



## Practice Information Sheet

### Opening Hours:

Monday – Friday 08:30am – 5:00pm

Public Holidays, After-hours & Emergency:

If you need to see a doctor while the clinic is closed, go to NCN Urgent Care Centre 2 Katamatite Road Numurkah/ GV Health Emergency Department located at Graham Street Shepparton. For all emergencies, please call 000.

### Practice Doctors:

Dr Muhammad Ashraf MBBS, MS.

Dr Viraj Kahawage MBBS, FRACGP.

Dr Bushra Nadia MBBS, FRACGP.

Dr Sadaf Yasir MBBS.

Practice Nurse: Stephen Dawson.

Reception Staff: Michelle Caccianiga, Allison Parker, Janelle Poar, Leeanne Stewart.

### Our services:

- Health Assessments
- Skin and mole check
- Cervical Screening Tests (Pap Smears)
- Childhood Immunisations
- Mental Health Treatment Plans
- Minor Surgeries / Ear Cleaning
- Skin Lesion Removal by Cryotherapy/ Surgical excision
- Immunisations for Adults
- Obstetric Care and Advice
- Wound Care and Management
- Blood Pressure Checks
- Family Planning
- Medication Reviews
- Chronic illness management
- Iron Infusion
- Travel Vaccinations
- Management of Chronic Illness
- Pathology Services
- Sexual Health
- Smoking cessation advice
- Women's Health
- Men's Health
- Work cover

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### **Home Visits:**

Home visits are not offered currently due to logistic issues. Once sorted, home visits will be available at the discretion of the doctor for regular patients whose condition prevents them from attending the clinic.

### **Appointments:**

To make an appointment, Call us on (03) 91233466.

Book online at [www.melvillestclinic.com.au](http://www.melvillestclinic.com.au) or HotDoc.

Please notify reception if you believe your matter is urgent/an emergency. Emergencies will always be given priority. We offer face to face standard, long and extended appointments. Our telephone/ Video appointments are organised by calling our reception and we have daily slots for walk in patients.

### **Longer Consultations:**

Longer consultation times are available, please book longer/double appointment if booking online or advise the receptionist if you require extra time.

### **Appointment Cancellation Policy:**

Please provide at least 2 hours' notice if you are unable to attend the appointment. Failure to do so will incur a \$40 cancellation fee. Repeated no shows without notice may result in a restriction being placed on your patient record, and you will not be able to make further appointments.

### **Notification of appointments:**

The appointments made more than 24 hours before the consultation time will receive an SMS to confirm or cancel an appointment.

### **New patients' online registration Form:**

For the appointments to be made via Hotdoc, an online registration form will be required to be completed including initial registration details. If the online registration was not completed, you will be given a registration form to complete in the clinic.

### **Test Results:**

We do not provide test results over the phone. If you have been sent for a test, please make an appointment to discuss the results with your doctor. Please give a few days for the result to be back before making your appointment.

### **Notification of urgent test results:**

You will receive a telephone message/call from our reception/nurse informing you to make an appointment urgently.



**Notification of non-urgent test results:**

If the results do not need to be discussed with the doctor, we will not recall you. However, if you would like the results to be clarified with you, please make an appointment a few days after the test day.

**Reminder System:**

Our practice is committed to preventative healthcare. You have the option of registering to receive reminder notices regarding health services appropriate to your care. If you have requested this service, you will be notified of reminders via SMS.

**Opting out of SMS reminders:**

Please inform the receptionist if you do not want to receive any of the above-mentioned reminders via SMS.

**Communication/telephone policy:**

If you ring the clinic and want to speak to one of our doctors, our staff will take your details and message so that the doctor can action it appropriately. We will only interrupt the doctor's consultation if the problem is urgent.

**Communication/electronic Communication Policy:**

Our practice permits patients to seek non-urgent advice or information electronically if a face-to-face consultation is deemed unnecessary by the general practitioner. Any significant electronic communication with patients is documented in their health records.

**Email policy:**

Our email policy stipulates that only non-clinical matters are addressed via email. Please note that consulting or advice services are not provided through email correspondence. Our email account is regularly monitored during standard business hours, and we aim to reply to inquiries within a reasonable time frame.

**Disabled Access:**

Disabled access is provided via both the front and rear entrance. This access is also suitable for pram access or for patients who have difficulty with steps.

**Your privacy:**

Our practice is committed to maintaining the confidentiality of your personal health information. For more details, please ask reception staff to see a copy of our Privacy Policy.



### **Engaging with Other Services and Referrals:**

Our practice regularly engages with local health services, such as specialists, allied health and hospitals. If required, your GP will provide sufficient information (referral letter) to plan and facilitate optimal patient care.

