate, Avant Law

Doctors are notoriously time-poor, which can mean, like many people, they put off estate planning until it's too late. However, failing to make a will or set up powers of attorney can result in significant legal and financial consequences for your loved ones.

Who inherits if you don't have a will?

Dying without a valid will in place is called dying 'intestate' and each state and territory has legislation setting out the intestacy rules that determine how your estate is distributed. The rules of intestacy vary depending on your circumstances, including whether you have a spouse or de facto partner, children, parents, or other relatives.

If you have a spouse or de facto partner but no children, your partner will generally inherit your entire estate. However, if you have children, your estate will be divided between your partner and children according to a specific formula set out in the law. If you don't have a partner or children, your estate will be distributed to your parents, siblings, or other relatives in a specific order.

Intestacy can result in unintended consequences, particularly if you have complex family arrangements or wish to leave a specific gift to a friend or charity. Having a will can ensure your estate is distributed according to your wishes and your loved ones are provided for.

Powers of attorney

In addition to creating a will, it's also important to consider powers of attorney. A power of attorney is a legal document that allows you to appoint someone to make decisions on your behalf if you become unable to do so. There are two main types of powers of attorney:

1. General power of attorney

This allows your attorney to make financial and legal decisions on your behalf, such as managing your bank accounts, paying bills, and signing legal documents. A general power of attorney is typically used when you need someone to act on your behalf temporarily, such as when you're overseas or in hospital.

2. Enduring power of attorney

This allows your attorney to make decisions on your behalf even if you become mentally incapacitated. An enduring power of attorney can be limited to specific decisions or can give your attorney broad authority to manage your affairs.

Creating powers of attorney will mean that someone you trust will be able to make decisions on your behalf if you're unable to do so. Without powers of attorney, your loved ones may need to go through a complex and costly process to have someone appointed to manage your affairs.

Setting up a will and powers of attorney are important steps in estate planning. Knowing that your wishes will be followed and that your loved ones will be provided for can offer peace of mind. Even when you already have a will, it is worth reviewing to check it reflects your current circumstances and still represents your wishes.

Estate planning can be complex, but consulting with a lawyer who specialises in this area can help ensure your estate is preserved according to your wishes. ●

Avant resource
Who inherits if you don't have a will?

Who needs ambulance cover?

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

Living in Australia, where Medicare is relied upon for providing a base level of healthcare, many would expect this to include ambulance services. The reality is that in most states, calling and using an ambulance will cost you, with fees being hundreds or even thousands of dollars. Even if someone calls the ambulance for you, it is the responsibility of the patient to cover any costs.

Ambulance services in Australia differ in each state or territory and, unless you live in Queensland or Tasmania, where costs are covered by the state government, not having appropriate cover could result in a hefty bill.

Emergency vs non-emergency ambulance

Even in an emergency, ambulance services are not free as there is no national scheme for the cost of emergency transport or ambulance services to hospital.

Some states and territories provide free or subsidised services for non-emergency patient transport to eligible patients, such as those who are receiving ongoing medical treatment or have a chronic medical condition.

Ambulance cover: subscriptions and private health insurance

Cover options are available through some state-based subscriptions or private health insurers, to protect you against the hefty out-of-pocket costs that can arise. In most cases, you won't need both to be adequately protected. However, it's good to check the finer details because what's included can vary, with some offering cover for all ambulance services, while others only cover costs in emergencies.

With private health insurance, cover differs with each policy, such as benefits limitations, restrictions for use and whether it is part of a hospital policy, extras policy or offered as an ambulance-only policy. It's important to refer to your own health fund to understand the ambulance cover available to you, and the specifics of your cover, if you already have it.

Air ambulance cover may not always be included under some policies, or have restrictions that apply. Private health insurance can also only cover ambulance services provided by a state-run organisation, such as NSW Ambulance, but not any private provider, for example the Royal Flying Doctor Service. This might be of particular interest if you live, or are travelling, in rural and remote parts of Australia.

All Doctors' Health Fund hospital products provide national cover for emergency and medically necessary ambulance services, by air, land or sea.

Concessions apply

There are several concession categories that can provide those eligible a discount or may mean cover is not needed. This again varies, depending on the state or territory of residence, the details of which are available through the resource provided below.

