

# Practice Managers' Update

An update for MDA National  
**PRACTICE MANAGERS**

## Overview

**Practice managers are often the backbone of medical practice operations.**

At MDA National, we understand that as a practice manager, you're likely juggling operational excellence, customer service, team leadership and medico-legal risk - all in a day's work! So we aim to support you with practical resources and risk management tools to help keep you, your doctors and practice staff up-to-date.

This edition of *Practice Managers' Update* covers:

- disaster preparation and recovery
- practice manager, Samantha Aurisch - winner of the Rural Health West General Practice Manager Award 2016
- email and SMS communication with patients
- privacy complaints and compliance.

Our Medico-legal Advisers are here to support you with answers to any questions on **1800 011 255** or **advice@mdanational.com.au**.



## Disaster Preparation & Recovery - Preparing for and recovering from a disaster

### CASE STUDY

**Other than the Practice Manager being away on well-deserved annual leave in far flung Mongolia, a regular day has started in the practice... until the power goes off!**

The senior receptionist on duty immediately has three doctors, two nurses and two receptionists all exclaiming "what happened", "the power is off", "my computer has shut down", "someone check the meter box", "someone see if the office next door has power".

A common "disaster" for medical practices is loss of electricity from a variety of causes - some short, planned and manageable, others unpredictable and longer term. Are you ready to manage this?

This scenario requires advance planning to ensure continuity of patient care. Your plans should take into consideration that you may not have access to medical records and appointments (if your system is electronic), and the potential for mistakes due to medication prescription

reminders or allergy information not being available. If you have a vaccine fridge, how will you manage the cold chain requirements, e.g. do you have coolers and ice packs? (See *National Vaccine Storage Guidelines - Strive for 5* for further information).

In this instance the senior receptionist knew where the hard copy of the business continuity plan was kept. She followed the procedures, contacted the appropriate services including the electricity supplier and the IT support company, and provided information to the team. Fortunately the power was restored within four hours - and staff then updated systems and records from hard copy notes, checked the vaccine fridge temperatures and generally restored order! The good news was that the IT backup system worked and no data was lost.

A review was completed the following day to ensure that the information in the business continuity plan was accurate and up to date.



**A common “disaster” for medical practices is loss of electricity from a variety of causes - some short, planned and manageable, others unpredictable and longer term.**

## Is your practice disaster ready? Are you prepared for a sudden interruption to the business?

It's a hot day at the end of a long summer, and your region has been placed on “watch and act” with a bush fire approaching...

Torrential rain over the last few days has caused the local river to “burst its banks”, and sandbagging has commenced...

What could go wrong? An emergency may lead to an increased demand for services including more patients presenting with injuries or highly infectious symptoms. Damage to the practice's infrastructure can cause varying degrees of disruption including loss of access to information systems and communication, essential services and equipment.

These events may also reduce access to staff or cause the practice to close.

According to the Royal Australian College of General Practitioners (RACGP) Standards for General Practice, all general practices are required to have “a contingency plan for adverse and unexpected events such as natural disasters, pandemic diseases or the sudden, unexpected absence of clinical staff”. For all other non-accredited healthcare or medical practices this is also useful and good business practice.

### Preparation

To be properly prepared, practices will need:

- a business continuity plan (including an emergency call directory and immediate response checklist)
- a practice procedure manual
- computer and information security
- a pandemic plan
- an emergency kit.

Once these items are in place, practices will need to conduct regular staff training on what to do in the event of a disaster.

### Business continuity plan

The purpose of a business continuity plan is to ensure the continuation of your business during and following any critical incident where your normal operational capability is interrupted. It also provides a framework for returning to “business as usual” as quickly as possible.

The contents of this plan will differ according to individual circumstances and location. The plan will also require regular review and updating, e.g. every six months, with a nominated person responsible for this task.

There are various example templates available, however suggested content includes:

- coordinator details
- staff training and responsibilities
- continuity of patient treatment, service requirements and priorities
- computer/IT/medical record/appointment and billing system security (e.g. appointments, billing and patient health information are frequently backed up; a schedule of regular tests to ensure that backups are correctly created and can be accessed as expected; details of the secure offsite location where the backup information is stored; and a formal agreement with external IT providers to comply with your requirements)
- service failure information, e.g. telephone, electricity, water, drainage and gas
- medical supply storage, e.g. vaccine fridge

- practice business details such as accounts and service providers (e.g. banks, internet, insurance - policy numbers)
- specific plans for fire and flood emergencies
- pandemic plan
- emergency kit.

