

The background of the slide is a dark blue celestial map featuring various constellations and star patterns. A prominent constellation, likely Cygnus, is depicted in the upper right quadrant with its characteristic 'W' shape. Other constellations like Delphinus, Sagitta, and Corona Borealis are also visible. The map includes lines of celestial longitude and latitude, and numerous stars are marked with small white dots.

BpPremier SUMMIT 2025

Medico-legal Risk and Compliance

Angela Mason-Lynch, Avant



Medico-Legal Risk and Compliance

Angela Mason

Angela is a Risk Adviser with Avant, she has extensive experience managing practices of various disciplines and sizes. A past State and National AAPM President, Fellow, Life Member & Certified Practice Manager. Angela has experience as a Board Member and expert committee member for multiple bodies in healthcare. Angela has experience as an accreditation surveyor and as an assessor and trainer for University of New England Partnerships, she is a Registered Nurse with a Post Grad Certificate in Nursing Management, a Diploma in Practice Management and is a Graduate of the Australian Institute of Company Directors. Angela has a history of commitment to ensuring health care is delivered safely with quality outcomes in a financially viable environment that is a desirable place in which to work.

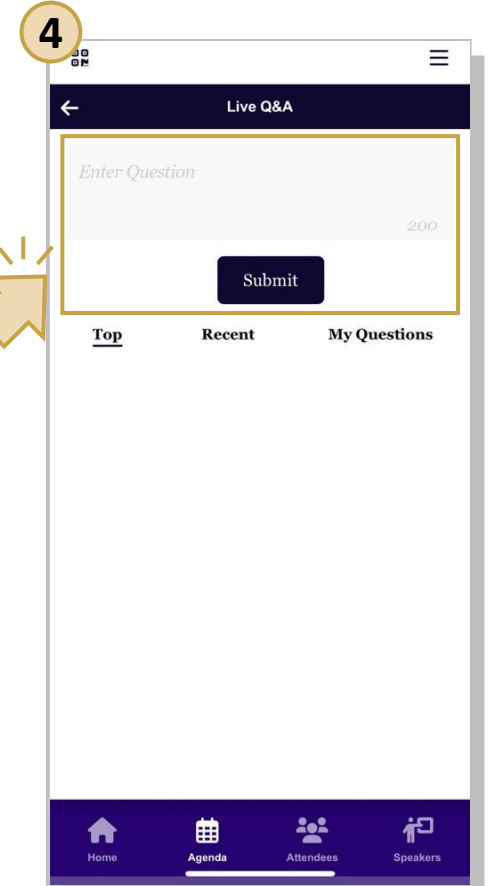
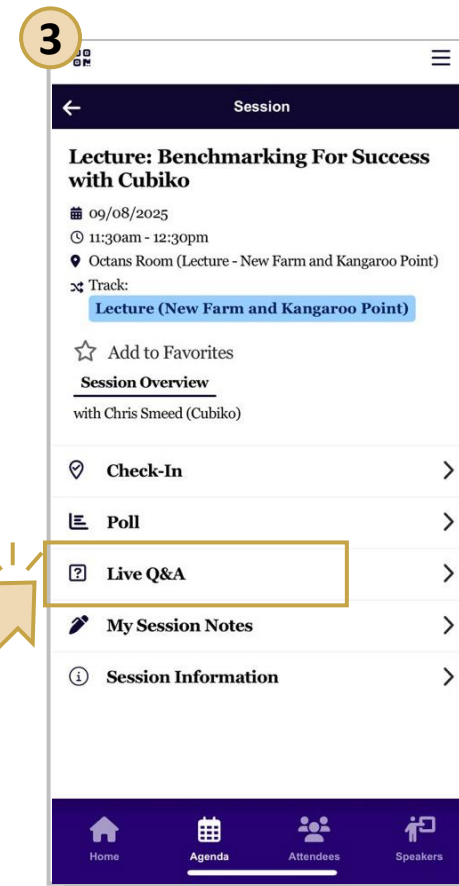
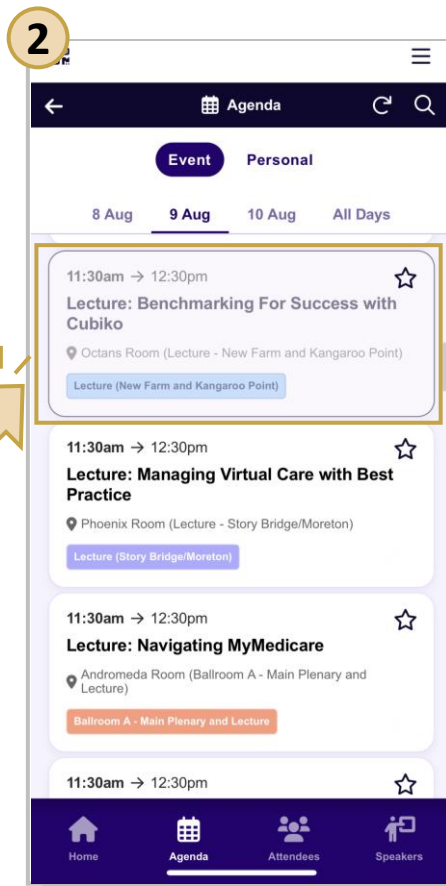
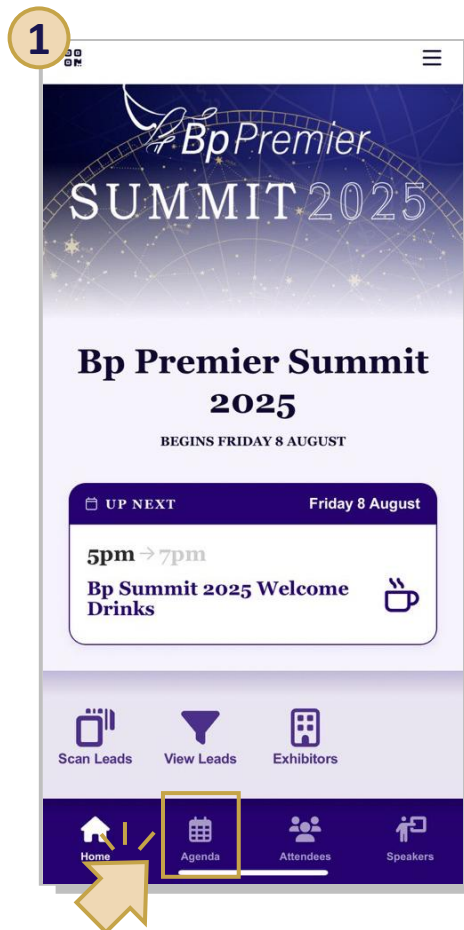