Whatever your situation, or those of your patients, it's important to understand what cover you have or whether you need it. At Doctors' Health Fund, we are always willing to help you make the right choice. ●

Learn more at doctorshealthfund.com.au/our-cover

Useful resource
Ambulance cover arrangements by state and territory

Planning for a successful transition to retirement

Deciding it's time to hang up the stethoscope is not something many doctors find easy or even able to consider. Retirement can be a difficult adjustment and planning ahead is crucial to a successful transition.

Keen to understand the barriers to retirement and find solutions to assist his medical colleagues to plan for the transition away from medicine, Dr Chanaka Wijeratne has been researching both causes and solution, supported by grants from Avant.

A psychiatrist with expertise in treating older people with mental illness and neurodegenerative disorders, Dr Wijeratne's interest in doctors' retirement started almost 20 years ago, when the Medical Council of NSW asked him to assess ageing doctors who may have an impairment.

Doctors need to know when it's time

Reflecting the ageing population in the community, the Australian population of doctors is getting older. "Many are working into their 70s and 80s and some may experience mild cognitive impairment. They are very dedicated, good doctors who've had great careers but are at risk of having a bad end to their working lives," says Dr Wijeratne.

"Medical practitioners don't usually receive any guidance on planning for retirement or determining its timing. Our recent Avant-funded research has shown that almost 40% of practitioners aged 55-plus in Australia have no intention of, or are unsure about, retiring", says Dr Wijeratne. "Doctors are retiring five years later than the general population, with GPs and psychiatrists being the least likely to have a retirement intention."

Barriers to retirement

Two of the main factors that reduced the odds of retiring were self-identification with work and having sufficient financial resources. "The culture of medicine is often to work until you drop. You've invested so much time and energy on education and looking after your patients, it may not have left room for much else in terms of social interests, hobbies or even relationships. And you often haven't sought advice on how to look after your money well," Dr Wijeratne adds.

Medicine is a taxing career, although older doctors tend to experience the lowest levels of psychological distress and burnout, and believe they are ageing successfully. However, the profession has never paid much attention to the needs of late-career practitioners, in particular supporting the transition away from demanding and complex careers.

Developing practical tools

Further funding from Avant, and assistance in recruiting doctors for the research, provided support for the next step of this project for Dr Wijeratne and his colleagues; looking at ways to support doctors with retirement planning. This included delivery of online educational modules to help doctors in the pre-retirement phase to start to think, plan or form an intention about how and when they will retire. The modules were designed to promote positive retirement planning behaviour, in particular, increasing the number and specificity of goals.

"While there were no changes in the control group, we found that the group who completed all the modules reported reduced work centrality (they started to think about life outside of work more) and changed their perceptions about social, emotional and health goals. We also saw this group improve in their mastery of retirement planning - they felt like retirement planning was within their control," Dr Wijeratne explains.

Dr Wijeratne is now looking at further improving outcomes by testing additional interventions, including the use of small peer review groups for late-career practitioners to discuss relevant issues, and to determine how a confidential self-assessment tool for cognition may influence behaviour.

Starting to think about life after medicine when you still have time to plan and take action, is more likely to result in a happier retirement than leaving it until later, when your options could be limited.

Dr Chanaka Wijeratne
MBBS, FRANZCP, MD

Adjunct Associate Professor with affiliations to University of Notre Dame and University of New South Wales

Download
Transition to retirement modules

Reference
Wijeratne, C., & Earl, J. (2021). A guide for medical practitioners transitioning to an encore career or retirement. *Medical Journal of Australia*, 214(1), 12-14.e1. https://doi.org/10.5694/mja2.50870

Avant Grants and Awards

Avant has several programs to support projects that advance the provision of healthcare. These programs fund initiatives driving quality, safety and professionalism in medicine, and are awarded to doctors across career stages, practices and charities.

Learn more
Avant's Research Grants and Award | Avant Difference

Improving mental well-being for members

Tracy Pickett
BA, LLB
Legal & Policy Adviser, Advocacy, Education & Research, Avant

Mental health and the well-being of doctors are growing areas of concern, with an increased understanding of how poor well-being can not only result in burnout, but can also impact patient outcomes. To further support members and help them to assess and manage their well-being, Avant has recently introduced a couple of initiatives.