### Practice procedure manual

All medical practices are recommended to have a policy and procedure manual with content relevant to the setting. This manual could include templates and policies for areas such as:

- human resources
- occupational health and safety
- infection control
- practice management
- privacy and personal health information
- clinical management.

Keeping a copy of this manual securely offsite will avoid loss of important business knowledge in the event of a disaster.

### Computer and information security

Australian Privacy Principle APP 11 requires health services (APP entities) to take active measures to ensure the security of personal information they hold and to actively consider whether they are permitted to retain this personal information.

Specifically, APP 11.1 states that an APP entity that holds personal information must take reasonable steps to protect the information from misuse, interference and loss, as well as unauthorised access, modification or disclosure.

Appropriate strategies are required in case of loss of electricity, external internet provider outage, or hardware damage. These procedures and contacts should be recorded in the business continuity plan. A useful resource is the RACGP *Computer and Information Security Standards (CISS) for General Practices and Other Office-based Practices* (see Resources below).

### Pandemic plan

A pandemic plan provides a guide for preparation, response and recovery from a pandemic such as influenza. There are various national and state government public health guides available as references (see Resources below).

The RACGP has developed *Managing Emergencies and Pandemics in General Practice: A Guide for Preparation, Response and Recovery* with support from the Department of Health.

While this guide has been specifically developed for the general practice setting, other primary care settings might find it useful during their emergency preparations.

### Emergency kit

This could include forms, policies or documentation such as:

- contact details of all staff including casual/backup staff
- triage protocols for an emergency
- infection control policy
- communication protocol (with patients and other services)
- copy of business continuity plan
- equipment list:
  - torch and spare batteries
  - general stationery (pens, message pad, letterhead paper, medical notes pages)
  - first aid kit including gloves and personal protective equipment
  - pathology, radiology and script pads; and practice name stamp
  - spare keys
  - security codes.

## Resources

### General

Australian College of Rural and Remote Medicine. Natural Disaster: Readiness and Recovery. Available at: [acrrm.org.au/rural-and-remote-medicine-resources/natural-disaster-readiness-and-recovery](http://acrrm.org.au/rural-and-remote-medicine-resources/natural-disaster-readiness-and-recovery)

Australian College of Rural and Remote Medicine. Sample Flood Action Plan. Available at: [acrrm.org.au/docs/default-source/documents/rural-and-remote-medicine-resources/brindabella\\_flood-action-plan\\_outline.pdf?sfvrsn=0](http://acrrm.org.au/docs/default-source/documents/rural-and-remote-medicine-resources/brindabella_flood-action-plan_outline.pdf?sfvrsn=0)

GPA Accreditation Plus. Business Contingency Plan Template. Available at: [gpa.net.au/resources-4th-edition/templates](http://gpa.net.au/resources-4th-edition/templates)

Royal Australian College of General Practitioners. Computer and Information Security Standards (CISS) for General Practices and Other Office-based Practices. 2nd ed. Available at: [racgp.org.au/your-practice/standards/computer-and-information-security-standards/](http://racgp.org.au/your-practice/standards/computer-and-information-security-standards/)

Royal Australian College of General Practitioners. Standards for General Practices. 4th ed. Standard 3.1 Safety and Quality; Criterion 3.1.2 clinical risk management systems: "E. Our practice has a contingency plan for adverse and unexpected events such as natural disasters, pandemic diseases or the sudden, unexpected absence of clinical staff." Available at: [racgp.org.au/your-practice/standards/standards4thedition/safety,-quality-improvement-and-education/3-1/clinical-risk-management-systems/](http://racgp.org.au/your-practice/standards/standards4thedition/safety,-quality-improvement-and-education/3-1/clinical-risk-management-systems/)

Rural Health West. Business Continuity Planning Checklist. Available at: [ruralhealthwest.com.au/docs/workforce\\_support/ecopy\\_business-continuity-planning-checklist.pdf?sfvrsn=2](http://ruralhealthwest.com.au/docs/workforce_support/ecopy_business-continuity-planning-checklist.pdf?sfvrsn=2)

### Government business websites

Australian Government Business. Templates and Tools. Available at: [business.gov.au/business-topics/templates-and-downloads/emergency-management-template-and-guide/Pages/default.aspx](http://business.gov.au/business-topics/templates-and-downloads/emergency-management-template-and-guide/Pages/default.aspx)

Queensland Government. Business Continuity Planning. Available at: [business.qld.gov.au/business/running/risk-management/business-continuity-planning](http://business.qld.gov.au/business/running/risk-management/business-continuity-planning)