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Ask any questions
using The Event App



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The background of the slide is a dark blue celestial map featuring various constellations and star patterns. A prominent constellation, likely Cancer, is depicted in the upper right quadrant with its characteristic crab-like symbol. Other constellations like Delphinus, Cygnus, and Sagitta are also visible. The map includes lines of celestial longitude and latitude, and numerous stars are marked with small white dots.

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Acknowledgement to 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.



Claims and complaints against practices



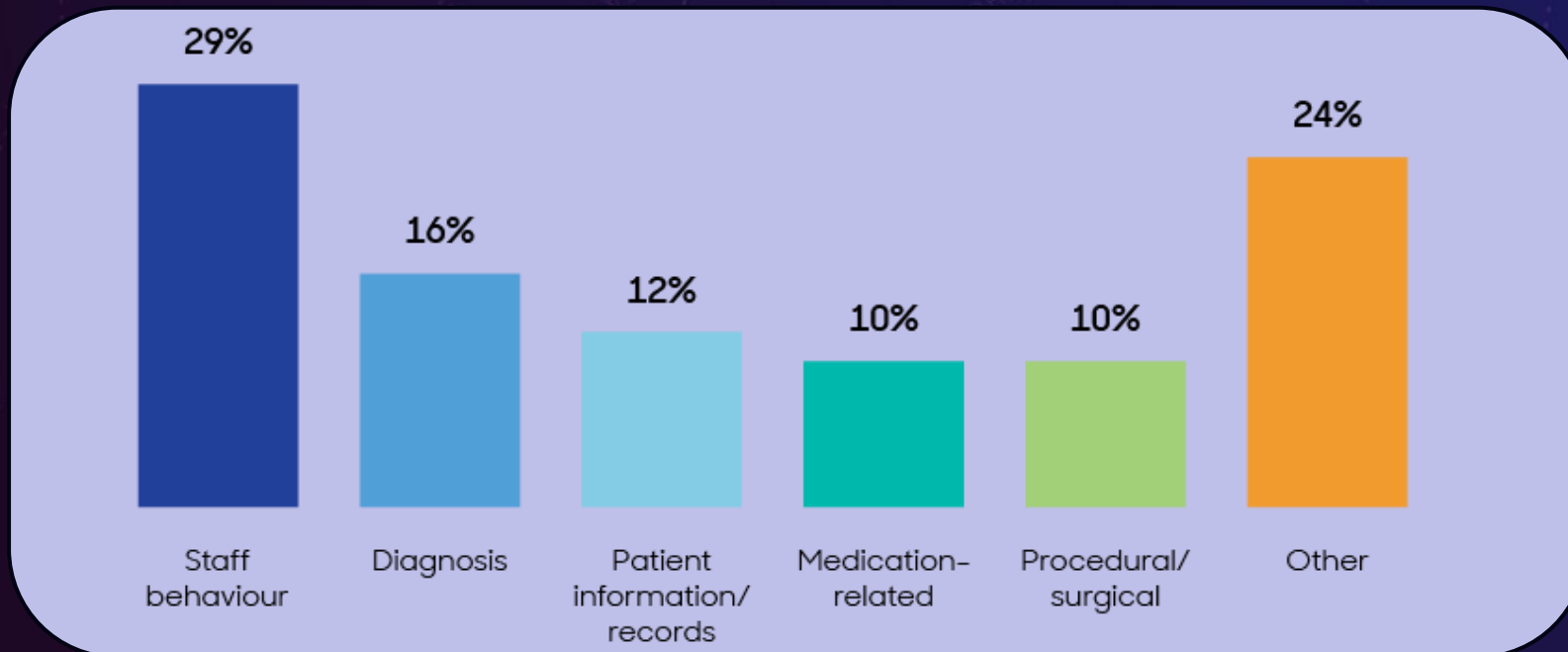
Avant practice policyholders had a matter raised about the provision of care each year.*

The types of matters indemnified for practices include regulatory complaints (44%), claims for compensation (28%), employment disputes (20%) and other matters (7%)

*Five-year average

Common claims and complaints

Regulatory complaints and compensation claims against practices related to:



Claims and complaints

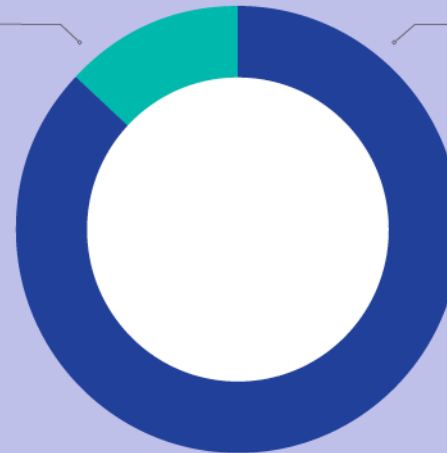
Party against whom the complaint or claim was made

13% Medical practitioner

Practice entity **87%**

(including nurses,
non-medical staff,
practice owners)