### **If Patients Require Communication Services:**

Patients who require communication assistance such as an interpreter or Auslan services are asked to let reception staff know when making the appointment or telephone the interpreting hotline on 131 450.

### **Patient Rights:**

As a patient, you have the right, and are encouraged, to participate in decisions about your healthcare.

### **Patient Feedback:**

Please feel free to talk to your doctor or reception staff if you have any suggestions or are unhappy with our service. We take your concerns, suggestions and complaints seriously. However, if you feel that you need to discuss the matter outside the clinic, you may contact The Health Complaints Commissioner: Phone: 1300 582 113, website: [hcc.vic.gov.au](http://hcc.vic.gov.au)



## PRACTICE POLICIES

### Proforma acceptable behaviour agreement

An acceptable behaviour agreement indicates that although a patient has acted unacceptably, the practice team is willing to continue a therapeutic relationship with the patient, provided the patient complies with the conditions outlined in the agreement. Acceptable behaviour agreements (otherwise known as doctor–patient contracts) can be a useful tool to modify behaviour.

It is recommended that where an acceptable behaviour agreement is used, it is introduced as follow up to a letter indicating that the provision of care by the practice will cease if the unacceptable behaviour continues. Even then, caution needs to be exercised, and medical staff need to give careful consideration to the likely risks.

The stated consequences of stepping outside the set boundaries need to be things that the practice can and will carry out. In this context, it is important for the practice team to agree with their practice's acceptable behaviour agreement policy. The behavioural demands imposed by the agreement need to be reasonable, rather than unfair, excessively burdensome or disproportionate to the risk.

I, \_\_\_\_\_, agree to enter into an agreement with Melville Street Clinic ('the practice') based on the following conditions.

As a condition of the practice agreeing to continue my treatment, I promise that I will not whilst I am in the clinic:

- swear at staff or in the presence of other patients
- shout or make offensive remarks
- make verbal or physical threats
- attend when intoxicated with alcohol and/or drugs
- damage or steal property
- act in a manner that is likely to cause harassment, alarm, or distress to others in the general practice

If I breach this agreement, I understand that:

- I may be asked to leave the practice
- police attendance may be requested by practice staff, and

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Numurkah VIC 3636

• my future attendance at this practice may be discontinued and I may have to seek health care elsewhere.



## DECLARATION

I confirm that I understand and agree to the conditions of this undertaking. I also acknowledge that the consequences of breaching the conditions of the acceptable behaviour agreement has been explained to me.

SIGN:

NAME:

DATE:

WITNESS NAME:

(GP, nurse or senior staff member):

SIGN:

DATE:

## **Evidence confirming after hour services**

Why this is important

As patients sometimes require medical care outside of normal opening hours, they value an ongoing relationship with a practice or GP who provides medical care on a 24-hour basis. Research indicates that patients who have better access to their practice in after-hours periods have significantly fewer emergency department visits.

At the moment our practice is not able to provide after-hours care, we are in process of an arrangements in place so other services can manage our patients' needs after-hours.

Informing patients about care outside of normal opening hours.

Our practice has information for the patients of our operating hours and the arrangements for care outside of normal opening hours. We have done this using following:

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- An out-of-hours message on our practice's telephone.
- Relevant information on our website as well as on other relevant collateral information places.
- A clearly visible sign outside of the practice that indicates our normal opening hours and the arrangements for care outside of those hours.

After hour periods as per Medicare:

Day	Normal hours	Sociable after hours	Unsociable after hours
Weekdays	8.00 am-6.00 pm	6.00 pm-11.00 pm	11.00 pm-8.00 am
Saturday	8.00 am-12.00pm		after 12.00 pm-8.00am
Sunday			All day

After-hours care

In order for the patients to be able to access care after-hours, we are trying to organise a cooperative arrangement with other practices, local hospital or the afterhours deputising services in the area to deliver after-hours care during sociable or unsociable hours.

We are in a direct and continuing relationship between our practice's GPs and the clinicians in regional as well as local hospital and the deputising services who perform the after-hours care.

Our practice uses other services to provide care afterhours, however, there is no formal agreement. We regularly receive documentation and information about care provided to our patients outside of normal opening hours.

Regardless of how our patients access care outside of normal opening hours, our patient health records receive all reports or notes of after-hours care that is provided by, or on behalf of, our practice.

Our patients are informed about how they can access after-hours care.

We:

- educate the practice team members so they can explain how patients can access after-hours care.

We:

- have signs in the waiting area, at the practice's entrance and on our website explaining how patients can access after-hours care.
- maintain an after-hours voicemail message that clearly states how to access after-hours care.



