

Dental Practice: Managing Third-Party Risks

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Dental healthcare practitioners work with various third parties to develop opportunities, promote public health and assist with modern commercial realities. This relationship impacts the delivery of dental care to patients and can sometimes come with its own risk to dental practitioners.

Third parties can include private health insurers and other 'dental insurance', Government agencies/programs, finance companies and injury compensation schemes among others.

Dental healthcare practitioners are obligated to follow third parties' rules and requirements due to monitoring and auditing by these third parties. Should there be a decline in the relationship or adverse findings, there may be implications which are commercial or regulatory, such as referral to the Dental Board.

With the aid of case studies this session will cover the guiding principles provided in the Dental Board of Australia's Code of Conduct which should be referenced and followed to help you avoid any pitfalls.

Learning outcomes

- Identify the main challenges and clinico-legal issues related to communicating and working in partnership with third parties in dental practice.
- Discuss how to implement relevant Good Practice principles as outlined in the Dental Board's Code of Conduct.
- Describe effective strategies to put in place in common healthcare practice scenarios to avoid clinico-legal risk.

Presented by Dr Elizabeth Milford

With more than ten years' experience in health management, Elizabeth is an impressive all-rounder in the dental sector. As well as roles as a lecturer and consultant, she specialises in accreditation and governance. Her broad network and high-level roles keep her up to date and influential in the broader health political environment. Passionate about the world of dentistry, Dr Elizabeth Milford works individually as a mentor and broadly as an advocate for more fulfilling work-life. A national speaker, she draws on her experiences combined with current research to engage audiences on how they can create a more satisfying career.

[Watch the webinar](#)

Q & A

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Contact MIPS 24/7 Clinico-Legal Support 1800 061 113 for specific advice.

⊕ When should you inform your medical indemnity insurer about a potential medical negligence claim?

⊕ I've heard that medical practitioners shouldn't be afraid of saying 'sorry' when things go wrong at the practitioner's fault and that it can even minimise the harm done when the patient or the family receives bad news. Ignoring the moral virtue of taking ownership and apologising for one's wrongdoing or mistakes, is there any circumstance where apologising be taken admission of liability, and how must one tread this ground?

⊕What comeback do surgeons have when our medico legal "expert" colleagues write reports that are so blatantly inaccurate and give opinions that would fail a fellowship examination

⊕Please discuss, legal/litigation influence of AHPRA Code of Conduct 'Good Medical Practice and other AHPRA accredited Medical College guidances on an expected standard of conduct and clinical practice eg RACGP (eg in respect of opioid and benzodiazepine prescribing) or others eg Faculty of Pain Medicine ANZCA (eg on cannabinoid prescribing).

⊕As a junior doctor who is many years away from private practice, how much should I be worried about litigation, and what can I do now to prepare myself and develop good habits?

⊕Is there a specific source we can refer to gain knowledge of the legal side of clinical practice in Australia?

⊕Why are our time and energy not compensated as a fee that MIPS can recoup from the opposition legal team and claimant when costs are awarded against them?

⊕If a patient has signed Advance Care Directive (ACD) and wants no invasive treatment, but the person listed as the substitute decision-maker wants the patient to receive invasive treatment, what is the right approach? To treat to not to treat?

⊕How does NDIS impact catastrophic claims payouts?

⊕Could you please share some information on cases where damages awarded are greater than MDO cover? How common is this, and how does it usually end?

⊕Could surgical assistants be involved in liability?

⊕If a doctor is a full-time permanent employee of the public hospital in QLD and treats a private patient in a public hospital, in case of any issue, is the doctor also liable, or just the hospital is liable?

⊕What is the current maximum threshold for all "damages" in eg Victoria?

⊕Is it fair to state that most claims are successful when both court rulings and out of court settlements are taken into account?