Government of South Australia. Preparing a Business Continuity Plan. Available at: [sa.gov.au/topics/business-industry-and-trade/running-a-business/safeguarding-your-business/preparing-a-business-continuity-plan](http://sa.gov.au/topics/business-industry-and-trade/running-a-business/safeguarding-your-business/preparing-a-business-continuity-plan)

Tasmanian Government. Preparing Your Business for Natural Disasters. Available at: [business.tas.gov.au/preparing\\_for\\_disasters](http://business.tas.gov.au/preparing_for_disasters)

Small Business Development Corporation. Business Continuity Planning Checklist. Available at: [smallbusiness.wa.gov.au/site-search/results?q=business+continuity&p=1&action\\_results.x=0&action\\_results.y=0](http://smallbusiness.wa.gov.au/site-search/results?q=business+continuity&p=1&action_results.x=0&action_results.y=0)

### Pandemic guides

Australian Government Department of Health. Australian Health Management Plan for Pandemic Influenza. Available at: [health.gov.au/internet/main/publishing.nsf/Content/519F9392797E2DDCCA257D47001B9948/\\$File/AHMPPI.pdf](http://health.gov.au/internet/main/publishing.nsf/Content/519F9392797E2DDCCA257D47001B9948/$File/AHMPPI.pdf)

Royal Australian College of General Practitioners. Managing Emergencies and Pandemics in General Practice: A Guide for Preparation, Response and Recovery. Available at: [racgp.org.au/your-practice/business/tools/disaster/emergencies/](http://racgp.org.au/your-practice/business/tools/disaster/emergencies/)

Royal Australian College of General Practitioners. Managing Pandemic Influenza in General Practice: A Guide for Preparation, Response and Recovery. Available at: [racgp.org.au/your-practice/guidelines/flukit/](http://racgp.org.au/your-practice/guidelines/flukit/)

# Privacy Policies Assessed

**Our last *Practice Managers' Update* reported that 40 GP practices had been randomly selected by the Office of the Australian Information Commissioner (OAIC) for assessment of their privacy policies.<sup>1</sup> In April this year the OAIC issued its findings.<sup>2</sup>**

## Readability

The OAIC recommended that many of the policies should be made easier to read, as 77% of policies required education above Grade 12 to be easily read and understood. Consider using short words and sentences, avoiding medical or legal jargon, and using headings to identify parts of the text.

## Content

Content found lacking included:

## Availability and accessibility

The OAIC took the view that GP clinics should make their privacy policy available to patients at the clinic, as patient interaction is predominantly face to face. Where GP clinics had a web presence, the OAIC felt that the privacy policy should also be available on the website. They also recommended that practices:

- display their policy prominently and keep copies available
- hand a copy to all new patients when they register
- refer to the policy in registration forms, collection notices and other consent forms.

Content	Policies lacking this	OAIC Recommendation
Reflective of the APPs	44%	Cover or explicitly refer to the APPs
Contact information for patients to request access or correction, or to make a complaint	89%	State the position title, telephone number, postal address and email address of contact person
How to request a correction or make a complaint	94%	Include procedure to seek correction of personal information, and complaints procedure (e.g. complaint should be made in writing, clinic will respond within 30 days, complaint can be taken to OAIC if unsatisfied with response)
How to request access	97%	e.g. using a specified form
Kinds of personal information collected and held	50%	Include details such as patient's name, date of birth, address, Medicare number, individual healthcare identifiers
How personal information is collected	36%	e.g. through patient registration forms, the consultation, other healthcare providers, pathology labs
How personal information is held	33%	Not specified in the report, but include whether information is kept electronically or in paper format
The purpose as to why the information is collected, held, used and disclosed	44%	e.g. for providing healthcare, quality assurance, accreditation, IT service providers
Steps to protect information	31%	Include security measures such as computer passwords or locked cabinets
Reference to collection, use or disclosure through My Health Record (MHR) system	3% (of clinics using MHR)	Include that information may be collected, used and disclosed for purposes of the My Health Record (MHR) system
Reference to collection, use or disclosure with electronic transfer of prescriptions	100%	Include that information may be collected, held, used and disclosed for purposes of electronic transfer of prescriptions
Statement about overseas disclosures	52%	Not specified in the report. If no overseas disclosures are made, state this. If a cloud-based service with overseas servers or an overseas transcription service is used, more detail is required. <sup>3</sup>