- obtain contact details for any other health services providing after-hours care, in case the service needs to be contacted in an emergency that involves one of our patients.

Our patients can access after-hours care.

We:

- include details of after-hours care the patient has received in the patient's health record (eg entries made by the practice team, treatment reports from the health service that provided the care).

We:

- have informal arrangements in place with other providers, such as a medical deputising service, to deliver after-hours care.
- have an arrangement with local healthcare providers that operate outside of our normal opening hours.
- have an after-hours phone message that tells patients where they can access after-hours care.

At the moment home and out of surgery visits are temporarily withdrawn due to logistic issues. Recommencement date will be announced as soon as issues are resolved.

### **Approach to drug-seeking patients' policy**

#### **Policy statement:**

In the event of identification of problematic drug use, doctors at this practice should:

- offer remedial programs if this is within their skill set
- offer referral to appropriate drug misuse agencies.

Patients have the right to respectful care that promotes their dignity, privacy and safety.

Patients with substance use disorders have diverse needs and often complex social and psychological issues. Respecting their circumstances and assisting in offering referral to other organisations for support and management is recommended at this practice.

Doctors at this practice are reminded that the patient has a medical condition (substance use disorder) and they often present with manipulative or deceptive behaviour. Some doctors get offended and upset with this sort of behaviour, but it is important to remember that these are the presenting symptoms of a condition, and the medical and social circumstances of these patients can often be complex.

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All patients, including those with drug-seeking behaviour, have the right to good medical care. This patient will be someone's son/daughter, sister/brother, etc. Their families will be hoping that you will provide appropriate care for the patient. Getting upset, angry or being offended does not help with the rapport needed to facilitate appropriate care.

This presentation may be the one opportunity in which proper care can be organised for these patients. Doctors need to be non-judgemental, use a neutral 'matter of fact' tone of voice and be empathetic to the individual circumstances. Don't be afraid to explore the issues around the patient's substance use.

Use your rapport. Ensure confidentiality. Acknowledge that it may be difficult for the patient to share this information. The less judgmental you are, the more likely the patient is to reveal information and long-term care can be facilitated.

Remember, this is a disorder that needs to be addressed in a professional manner. However, having a patient focus does not mean that you will continue prescribing drugs of dependence.

Some doctors have difficulty in knowing what to say in these circumstances. The following is a suggestion only:

*[patient name] I am very concerned about your health. From what you have told me today, and from what I can gather from the material you have here, I am concerned you may have a substance use disorder.*

*This is quite concerning, as ongoing use of [drug of concern] in the manner you have described may result in long term harm for you or your health.*

*Under the state law, in these circumstances, it is actually forbidden for me to prescribe these medications to you.*

*The level of care needed to properly manage your case is outside my area of expertise, however I am happy to refer you to our [insert local drug and alcohol services] to ensure that you get the care you need.*

*I am also quite happy to provide other care outside these medications. Are you interested in that?*

*Unfortunately, I cannot prescribe any tablets in the interim or minimal number (5-7).*

## **Complaint Resolution Policy**



Following steps and measures will be taken to resolve complaints.

- Promote a positive feedback and complaints culture.
- Make sure our 'how to provide feedback or a complaint' information is available in a range of ways, simple to access and easy to use. We will ensure this is a culturally safe process, free from racism.
- Put in place and publish effective feedback and complaints management policies and procedures.
- Make sure relevant staff have skills and training in cultural safety, customer service, managing feedback and complaints, having difficult conversations, managing unreasonable conduct, conflict resolution and are aware of carers' rights.
- Look after ourselves and staff's wellbeing. If stressed, will seek support or advice and ensure that any staff involved in the complaint are supported.
- Use a simple, clear, fair feedback and complaints process
- Make sure our feedback and complaints process are simple, clear and includes joint problem solving.
- Make sure the process is objective, fair and conflicts of interest are disclosed. Consider the power differences between the patient and the health care service.
- Document the feedback or complaint. Keep accurate records and gather all relevant facts and documents.
- To help achieve a fair process, clinic will speak to the person who made the complaint before it is resolved to discuss the process used, the proposed outcome and key reasons for the proposed outcome.
- Clearly explain to the person who provided feedback or made a complaint the outcome, and reasons for the decision, any internal or external review processes and how to make a further complaint if they are unhappy with the outcome. For example, they can make a complaint to a health complaints commissioner in Victoria.
- Acknowledge and respond promptly and sensitively
- Acknowledge feedback and complaints and the impact of the patient experience as soon as possible.
- Check if consent is needed before responding to feedback or complaints from a person other than the patient.
- Resolve feedback and complaints as soon as possible.
- Consider solutions that are clear, fair, proportionate, appropriate and timely and address the patient's health needs whenever possible.
- All health services accredited under the National Safety and Quality Standards in Health Care are required to have a complaint handling system and processes in place to respond to patient complaints  
[www.safetyandquality.gov.au/standards/nsqhs-standards](http://www.safetyandquality.gov.au/standards/nsqhs-standards). Health services may also have specific complaint handling standards that apply in their state or territory for example, the Victorian Complaint Handling Standards under the Victorian Health Complaints Act 2016.
- [www.safetyandquality.gov.au/our-work/partnering-consumers/australian-charter-healthcare-rights](http://www.safetyandquality.gov.au/our-work/partnering-consumers/australian-charter-healthcare-rights).



