

MEDICARE
ROUND-UP

MEDICARE Australia has alerted GPs to some PBS and MBS changes and drawn attention to areas of practice that are attracting compliance attention:

Multi-dose protocol

If there is a clinical need to prescribe a medicine to a patient more than once a day, you can only prescribe it once as a PBS medicine. Alternatively, where the PBS allows, you can apply for an authority approval to prescribe an increased quantity of the medicine, instead of prescribing twice

>> bit.ly/Obb3EG

New product references

PBS forms will be updated over the coming months to include new product references. While the functions of the forms will not change, their appearance — specifically the logo, privacy statement and references to specific products — will be different from previous versions.

>> bit.ly/1fPi0W

Bulk-billing co-payments

MBS explanatory notes have been updated to provide clarity in relation to charging co-payments when bulk-billing. Medicare advises GPs to familiarise themselves with this update to make sure they charge patients correctly when bulk-billing.

>> www.mbsonline.gov.au

Medicare e-claiming

By the end of 2014, all Medicare service centres will offer Medicare, Centrelink and Child Support services under one roof. This means some Medicare services may be relocated in your area, so having an e-claiming facility at your practice may be worth considering for your patients.

>> bit.ly/1cHE72m

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If you have anything you'd like to see in the next edition of Smart Practice, please email cheree.corbin@cirrusmedia.com.au

A DOCTOR'S DUTY

LEGAL
OPINION

ENORE PANETTA

The facts
of the
matter

A MEDICAL practitioner was found to be guilty of improper conduct after failing to stop and render assistance to the occupants of a crashed vehicle in rural WA.

Outcome

The practitioner's failure to assist those in the second vehicle before driving to the police station was found to be improper conduct. The Tribunal found that, because she did promptly attend a police station, she was not guilty of infamous conduct. The circumstances that deterred the practitioner from rendering assistance — including that she was travelling in a violence-prone area at night-time, without a torch, mobile phone or first aid equipment, and was herself in a state of shock from the accident — did not obviate her duty to stop and assist.

The Tribunal decided that the practitioner should have at least



attempted to make an assessment of the situation, including the nature of any injuries and needs of persons involved, and rendered assistance, by way of first aid, as the practitioner was physically able to do so.

The fact that there was no existing professional relationship between the practitioner and the occupant(s) of the second vehicle was not relevant. Because saving human life and healing sick and injured people is a core purpose and ethic of the medical profession, there was found to be sufficient link between her conduct on that evening, and the profession of medicine.

Take-home point

It is improper conduct for a medical practitioner who is aware that a motor vehicle accident has or may have occurred in their vicinity to fail to make an assessment of those involved,

including the nature of their injuries and need for assistance, in circumstances where the practitioner has the physical capacity to do so. The Tribunal emphasised that simply notifying the emergency services would not be sufficient action to discharge the duty.

It is worth noting that the good Samaritan defence gives medical practitioners protection against civil compensation claims arising from providing assistance in emergency situations where there is no previous practitioner-patient relationship, so long as such assistance is provided in good faith, without recklessness and with reasonable care and skill. ●

Mr Panetta is a director at Panetta McGrath Lawyers.



The full decision is online at: bit.ly/1k3TRI9

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The tribunal also dismissed Dr Dekker's defence that she was concerned that it was unsafe to approach the unknown occupants of the vehicle, as the judge believed their injuries would minimise such a risk.

"If she had sought to make an assessment and render assistance and was met by a threat of violence towards her, then she would have complied with her professional obligation and could have left the scene to alert the police."

Dr Bird says although this decision may be unfair, it highlights a potential legal hazard to all doctors.

"Doctors may be subject to disciplinary action for failing to respond to requests for emergency assistance — indeed, this case demonstrates that." ●

TOP 10

TERRY CORNICK

Online sites for GP jobs

If you're thinking about changing jobs, the web is one of the best places to start looking.

1 Medical recruitment agencies

There is a substantial number of agencies across Australia of varying size and reputation, so do your research and ask colleagues of their experiences. The extent of involvement of agencies will vary; some will cover every aspect of your placement including contracts, travel, paperwork, accommodation, car, and chasing payment of tax invoices. Some will simply send you a list of available roles each week and confirm a placement; others have a fully integrated online registration system.

2 Medicare Local Websites
www.amlliance.com.au

They may have earned a bad reputation in the media and with GPs, but they can be an invaluable source of information containing directories of medical centres and most have an employment page detailing GP vacancies in that region, along with

direct contact details. The Australian Medicare Local Alliance operates the 61 Medicare Locals across the country.

3 General Practice Network Websites

The predecessors of Medicare Locals, GP Networks were set up in each region of Australia until the 2012 National Health Care Reforms signalled the end of their funding and the majority transitioned.

Some still remain independently and have a local employment page for GP vacancies locally. The Australian General Practice Network oversees these networks:

- www.gpns.w.com.au (NSW)
- www.checkup.org.au (Queensland)
- www.gpv.org.au (Victoria)
- www.wagpnetwork.com.au (WA — site under construction)

4 Health Workforce Websites
www.rhwa.org.au/site/index.cfm?display=36847

Each state in Australia has a

dedicated health workforce that essentially acts as a government sponsored recruitment agency. Rural Health Workforce Australia (RHWA) oversees these agencies. Each health workforce has a page of GP opportunities in that state and you can apply online and a Consultant will contact you to discuss further.

5 Australian Doctor
www.australiandoctor.com.au/jobs

This online and print publication has a particularly detailed classifieds page with an array of GP vacancies across Australia, including rural and remote areas.

6 6minutes

www.6minutes.com.au

This GP news site features a jobs page that details GP vacancies across Australia.

7 Seek Website

www.seek.com.au

This is the largest generic employment website in Australia and will mainly have adverts from agencies, however you will also find medical centres and other

organisations advertising direct for GPs.

8 RACGP website

www.racgp.org.au/support/classifieds

The RACGP has an extensive classifieds page that breaks up vacancies by state.

9 ACRRM website

www.acrrm.org.au/work

The Australian College of Rural and Remote Medicine is predominantly focused on rural GPs and its work page details vacancies across regional, rural and remote Australia.

10 Medical Journal of Australia
www.mja.com.au/jobs

The MJA has its own dedicated jobs board with locum and long-term vacancies listed across every state.

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