Traps for young players
Getting your practice right to protect your career

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On today’s menu

• Getting your insurance right
• Getting your health right
• Getting your networks right
• Getting your process right
• Getting the tricky patients right
Getting your insurance right
Getting your insurance right – Dr Jo

• Introducing Dr Jo

• Employed hospital registrar - thinking about GP career

• Working in metropolitan referral hospital, ED rotation

• Hospital covers civil damages claims

• No other insurance cover
Getting your insurance right – One night in 2013

• Night ED shift

• Middle aged male, bad headache

• Busy night, seen by intern after an hour

• Intern presents case to Dr Jo – bad headache, improved on medication and observation

• Discharged home, instructed to see GP next day
Getting your insurance right – 2013 – the next day

• Patient found dead next day

• Coroner’s investigation

• Intern – told Dr Jo patient complained of sudden onset headache

• Dr Jo – would have asked if worst headache ever, or thunderclap

• RCA – why CT not arranged?
Getting your insurance right – 2013 – Coroner’s inquest

- Hospital offers to represent at inquest, but Dr Jo feels her interests aren’t being protected

- Arranges own legal representation

- 3 day inquest

- Bill – barrister and solicitor, expert witness - $50,000
• Family complain to NSW HCCC

• HCCC alleges unsatisfactory professional conduct – insufficient questioning of intern and failure to assess patient herself

• 1 day Professional Standards Committee hearing

• Bill - $20,000
Getting your insurance right –
What could Dr Jo have done?

- Arranged insurance cover with medical defence organisation
- Interns, residents, registrars – cover for Coronial and disciplinary matters
- Premium much less than $70,000 legal bill!
• Dr Jo now working as GP registrar in rural practice, with her own insurance

• To make repayments on loan for legal bills – monthly weekend locum ED work

• Locum contract – arrange own insurance

• Dr Jo assumes her insurance covers locum work
Getting your insurance right –
Dr Jo’s new problem

• Dr Jo didn’t talk to her MDO about locum work

• Insurance provided cover for certain level of locum billings – Dr Jo went well beyond this

• Civil damages claim for missed ankle fracture, requiring surgery, with ongoing pain and restriction - $300,000 plus legal costs

• No cover available as billings above accepted level
Getting your insurance right – What could Dr Jo have done?

• Called her MDO to discuss her locum work

• May not have been additional premium charged, depending how far beyond accepted billings and nature of work

• Any additional premium much less than potential damages award, and inevitable legal bills!
Getting your health right
Meet Dr Jack

• Keen on GP career

• Works hard, successfully completes RACGP fellowship

• Fit, loves cycling but less and less time

• Working 6 days a week, 8am to 7pm

• Last saw a doctor three years ago for check-up
Dr Jack – busy, but ill

• Long fundraising cycle, old ankle problem flares up

• Busy, ‘no time to see doctor’ – self-prescribes Tramadol – uses for 3 months

• Anxious about workload – embarrassed to tell anyone – self-prescribes benzodiazepines
Dr Jack – when things fall apart

• Late Friday evening – runs out of benzodiazepines

• Goes to different pharmacy on way to friend’s house – pharmacist declines to fill script, and notifies pharmaceutical regulator

• Pharmaceutical regulator notifies AHPRA

• Urgent hearing to consider suspension from practice due to impairment
Dr Jack – dealing with the regulator

- Urgent hearing to consider suspension from practice due to impairment

- Conditions – not self-prescribe, see GP, psychiatrist and psychologist, pharmacy regulator and Medical Board monitor prescriptions, 6 monthly interviews with Board

- Lots of time with lawyers!
Dr Jack – what should he have done?

• Own GP in different practice who he sees regularly

• No self-prescription

• Set limits on practice and find time for self

• If something is wrong, see someone!
Getting your networks right
Meet Dr Jess

• MBBS and hospital training in QLD

• Wants to explore different contexts – GP training in QLD and northern NSW

• Passionate about tropical medicine / infectious diseases – takes job as GP in Darwin

• 2 years in – practice GPs have little contact with each other – she very busy and missing professional meetings – minimum CPD online
Dr Jess – not keeping up-to-date

• 10 year old presents with acute otitis media – treated with antibiotics, told to come back if no improvement within a week

• Does not return, but develops mastoiditis, requiring hospital admission

• AHPRA complaint – investigation – expert raised concerns about her management

• Dr Jess cautioned – required to undergo further education in antibiotic management
What could Dr Jess have done?

- Makes time to educate yourself and keep up with others
- Regular practice interaction – clinical meetings
- Keeping up with developments – the right updates / literature
- Professional networks
- Doing face-to-face CPD on relevant clinical issues
Getting your process right
Meet Dr Jon

• An instinctive GP registrar

• Very good with patients, picks up the right diagnoses in unusual presentations

• Go-to for others in the practice
Dr Jon’s patient

• 30 year old female - persistent cough, fatigue, chest pain and eye redness

• Dr Jon diagnoses sarcoidosis, organises blood tests – no significant abnormalities – review in 3 months

• Patient presents elsewhere in 6 months – tuberculosis diagnosed – develops kidney problems – requires dialysis
Claim against Dr Jon

- Dr Jon sued by patient

- Plaintiff’s experts – failure to elicit history of recent trip to India, and arrange tuberculin skin test and chest x-ray - would have led to tuberculosis diagnosis, successful treatment and avoided kidney problems

- Dr Jon’s expert – sarcoidosis a reasonable diagnosis, but further testing would have been preferable

- Claim settled at mediation
What should Dr Jon have done?

• Forgetting Zebras and Occam’s Razor

• A systematic approach to history-taking and assessment – set questions, prompts and usual assessments?

• Pay attention to diagnostic guidelines
Getting the tricky patients right
Meet Dr Julia

• A caring GP working in an outer suburban area, loved by her patients

• Empathetic and wants to help her patients

• Tendency to trust her patients and accept things at face value

• Avoids confrontation
Dr Julia’s new patients

• Word gets around – the trusting Dr Julia

• Starts to see new patients coming from further away with chronic pain

• Common complaints – usual GP away, lost script, over the counter painkillers not working

• Dr Julia begins to prescribe higher levels of opioids to large numbers of patients
Dr Julia and the regulators

• Scripts written by Dr Julia for a patient found during police investigation into sale of addictive pain medications on the black market

• Police inform pharmaceutical regulator, who investigates and writes report for AHPRA

• Complaint to disciplinary tribunal – Dr Julia prescribed opioids without proper indication to 30 patients – deregistration sought
Dr Julia – the Tribunal outcome

- Dr Julia – devastated, but willing to admit she was wrong and learn

- Admits her conduct was inappropriate

- Takes courses in prescribing opioids and managing difficult patients, develops relationships with local pain management physicians

- Tribunal – reprimanded, no Schedule 8 medication prescription for 1 year, professional mentoring regime and further GP prescribing course
Dr Julia – avoiding what happened

• Trusting and empathy is good when used in the right place

• Discuss difficult presentations with colleagues

• Don’t try to solve socio-economic issues yourself

• If struggling with certain patient types, get guidance and training
Dr Julia – avoiding what happened

- Be careful with new patients and chronic pain

- Not prescribe opiates at first consultation, or before appropriate investigation, testing and referral?

- Be sceptical about unusual stories

- Require patients to work with you before doing what they seek
Burning questions