- For Aboriginal and Torres Strait Islander Peoples, the National Registration and Accreditation Scheme's definition of cultural safety is set out in the Ahpra and National Boards' Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy for the National Scheme.
  - Assess and manage the feedback or complaint
  - For individual practitioner complaints, seek advice from individual professional indemnity insurer or professional association depending on the issue raised.
  - Provide an opportunity for the person to explain why they provided feedback or complained, their concerns, and their desired outcome(s).
  - Manage expectations by providing information about process and possible outcomes.
  - Assess any concerns or risks raised. Act promptly and effectively on safety, legal or regulatory issues, including issues that may need a notification. Consider other legislative requirements such as reporting under state child safety legislation.
  - If feedback or a complaint can't be resolved immediately, reach an agreement with the patient on how to update them. Keep them informed if there are delays, including providing a clear internal escalation process when required.
  - Promote respectful and open communication
  - Ensure culturally safe and respectful practice that is free from racism, bias or other forms of discrimination when resolving the feedback or complaint.
  - Try to meet any patient needs to help resolve the complaint such as a support person e.g. Indigenous Health Liaison Officer, interpreter, or by following communication preferences about how to engage. For example, a face-to-face discussion may be more effective than written or virtual communication.
  - Listen, and be empathetic. It is important not to be defensive or appear to be minimising or dismissing a person's concerns.
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- Make sure patient care is not adversely affected because of feedback, or a complaint made. Consider options for a second opinion, review by a colleague, or if ongoing treatment should be transferred to another practitioner where appropriate.
  - Be open and honest, including apologising when appropriate.
  - Work with the person who provided feedback or complained to resolve their concerns. Wherever possible, share with them any changes made to prevent a similar event occurring.
  - Protect confidentiality and privacy
  - Store feedback and complaint records separately from health records and in accordance with privacy principles.
  - Make sure the investigation and resolution of a complaint is confidential.
  - Use feedback and complaints to reflect and make improvements
  - Record feedback and complaints to identify trends and risks and report on changes made to improve services.
  - Reflect on areas of patient care that are raised in feedback and complaints, including what could have been better and consider how lessons could be applied to practice and processes.



- Seek comment from people who provided feedback or complained on their level of satisfaction with the outcome and process, in a culturally safe way that is free from racism, bias or other forms of discrimination.
- Use the information as part of clinical governance, quality improvement, planning, and training to improve the quality of care; share insights and ideas for improvement with your colleagues.
- Regularly review policies on feedback and complaints management, informed consent and open disclosure.
- Provide information if a complaint is made to a complaints body or regulator.
- Be aware that people may raise a complaint directly with a health complaints body or regulator such as Ahpra. Each health complaints body has processes for responding directly to these complaints and engaging with the health service or directly with the practitioner, depending on the nature of the concern.
- When responding to a request from a health complaints body or regulator, it can be helpful to share feedback and complaints policy to show what processes are in place.
- Explain how feedback and complaints policy was applied to attempt to resolve the concerns.
- Share how the feedback or complaint policy is or will be applied to reflect and make changes to improve practice and processes.

## **Pathology Result Policy**

The information gained from tests can affect the choices that a patient, the GP, and other clinicians make about the patient's care. Clinically significant results need to be communicated quickly, and appropriately so appropriate action can be taken, which can reduce the likelihood of an adverse patient outcome.

It is our usual practice to inform patients of clinically significant results in person, so the patient can ask questions and receive advice from the GP. When an in-person consultation is not possible. We consider using telehealth platforms to convey this information.

We use recalls and reminders to proactively contact patients about their care. This means that patients will be more likely to come back to the practice to discuss a test result or undergo a preventive activity, such as cancer screening. We are aware that failure to recall a patient may result in an adverse outcome and the responsible practitioner may face medico-legal action.