Trainee doctors: recent survey outcomes

The well-being of trainee doctors is of particular concern, with a recent survey of this cohort revealing that they are experiencing high levels of stress and anxiety.

The 2022 Medical Training Survey, run by the Medical Board of Australia, revealed some statistically significant changes in year-on-year results, based on over 23,000 responses. These included an increase in trainee workload and in the number of trainees considering a future outside of medicine. Long working hours, high workloads and job-related stress were identified as common factors contributing to poor mental health among respondents.

The study's findings are not unexpected, given the long hours and high-pressure environments that trainee doctors face. The COVID pandemic exacerbated these challenges, with many trainees working even longer hours, combined with the negative impact of restrictions on routine teaching which limited face-to-face interaction.

The reality of the pressure experienced during the early days of medical training is not helped by the stigma associated with mental health issues. Barriers to help-seeking, such as concerns about confidentiality and potential impact on career progression, are common among younger doctors.

The survey underscores the importance of education for doctors in relation to mental health, and self-care strategies to help them better manage the demands of their profession.

Well-being support for members

For many years, Avant has provided health and well-being resources to members when they are impacted by the complaints process or court proceedings. This support was extended to all members in response to the additional stresses brought about by the COVID pandemic.

Avant's Personal Support Program provides a range of support options to members dealing with mental health issues. This program includes the opportunity to access up to six sessions of confidential counselling provided externally by Benestar, a leading global provider of corporate psychology services.

New app and resources

As a further demonstration of Avant's vision to support doctors at the critical early stage of their careers, we are pleased to provide them with access to an app that can help them assess and manage their well-being.

The *My Well-Being Index* app, which has been customised for Australian doctors, uses the Well-Being Index developed by the Mayo Clinic for Doctors to help users identify burnout and increase awareness of their well-being.

The app takes the user through an anonymous questionnaire to help track well-being using six validated dimensions of stress. Based on your Well-Being Index Score, you are provided with links to relevant resources, which include videos, books and articles, online content and links to organisations that may be able to provide further support.

The Well-Being Index allows you to:

- ✓ Assess your well-being in just nine questions – once set up, this takes only a minute.
- ✓ Obtain instant and individualised feedback and links to useful resources.
- ✓ Track your well-being over time and identify when you may be at risk.
- ✓ See how you compare to your peers.

*Use of the app is **100% anonymous** and no-one is able to see or access an individual users' data. All of the data provided to Avant is aggregated and will have **no impact** on any product or services offered to members.*

Learn more and download app
avant.org.au/health-and-well-being

Avant Mutual Group Limited ABN 58 123 154 898

MJN-1121 05/23

avant.org.au
1800 128 268

You trust your reputation with Avant.

Why not trust your health with Doctors' Health Fund?

Like Avant, Doctors' Health Fund was founded by doctors, for doctors. With over 45 years' experience serving the medical community, we know the health insurance needs of doctors better than anyone else.

Health cover designed for doctors

With AMA rates on Top Cover Gold hospital and no preferred providers, your needs will be protected as both a patient and a practitioner.

Service that puts you first

You'll be supported by a team that understands you and your profession. With a member satisfaction rating of 96%~, you're guaranteed to be our priority.

Quality cover that delivers value

Whether it's just for you or for you and your family, you can rely on our hospital and extras cover when you need it most.

It takes just 5 minutes to join
1800 226 126
doctorshealthfund.com.au/avant-exclusive-offer

Avant member *exclusive*

15 weeks FREE

across your first two years when you join on any hospital & extras by 30 June*.

We'll also waive the two-month waiting periods on extras.

Families^ save more than **$1500** on Prime Choice Gold + Essential Extras

Doctors Health by Avant

* New members only, T&Cs apply. Must join by 30 June 2023 on combined hospital and extras cover to receive 15 weeks free across your first two years (10 weeks free in your first year and 5 weeks free in your second year), and two-month waiting periods on extras waived. Check eligibility in the full terms and conditions at www.doctorshealthfund.com.au/avant-exclusive-offer. ^Families with two parents under the age of 65.

~ The Doctors' Health Fund Member Satisfaction Research Report 2023.