Data source:
complaints and claims
closed 2016-17 to
2020-21



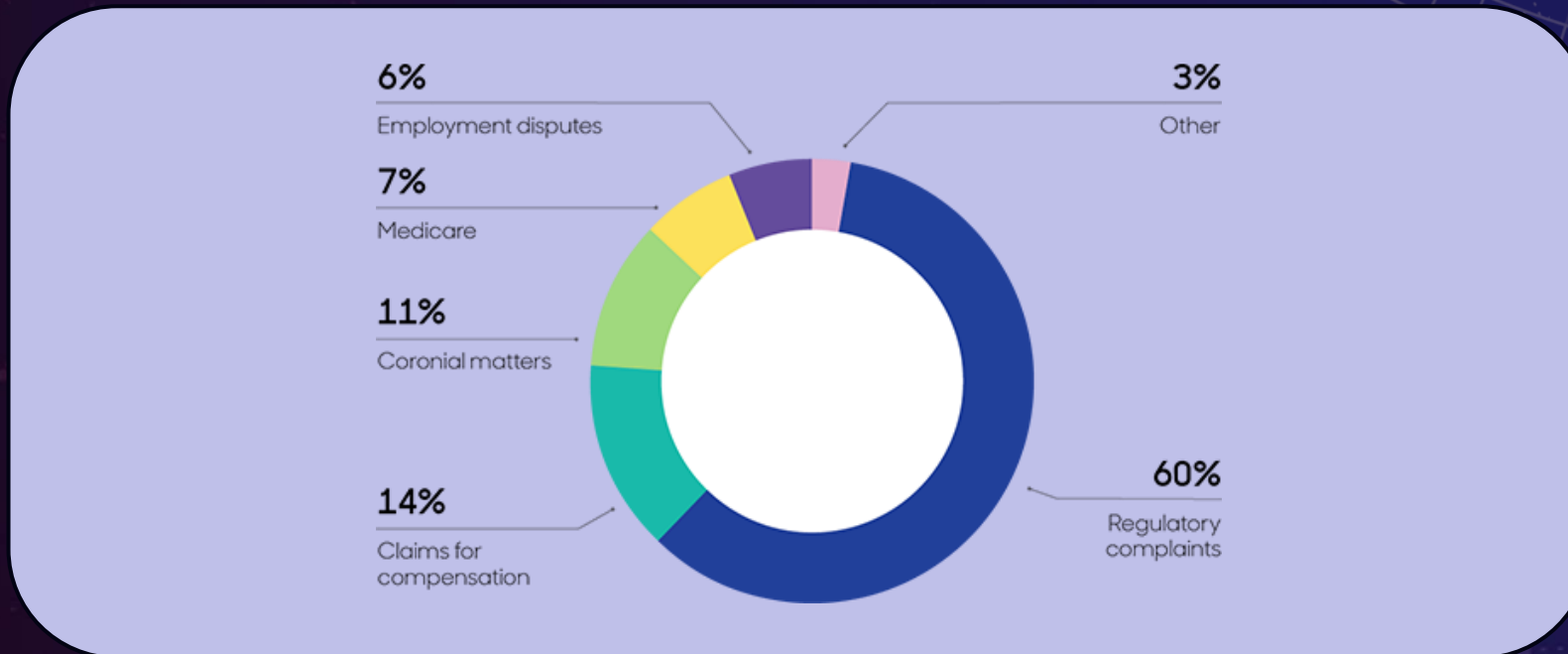
Claims and complaints - GPs



On average*, every year **one in 10** Avant general practitioner (GP) members had a matter raised about the provision of their care.

Allegations are sometimes made against doctors even when they provided appropriate care.