### **Timely review and action on tests and results**

At our practice the clinical team advise a patient of tests or other required action and the consequences of inaction/refusal. The patient once understood this advice, it is the patient's decision whether or not to follow the GP's recommendations. Some patients do not follow recommendations for a variety of reasons, which might include their particular circumstances, financial difficulties, fear, ignorance, personality traits, expectations, beliefs or cultural background.



GPs are obligated to ensure that results from all tests they have ordered are recorded in respective patient file and appropriately followed up with the patient.

At our practice all GPs review results and reports and take appropriate action in a timely manner. The speed with which GPs act on results or reports and the effort taken to contact the patient to discuss the results will depend on the:

- practitioner's judgement of the clinical significance of the result or report
- context and duration of the clinical relationship.

### **Responsibility for follow up of non-GP-initiated tests**

At our practice there is a clear systems and protocols for follow-up of tests and results that are critical, especially given the increasing use of electronic communication and the potential for multiple healthcare professionals to be involved in a patient's care. We usually aim to have a complete record of all medical tests performed on a patient, and for this to be recorded in the patient's health record. We work collaboratively with other clinicians when a patient needs tests, and for health professionals outside of the practice to inform the patient's GP of tests they perform.

We at our practice try and respond in timely fashion upon reception of abnormal results. However, responsibility for the timely review and action on tests and results ultimately rests with the health professional who ordered the test, unless they have made a prior agreement with the Practice. This includes pathology and diagnostic test results ordered by a specialist or other health professional that are sent back to the patient's GP.

In situations where it is unclear whether the follow-up of results has actually occurred or who is responsible for the follow-up. Sometime the test results are automatically sent or 'pushed' to our general practices on an automated feed. Upon receiving such results, we all GPs assume clinical responsibility to act, particularly if we are unsure if the ordering clinician has acted on the results.

Our staff usually contact the ordering clinician or pathology/ hospital and find out whether any follow up is recommend. We also usually ask if patient or respective clinician would like to follow up themselves or we have to action.

Sometimes it may be to the patient's benefit if their regular GP acts on test results that have been initiated by another health professional. Our clinic ensures a clear line of communication between the practice and external health professionals are essential when participating in collaborative care of a patient.

### **Clinical significance of results**

We all as clinical team at our practice understand clinical significance of a result in the context of the patient's history and presenting healthcare issues.

'Clinically significant' does not necessarily mean only 'abnormal' results. We make a judgement as to whether information is or is not clinically important for a particular



patient in the context of that patient's healthcare. The regular treating GP will generally decide that an abnormal result is clinically important and requires further action, they may also decide that a normal result requires further action. For example, a normal mammogram in a woman with a breast lump or a normal electrocardiogram in a patient with chest pain does not eliminate the need for further consultation, investigation and management. We have a follow-up system to accommodate different types of follow up that are based on the patient's needs and clinical significance of the case.

We usually consider the following factors to determine if a result is clinically significant and therefore requires action:

- The probability that the patient will be harmed
- The seriousness of the harm

### **Recalling patients**

We have a process for recalling patients. A recall occurs when a GP decides that a patient needs to be reviewed within a specified period. e.g.

- when we receive a clinically significant test result.
- after significant referrals (eg after a mental health assessment by a psychologist or psychiatrist)
- after diagnosis of a significant condition, such as type 2 diabetes.

If we receive results that are adverse or unexpected, staff at our clinic ask the patient to make an appointment with a practitioner or other appropriate health professional to discuss the results and their implications. We provide any other necessary counselling during the consultation.

Our recall process explains in a written policy, including:

- a definition of clinically significant results (results taken as significant by pathology or clinician)
- a statement that the patient's GP is responsible for reviewing results and deciding whether they are clinically significant
- We use Hotdoc for recall a patient, in case of urgent recall a team member from reception contacts the patient as per the GP and ask them to have an urgent appointment with their respective or other available GP as organised by the Practice. The reception staff members are responsible for contacting patients with clinically significant results to make an appointment, explain in plain and easy to understand language in such a conversation (eg 'Your doctor wants you to make an appointment this week to discuss the results of your recent tests')
- All clinical team members record the relevant test results explanation and further action suggested to the patient in the patient health records.



- We use Hotdoc standard text messaging system for text messages and letters for recalling patients.
- We all ensure at our Practice that tests and results are reviewed and acted upon in a timely manner.

At our practice the nurse is responsible for monitoring and follow-up of recalls system.

This is part of our induction system for all team members as per their responsibilities.

We use BPS for our patient records and Hotdoc for the recall and messaging system. Both systems are integrated.