## References

1. Does Your Privacy Policy Measure Up? Practice Managers' Update 2015:5. Available at: [mdanational.com.au/~/\\_/media/Files/MDAN-Corp/Publications/Practice-Managers-Update-2015.pdf?la=en](http://mdanational.com.au/~/_/media/Files/MDAN-Corp/Publications/Practice-Managers-Update-2015.pdf?la=en)
2. Office of the Australian Information Commissioner. General Practice Clinics – APP 1 Privacy Policy Assessment. 2016. Available at: [oaic.gov.au/privacy-law/assessments/general-practice-clinics-app-1-privacy-policy-assessment](http://oaic.gov.au/privacy-law/assessments/general-practice-clinics-app-1-privacy-policy-assessment)
3. Office of the Australian Information Commissioner. APP Guidelines. Chapter 8: Australian Privacy Principle 8 – Cross-border Disclosure of Personal Information. Available at: [oaic.gov.au/resources/agencies-and-organisations/app-guidelines/chapter-8-app-guidelines-v1.1.1.pdf](http://oaic.gov.au/resources/agencies-and-organisations/app-guidelines/chapter-8-app-guidelines-v1.1.1.pdf)

## Resources

- Office of the Australian Information Commissioner. Guide to Developing an APP Privacy Policy. Available at: [oaic.gov.au/agencies-and-organisations/guides/guide-to-developing-an-app-privacy-policy](http://oaic.gov.au/agencies-and-organisations/guides/guide-to-developing-an-app-privacy-policy)
- Royal Australian College of General Practitioners. RACGP Privacy Policy Template for General Practices. Available at: [racgp.org.au/your-practice/ehealth/protecting-information/privacy/](http://racgp.org.au/your-practice/ehealth/protecting-information/privacy/)
- Australian Medical Association. AMA Sample Privacy Policy. Available at: [ama.com.au/article/privacy-and-health-record-resource-handbook-medical-practitioners-private-sector](http://ama.com.au/article/privacy-and-health-record-resource-handbook-medical-practitioners-private-sector)

# Practice Management, Pink Planes and Pleasing Patients

## Samantha Aurisch

Bruce Rock Health Centre

Winner of the Rural Health West General Practice Manager Award 2016

### Tell us a little about yourself.

I'm born and bred in Bruce Rock in the WA wheat belt, 250km from Perth. I started my working life with a traineeship in local government and began in a medical practice after being approached by a local doctor who asked if I'd be interested in weekend work at his surgery. Much has changed since then. I am now the practice manager and in early 2000, we moved into a shiny, new, shire-built building that has a resident dentist, community health counsellor, and allied health services such as a chiropractor and dietician at the GP practice at which I work.

### Tell us about your role at the practice.

My role is extremely varied. Five years ago, we lost our practice nurse so I trained as a pathology collector which is impressive considering I used not to be able to stand the sight of blood! So as well as taking care of blood and urine samples, I perform managerial duties to run the surgery. We have a number of rooms at the Bruce Rock Health Centre so this includes managing two receptionists plus allied health. At the moment, the practice is applying for accreditation, and much of my day is taken up by policy reviews and confirming all our procedures are in place.

Things work differently in the country. I know everyone on a first name basis and will take scripts to the chemist for people who are not able to themselves. We have a fly-in, fly-out female GP specialised in women's health who comes every six weeks. I am ground support for her when she arrives in her pink plane; I often help to hangar the plane; and there have even been some near misses. I'm not exaggerating when I say my job description is varied!

### Tell us about the Rural Health West General Practice Manager Award 2016.

I was honoured when I was nominated by two local GPs and a locum GP from Albany, and even more honoured when I won. Rural Health West manages over 300 practices across the state and we were up against large country practices, some with more than ten doctors working for them, whereas at Bruce Rock we are a solo GP practice.

### What do you enjoy most about your role?

There's a lot to enjoy about this role. I love the contact with people and feel my role makes a difference to individuals and the community. No two days are the same so that makes the job interesting and helps maintain my passion. Bruce Rock only has a population of 1,200 and some may think we're only a tin-pot town but it's the quality of care to our patients that matters.

### What is it like working in a rural practice?

You're not just a number in the country. We know each of our patients very well and that's a definite bonus. Knowing their story and background helps us manage their care holistically and it also helps build rapport so patients divulge information. A GP is only as good as the information the patient is feeding them.

### How would you describe yourself?

I'm a busy person who doesn't like to sit still. I'm a true Virgo in that I'm a perfectionist, I'm conscientious and I like to aim high. Most of the time, I'm bubbly because I believe it's part of the job to have fun with the team.