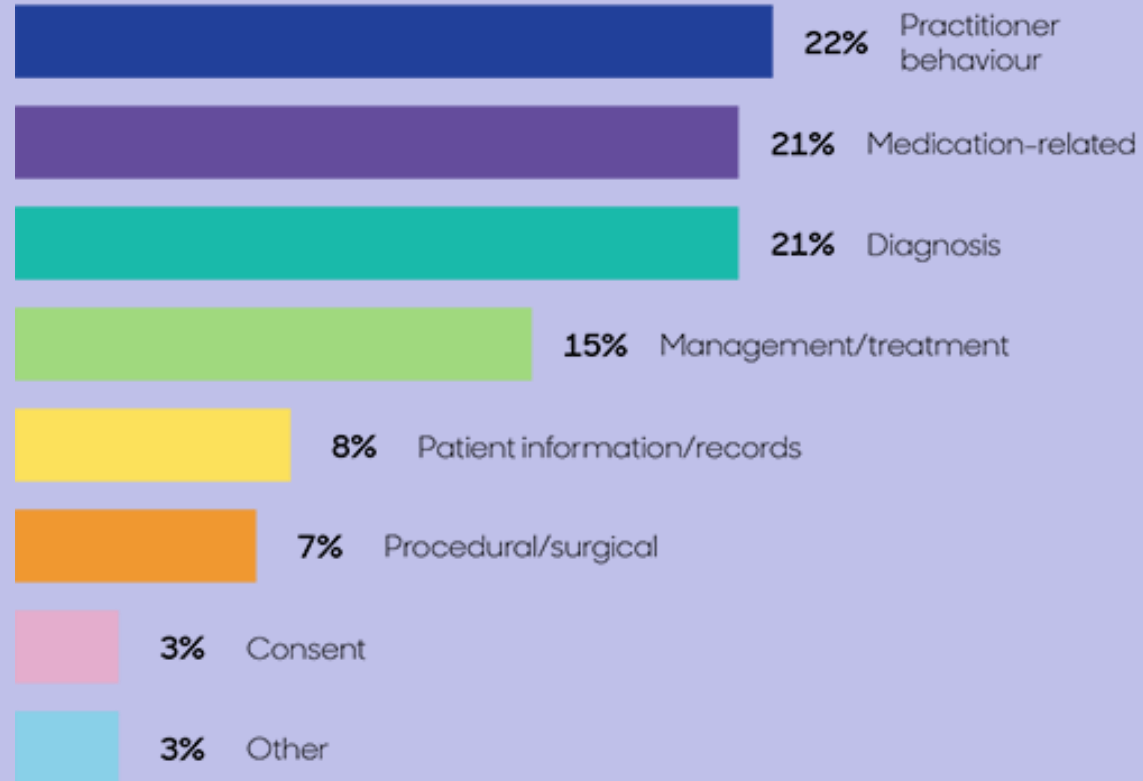
Types of claims and complaints - GPs



*Five-year average

Data source: matters indemnified FY2018-22

Common claims and complaints - GPs



Regulatory complaints

Practitioners

Practices

Incidence of complaints made to regulatory bodies against Avant practitioners or practices each year (5-year average)

1 in **20**

1 in **24**

Regulatory complaints

53%	patient
22%	patient's family
6%	other doctor or healthcare provider
5%	regulatory board, complaints body
14%	other

70%	patient
22%	patient's family
1%	other doctor or healthcare provider
2%	regulatory board, complaints body
5%	other

‘Other’ may include employer, police, healthcare facilities, other members of the public and anonymous complaints.

How are you measured when things go wrong?



**Good medical practice:
a code of conduct for
doctors in Australia**

October 2020



Australian Government
Office of the Australian Information Commissioner



**Australian
Human Rights
Commission**



**safe work
australia**

Case study

- Dr Imgreat is one of four GPs at “We Care” practice.
- The clinic is supported by four part-time receptionists (approx. 3 FTE), two part-time nurses, and a part-time practice manager who mostly works remotely and handles payroll and finances.
- Mrs Vera Gettingon arrives for her consultation, but receptionist Mary notices she hasn’t completed her new patient form, which was meant to be submitted online before the appointment.



Case study



- Mary helps Mrs Gettingon answer all the questions on the new form including an email address and mobile number.
- She sends her through to the nurse, Tom, who will do basic observations and health history for this first consultation.
- Mrs Gettingon asks if she can please record the consultation as her daughter wants to know what the doctor thinks about her “infected leg”.
- Tom says the Mrs Gettingon is not permitted to record the consultation for security and privacy reasons.

Case study

- Mrs Gettingon has basic observations done by the nurses and is taken to Dr Imgreat.
- Dr Imgreat is using AI and as Mrs Gettingon arrives in the consult room
- Dr Imgreat asks her if she consents to him using AI to record the consultation.
- She is shocked that he is allowed to record but she wasn't.



Case study



- At the end of the consult, Dr Imgreat takes Mrs Gettingon to the nurses' room for Tom to dress an ulcer on her leg.
- Afterward, Tom brings her to reception and tells Mary she'll need a repeat dressing in one week.
- Mrs Gettingon is bulk billed for the long consult and charged \$15 for the dressing.
- Mary books the next dressing in 7 days with Nurse Lucy, noting it's because Lucy is female.