At the Practice we record all attempts to contact and recall patients about clinically significant tests and results in the patient's medical record.

### **Communicating tests and results to patients**

We initiate follow-up contact with a patient, usually the number, frequency and nature of the attempts are organised and allocated as per Hotdoc and when it comes to written mail/ letter posted, all such attempts are recorded on the system.

At our practice, clinicians are able to identify unexpected significant results when they are received, particularly if the significance of such results was not discussed with the patient during the consultation. In these circumstances, we consider how to sensitively inform the patient, who may not anticipate or understand the significance of the results. The explanation is always clear when explaining test results to the patient, and we check that the patient understood what they are told. Upon understanding the information, they can give legally effective informed consent or exercise their right to a legally effective informed refusal.

### **Reminders**

At our clinic reminder occurs when a patient is added to a recommended preventive activity list that is managed on a periodic basis. Reminders are used to help manage preventive care and can be set up before or during a consultation by noting in a patient's health record when the patient is due to return to the clinic for a routine check. Reminders help to ensure patients have preventive health checks. For example,

- in the high-risk age bracket for influenza, prompting them to come in and have the vaccine before the start of the influenza season
- due for immunisations, including children and high-risk groups
- due for a routine screen, such as a Pap smear or mammogram.

Our software displays a prompt when a patient's health record is opened so the practitioner is informed that the patient is due for a preventive or clinical activity. We at our practice some time consider having our information system automatically generate text messages, emails or letters to patients.

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Upon sending a reminder to a patient at our practice and the patient does not make an appointment, we as practice don't follow up, although we record the reminder in the patient's health record.

### **Follow up of high-risk (seriously abnormal and life-threatening) results identified outside of normal opening hours**

Our practice has a policy to manages seriously abnormal and life-threatening results identified outside of normal opening hours so we can provide prompt and adequate follow-up.

Our practice is contacted in hours or after hours via telephone by the pathology and diagnostic services for urgent results. We try and contact patient in reasonable time and ask them to present to nearest health facility. We contact the health facility and inform and give hand over about patient. If the respective GP is not reachable. The pathology is aware about their duty of care and should send the result to either after hour deputising service in area or nearest health facility and pathology/deputising service for afterhours / health facility will try to reach to the patient.

In case of normal working hours and after hours the patients are urged to contact the practice/ closest health facility for further action. There is no formal documented agreement between the services for execution.

### **Patient asking for investigations as per complementary and alternative medicine (CAM) practitioners**

Purpose and background:

To prevent harm to patients, meet professional obligations, reduce medico-legal risk, and ensure appropriate use of the Medicare Benefits Schedule (MBS), GPs should only request medical imaging and pathology tests that are clinically indicated.

GPs sometime receive requests from patients to request specific medical imaging or pathology tests that may or may not be appropriate in the management of the patient. Test requests arise from a variety of sources. Complementary and alternative medicine (CAM) practitioners might advise patients that they can avoid paying for specific tests if they ask a GP to request them through Medicare.

Requests also occur when patients research their symptoms and present at the clinic with a proposed course of action. GPs may experience pressure to comply with these requests in order to preserve good relations with their patients. They may also be concerned about medico-legal liability that might arise from delayed diagnosis. However, there are various risks associated with requesting tests that are unlikely to be of clinical benefit.

Risks:

The patient's wellbeing must be the primary consideration in determining whether to request particular tests. Testing can be painful and anxiety-provoking, and can lead

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to unnecessary, expensive, and potentially dangerous treatment. Insurance companies may apply loadings or exclusions in light of particular test results.

#### Medico-legal risks

#### Billing services to Medicare

In determining whether to bill a particular service to Medicare, GPs must consider whether there is clinical justification to do so. As per the MBS benefits can only be claimed for services that are 'clinically relevant'. To meet this standard, the service being rendered must be accepted by the relevant health profession as necessary for the appropriate treatment of the patient. Fee and payment arrangements for tests that are not considered clinically relevant are a matter for discussion between practitioner and patient. In situations where a GP requests a test under the MBS that is later deemed inappropriate, the GP will be obliged to repay the Medicare benefit to the Department of Human Services.

#### Professional responsibility

Irrespective of billing arrangements, requesting tests at the request of a patient may expose GPs to medico-legal risk. GPs have a responsibility to review and act upon the results of any test they request. This responsibility cannot be delegated to a CAM or other practitioner. It is therefore important for GPs to consider whether they are familiar with the tests they are planning to request and are able to interpret the results.

#### Responding to requests

GPs can use various strategies for dealing with test requests and can adapt their response to suit individual patients. Negotiating situations such as this is a defining aspect of doctors' work.