### Do you have a favourite saying/quote?

I recently placed a sign on our pinup board - "Which part of my awesomeness am I going to pull out today?" This is a reflection of my job because I constantly have to think on my feet.



**"Bruce Rock only has a population of 1,200 and some may think we're only a tin-pot town but it's the quality of care to our patients that matters."**

## MEDICO-LEGAL CASE STUDY

# Complaints and Complying with Privacy

**Dr Thomas saw a new patient, Andrew, who attended the practice complaining of back and right shoulder pain. Andrew attended alone. When Dr Thomas attempted to take a history of the mechanism of injury, he found Andrew to be a poor historian who gave inconsistent accounts of the injury. Andrew initially said he had lost his footing while carrying a heavy box down the stairs at work and had fallen against the stairwell wall. Later, while Dr Thomas was examining Andrew, he said he had tripped walking up the stairs.**

Dr Thomas pointed out the considerable discrepancy to Andrew and asked him precisely how he had injured his back. Andrew replied, "Doc, does it really matter? The only issue is that I was at work".

The doctor then asked Andrew questions about the impact the injury was having on him and Andrew complained that he was prevented from enjoying the "killer snowboard season" with his mates.

Dr Thomas looked closely at Andrew while he was recounting the effects of his "workplace injury" and noted his face was quite tanned and he had a pale goggle mark around his eyes. On the basis of his examination findings, Dr Thomas considered that Andrew had suffered an injury, but he did not accept that it had occurred at work. In the circumstances, Dr Thomas was not prepared to issue Andrew with a WorkCover certificate.

In his laid-back manner, Andrew replied, "Okay dude... no sweat" and left Dr Thomas' consulting room.

### The first complaint

Two weeks later, the practice received a blistering letter from Catherine, who described herself as Andrew's partner. Catherine alleged that Dr Thomas had treated Andrew in a condescending manner and had branded him a liar by refusing to provide WorkCover certificate. She also stated there was no basis for Dr Thomas to have doubted the veracity of the information Andrew gave him. Catherine went on to complain that because Andrew was not able to work, the couple did not have any income and Andrew's employer would not make any weekly payments in the absence of a WorkCover certificate.

Catherine demanded that the situation be remedied urgently and threatened to make a complaint to AHPRA. As Dr Thomas was on leave at the time the complaint arrived, the practice manager dealt with it in his absence.

The practice manager wrote to Catherine and set out what had transpired during the consultation and the conflicting histories Andrew had given in relation to his back and shoulder injuries. The letter went on to explain that in the circumstances, Dr Thomas was not comfortably satisfied that the injuries occurred in the workplace and it would have been inappropriate for him to have issued a WorkCover certificate.

### The second complaint

Two months later the practice received a letter from the Office of the Australian Information Commissioner (OAIC). The letter advised that they had received a complaint from Andrew in relation to the practice breaching his privacy and providing his personal information to Catherine without his consent.

The OAIC invited the practice to make a written submission in relation to the matter.

The practice manager "fell on her sword" and apologised for the oversight in providing information to Catherine without first seeking Andrew's permission.

The practice manager issued an apology to Andrew and undertook to ensure that all practice staff were properly trained in relation to such matters. The practice agreed to review their practices and procedures to ensure they clarified what should be done when a complaint is made by someone other than the patient (when the patient is a competent adult).

### Discussion

This case exemplifies the importance of practice staff knowing the relevant privacy principles and upholding them at all times. Although the practice manager provided a response to Catherine to try to avoid an escalation of the matter, she unwittingly made things worse.

In the circumstances, the appropriate response would have been for the practice manager to send a brief letter to Catherine thanking her for the correspondence, acknowledging her concerns and advising that the practice could not respond to the issues raised in the absence of Andrew's express (preferably signed) authority.

Contact MDA National's Claims and Advisory Services on **1800 011 255** for advice or queries in relation to privacy and complaint handling.



**This case exemplifies the importance of practice staff knowing the relevant privacy principles and upholding them at all times.**

# Email and Texts to Patients

**Electronic communication with patients (such as email or SMS) is convenient, cheap, and can make documentation easier. It can also create more work (with no reimbursement), be used inappropriately by patients, and raise privacy issues.**

## Defining email use

Your practice needs a written policy detailing:

- what information can be sent from the practice (appointment reminders? non-urgent recalls?)
- what information is appropriate for patients to send or request (change an appointment? seek clinical advice?)
- how patient consent is gained and documented
- how messages and responses are recorded in the patient's record
- who is responsible for monitoring incoming messages
- the acceptable period of time for the practice to respond to messages
- use of professional language, e.g. not emoticons or word-abbreviations such as "CU" for "see you"
- the IT security safeguards in place.