Case study

- Mrs Gettignon's daughter visits her mum and is told what her mum could remember about the consult and treatment.
- Mrs Gettignon's daughter emails the practice to inform them that Mrs Gettignon is very confused and is picking at the dressing and the ulcer. She said her mum wanders at night and is constantly losing things.
- She says in the email that she thinks her mums license should be cancelled.
- She asks for the email to be kept completely confidential from her mother.



Case study

Mrs Gettingon is brought to her dressing appointment by her daughter, who is very unhappy.

Her concerns include:

- taking the day off work,
- feeling her emailed worries were ignored,
- waiting over an hour, the high cost of the dressing,
- and the doctor seeming rushed and uninterested beyond the ulcer.

She leaves a very negative Google review.



Case study



- Dr Imgreat's next pt arrives. It is little Molly who is usually brought by her mother, but today Molly's dad has brought her.
- She is booked into the nurses appointment as well because the Dad has said she is well over due for her vaccinations.
- While Molly is waiting for the appointment Mary receives a call from Mollys mum who asks if Molly is booked with the doctor and for what reason.

Case study

- Dr Imgreat has a verbal argument with Mollys Dad who is also a patient of the practice.
- Dr Imgreat decides he wants to end the Dr / Pt relationship.
- He tells the practice manager to send a letter telling the patient they can see other doctors in the practice but not Dr Imgreat.



Case study



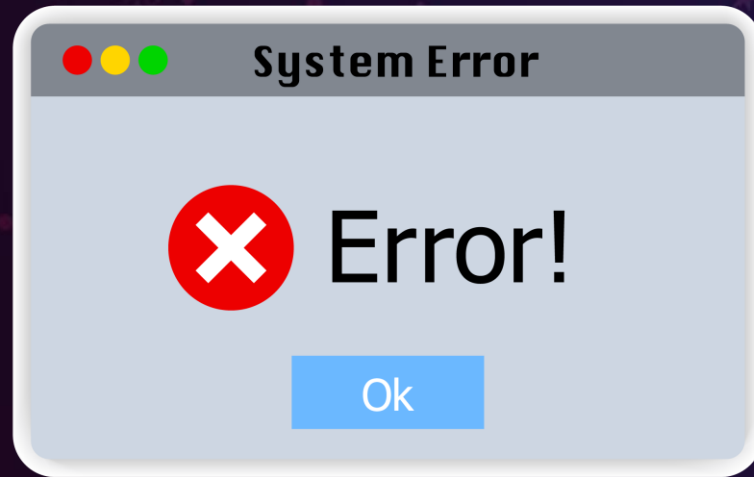
- Later that afternoon, Police arrive at the practice and request information about a patient that was seen at the practice yesterday who has been since arrested for assault.
- The patient is now in custody and the police want to know how serious his injuries were and if he appeared drug effected.
- The police believe there is an immediate risk to the person in custody and the person he assaulted.

Case study

- Tom is in charge of recalling patients for clinically significant issues.
- He has been trying to contact a patient that needs a repeat PSA. The pt is not answering their phone or responding to txts.
- A registered post letter as been returned to sender with no forwarding address



Case study



- Dr Imgreat decides to leave the practice in two months to focus on skin cancer work in a more appreciative area.
- He begins informing patients and obtaining consent to transfer their files.
- The receptionist discovers that images from the mole and skin lesion imaging machine can't be transferred individually.
- Dr Imgreat insists the images must be transferred.

Evidence being requested

- Govern (P&P)
- Collaborative management
- Training and education (initial and ongoing)
- Review of evidence
- Risk Register
- Meeting notes
- Medical records



Summary

- Get your documentation in place
- Use your P&P to govern
- Use a collaborative style of management
- Keep stakeholders informed (pts, Drs, team)
- Seek and act on feedback
- Review your quality improvement actions
- Use clinical meetings to drive practitioner change



Questions & Answers



Thank you for joining us!



**Our Bp Summit
Presentations
and Resources are available
via our Knowledge Base**

**Medico-
legal Risk
and
Compliance**

Angela Mason-
Lynch, Avant