A prudent approach would be to first assess the patient's presenting concern, determine whether there is a need for particular tests, and request these tests through the Medicare system. GPs are advised to decline request for tests that are not clinically relevant.

GPs should bear in mind that patients who have sought answers from complementary and alternative approaches might have done so because they have not received benefit from conventional medical assessment and treatment. When denying test requests, it is important for GPs to explain their reasoning to patients in a sensitive manner.

Patients who have requested tests on behalf of a CAM practitioner can be advised that this person may be able to request the tests outside of the Medicare system (eg, directly from a pathology service). In this situation, patients will incur the full cost of testing.

Letter to pt/ CAM:



I write to explain why I have declined to order these tests.

- All health practitioners have a responsibility to safeguard patients' wellbeing. Unnecessary testing can harm patients through out-of-pocket expense, inconvenience, anxiety, distress, and insurance exclusions and loadings. Perhaps the most harmful effect is the potential to expose patients to clinically inappropriate diagnoses and treatments.
- Under the requirements of the Medicare Benefits Schedule (MBS), any test that a GP orders through Medicare must be 'clinically relevant':<sup>1</sup> that is, the GP (and his or her professional peers) must feel confident that the test is necessary to the patient's treatment.

GPs who order tests at the request of, or on behalf of, another practitioner place themselves at medico-legal risk, as they have a responsibility to review the results of all tests they order.

### **Respectful and Culturally Appropriate Care Policy**

Our practice is committed to providing all patients with an environment that is pleasant, safe, inclusive, professional, respectful and free from all forms of discrimination.

Discrimination involves treating people less favourably because of their:

- Gender, • gender identity, • sexual orientation, • age, • disability, • language,
- Ethnicity, • religious belief, • thinking style, • experience, • education, • cultural background, • socio-economic background.

Our practice understands that the ideal patient-practitioner partnership is a collaboration based on mutual respect and responsibility for the patient's health. We recognise the importance of being aware of cultural differences to avoid conflicts related to diversity.

To provide respectful and culturally appropriate care, our practice staff will:

- be welcoming, polite, respectful, caring, positive, friendly, empathetic and helpful.
- observe the attitudes and behaviours of each patient.
- apply clear and effective communication skills.



- take into consideration subtle differences in how people communicate (verbally and non-verbally).
- recognise patients who may be anxious, frightened or unfamiliar with our practice.
- ask for clarification to ensure that patients understand what is required.
- restrict comments to the point at hand.
- use short sentences.
- determine whether it is appropriate to use a patient's first name.
- determine if the patient requires a translating service.
- refrain from discussing politics or religion.
- avoid humour.
- avoid colloquialisms.
- say "please" and "thank you" to show courtesy and respect.

To accommodate a patient's philosophies and factors that may affect the provision of respectful and culturally appropriate care, consideration will be given to the:

- patient's preference for a clinician of a specific gender.
- role of a patient's family.
- impact that a patient's culture has on their health beliefs.
- history of traumatic events including, but not limited to, those associated with forced migration.

If a carer has an ongoing role in the day-to-day care of a patient, the carer will be included in the patient-practitioner relationship with the consent of the patient (if the patient is able to give consent).

Australian Charter of Healthcare Rights Our practice recognises the importance of providing safe, high-quality care and follows the Australian Charter of Healthcare Rights for patients. The healthcare rights from a patient's perspective include:

- **Access:** Receive healthcare treatment and services that meet my needs.
- **Safety:** Receive safe and high-quality healthcare that meets national standards.

Be cared for in an environment that makes me feel safe.

- **Respect:** Be treated as an individual, and with dignity and respect.

Have my culture, identity, beliefs and choices recognised and respected.

- **Partnership:** Ask questions and be involved in open and honest communication.



Make decisions with my healthcare provider to the extent that I choose and I am able to Include the people that I want involved in planning and decision making.

• **Information:** Receive clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give informed consent. Receive information about services, waiting times and costs. Be given assistance, when I need it, to help me understand and use health information. Request access to my health information. Be told if something has gone wrong during my healthcare, how it happened, how it may affect me and what is being done to make my care safe.

• **Privacy:** Have my personal privacy respected. Have information about me and my health kept secure and confidential.

• **Give feedback:** Provide feedback or make a complaint without it affecting the way that I am treated.

-Have my concerns addressed in a transparent and timely way.

-Share my experiences improve the quality of care and health services.

Patient's refusal of treatment or advice:

Our practice recognises that patients may refuse a practitioner's recommended course of action, including advice, procedures, treatments or referrals to other healthcare providers. It is the practitioner's responsibility to record in the patient's health record:

- the patient's refusal of treatment or advice
- the patient's competency and capacity to make decisions
- the action taken by the practitioner
- any other relevant information, such as an indication that the patient intends to seek another clinical opinion.