## Patient consent

Patients should give consent to be contacted by email or SMS – preferably in writing. This could be done when new patients supply their details or when current patients confirm an appointment. When consenting, the patient should understand:

- what type of information can be sent
- whether the practice is encrypting email and, if not, that email messages are not secure
- that they can opt out
- that they should notify the practice of a change of email address or phone number.

If a patient does not want to use email or SMS, procedures should be in place to accommodate this.

## Managing patient expectations

An automatic reply to incoming emails can be set up, for example:

*Please note that this email address is checked by practice staff x times a day. Please do NOT email medical or clinical questions to us – for all enquiries please call us on (02) 1234 5678.*

*We do not use encrypted email and cannot guarantee confidentiality of information sent by email.*

If a patient uses email inappropriately, e.g. asking a clinical question when the practice has decided not to answer clinical questions by email, a polite response should be provided, such as:

*To provide the best care to our patients, we do not answer clinical questions by email. Please call us on (02) 1234 567 to make an appointment.*

**All efforts to contact the patient must be made and documented if a patient's email or SMS indicates that urgent medical attention is needed.**

## Privacy and security

The practice's use of email and SMS should be included in the practice's privacy policy.

An email may be seen by a patient's family, friends or colleagues. It may be inadvertently sent to the wrong email address; it may even be hacked into or posted on the internet with worldwide exposure.

The consequences of a privacy breach depend on the sensitivity of the information – appointment times are very different from psychiatric illness details, for instance. Consider carefully what information you include in electronic communications.

Confirm a patient's identification and contact details before hitting "send".

Australian privacy law requires organisations to take reasonable steps to protect the security of personal information they hold. "Reasonable steps" may include:

- robust IT systems – firewalls, virus protection, frequent password updates, backups, maintenance of hardware and software
- procedures – appropriate staff access levels, safe use of internet, staff sign confidentiality agreements, currency of contact details regularly checked
- building security and alarms.

Encryption or secure messaging provides greater email security but this is not currently a legal requirement for medical practices.

If your email service is backed up to the cloud and the servers are not located in Australia, you will need to comply with specific privacy law about this (APP8).

## Resources

Office of the Australian Information Commissioner. Australian Privacy Principles. Available at [oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles](http://oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles)

# More for You

## Clinical trials cover

MDA National's Practice Indemnity Policy now covers civil liability claims against the Practice or an insured person for health care provided as part of a clinical trial or research project carried out with approval of an ethics committee in accordance with the National Health and Medical Research Council (MHMRC) guidelines. The cover does not cover the trial itself or any liabilities arising from the sponsorship or administration of the trial, as these would be covered by the trial's indemnity.

## Defence costs for employment disputes

Our Practice Indemnity Policy has also been expanded to cover defence costs for disputes against the entity by employees or contracted staff relating to their employment contracts with the entity.\* Call us **1800 011 255** or email **peaceofmind@mdanational.com.au** to find out more.

## More communicable disease cover

We've added an additional three communicable diseases to our Professional Indemnity Insurance Policy should any of the doctor Members in your practice have to cease practice permanently or substantially alter your practice due to a diagnosis of:

- HIV
- Hepatitis B
- Hepatitis C
- extremely drug resistant tuberculosis (XDRTB) - **new**
- multi-drug resistant tuberculosis (MDRTB) - **new**
- New Delhi Metallo enzyme enterococci - **new**



## More online resources

Check out our **Resources** section at **mdanational.com.au** for 24/7 access to our articles, blogs, case studies, medico-legal FAQs and videos. Search by topic or career stage.

## More education for practice staff

We're delighted to offer you our new **Win-Win Conflict Resolution** workshop, designed for clinical and non-clinical practice staff. This small group education activity is an opportunity to strengthen your skills and knowledge in effectively managing disagreements to improve delivery of safe, effective and efficient medical care.

Visit our Upcoming Events calendar at **mdanational.com.au** to find out more or to register for the Sydney or Melbourne sessions in October.

Are the doctors in your practice looking for education activities that they can complete anytime anywhere? They may be interested in our new 2.5-hour, CPD-recognised online activity **The Challenging Emotions of Difficult News** (available only to Members). Visit **mdanational.com.au**, where you'll find more information about our learning activities in the Resources section.

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