Patient's right to seek another clinical opinion:

Our practice recognises that patients have the right to seek another clinical opinion from a different healthcare provider.

It is the practitioner's responsibility to record in the patient's health record:

- the patient's decision
- the action taken by the practitioner
- referrals to other healthcare providers.



Patients will be encouraged to notify the treating practitioner when they decide to follow another healthcare provider's advice so that the practitioner can discuss any potential risks of this decision.

Practitioner deciding to no longer treat a patient:

When a practitioner no longer considers it appropriate to treat a patient, the practitioner has the right to discontinue treatment. This is particularly relevant when the practitioner believes they can no longer provide the patient with optimal care.

In such circumstances, the practitioner will:

- raise the situation with our practice principal and practice manager
- record the reasons and management of the situation in the patient's health record
- document a process to be followed by staff if the patient makes any subsequent contact with our practice.

Our practice recognises that, irrespective of a decision to discontinue the treatment of a patient, there is still a professional and ethical obligation to provide emergency care to the patient.

#### Dealing with distressed patients

Patients in distress are regarded as an urgent medical matter, whether the contact is in person or over the phone. Occasionally patients will arrive in the waiting room in a state of physical or emotional distress and present as tearful, aggressive, bleeding, in pain or in a comatose/unconscious state.

For distressed patients, our practice staff must:

- apply appropriate triaging
- notify medical staff immediately
- be prepared to call an ambulance if requested
- provide an alternative waiting area (e.g. the treatment room)
- consider remaining with the patient and reassuring them while they are waiting for treatment
- not physically touch difficult or aggressive patients.

#### Managing health inequalities

Our practice team recognises that there are some significant differences in key indicators of the general health and wellbeing of specific groups within the Australian community. We understand that health gains have not been equally shared across all sections of the population and Australia currently has morbidity and mortality inequalities between population subgroups. This includes Aboriginal and Torres Strait Islander people, homeless youth, children of single parent families, people with developmental disabilities, people with severe and persistent mental health issues, the LGBTIQ+ community, refugees and people from culturally and linguistically diverse populations. In an effort to combat these inequities, our staff will

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accommodate the specific health needs of individuals who may be suffering disadvantage. Cultural awareness and diversity staff training All practice staff members will undergo instruction on this policy as part of their induction process and they will be encouraged to raise related matters at staff meetings.

## SCRIPT APPOINTMENTS

At Melville Street Clinic patients will be asked by our reception staff to read this document online before the script appointment to ensure that it is appropriately booked. These conditions were created to ensure good medical practice. If there are any uncertainties, we encourage you to discuss them with your usual GP. What are script appointments? Scripts appointments are face-to-face brief appointments created to accommodate for exceptions, when a standard GP appointment may not be necessary. However, to avoid inappropriate prescribing, they are only to be used under certain conditions and not intended to replace a standard consultation with your usual doctor. It may be appropriate to book a script appointment if:

- It has been less than 4 months since your last consultation with your usual doctor.
- You require a referral to a specialist that you see annually.
- You require ongoing regular medication (maximum of 3 per visit) NOT listed below

Medications inappropriate for script appointments include:

- Blood Pressure medications.
- Hormonal medications including the Contraceptive Pill.
- EpiPen or Asthma medications.
- Strong Pain or other Addictive Medications.

Situations inappropriate for script appointments include:

- Referrals to specialists for the first time
- Referrals that are not annual e.g. Colonoscopy
- When you need to discuss medication efficacy, side effects or discontinuation
- Asthma Action or Anaphylaxis / Allergy Plans.

Why can't I have more repeats on my scripts?

Regular long-term medications are dispensed monthly(single or double), usually for a maximum of 6 months. Double repeats could be request as per new scheme.

It is recommended to then arrange a standard consultation with your usual doctor to check the need to continue, stop or change your medication. This provides us an opportunity to review other health issues, plan for the subsequent 6 months and discuss preventive health strategies. It may also include a discussion of results, ordering of pathology or imaging tests, specialist referrals, medication review or relevant examination.

Melville Street Clinic  
59-61 Melville Street  
Numurkah VIC 3636



Planning Ahead.

It is important to book your review appointment with us for further scripts, soon after your pharmacist has dispensed your last repeat prescription. It is strongly encouraged for you to see your usual doctor to ensure continuity of care and to minimize errors. Please understand that our reception staff are not health professionals, and as such are not authorized to book script appointments outside of these guidelines. Thank you in advance for your cooperation.