Bulletin

New Year – Fresh start

After a year of 'curve balls' we finally made it to 2021! No doubt there is still a long way to go, but with 2020 behind us and a lot of 'firsts' out of the way there is a sense of being better prepared for 2021 and starting the year with a more positive and proactive mindset.

With vaccine roll-out commencing there are bound to be some challenges, but it's a positive step forward for our community. Please refer to our website for our regular updates to Q&As providing guidance and information in relation to COVID-19 and the vaccine roll-out.

2021 will be a big year for MIGA as we implement a new insurance system prior to the June renewal period. Expect some further communication from us on changes to our processes designed to improve the security of your information.

Last year we experimented with two risk education webinars. These proved extremely popular so we have plans to roll out more in 2021 – keep an eye out for more details about these over the coming months.

We appreciate the ongoing pressure the pandemic creates in your work. So as 2021 progresses please remember there are many ways we can support you and your practice:

Medico-legal support
Our solicitors assist members every day on a huge range of topics and situations that arise in practice. It may be about dealing with a difficult patient, an adverse event, an unfamiliar situation, questions about privacy, dealing with the police or assistance preparing correspondence to regulators. If you are in unfamiliar territory and unsure how to proceed, chances are we have seen it before and can put you on a path to resolution. Just call us.

Risk management education for doctors and midwives
While our face-to-face events have had to be postponed for the moment, we still have a large amount of educational content available to you online in REO via our website, with more on the way. Complete it at a time that suits you and earn points toward a discount on your insurance premium. Topics are wide ranging, from consent and healthcare records to opioids and bullying & harassment. Check out your options in REO.

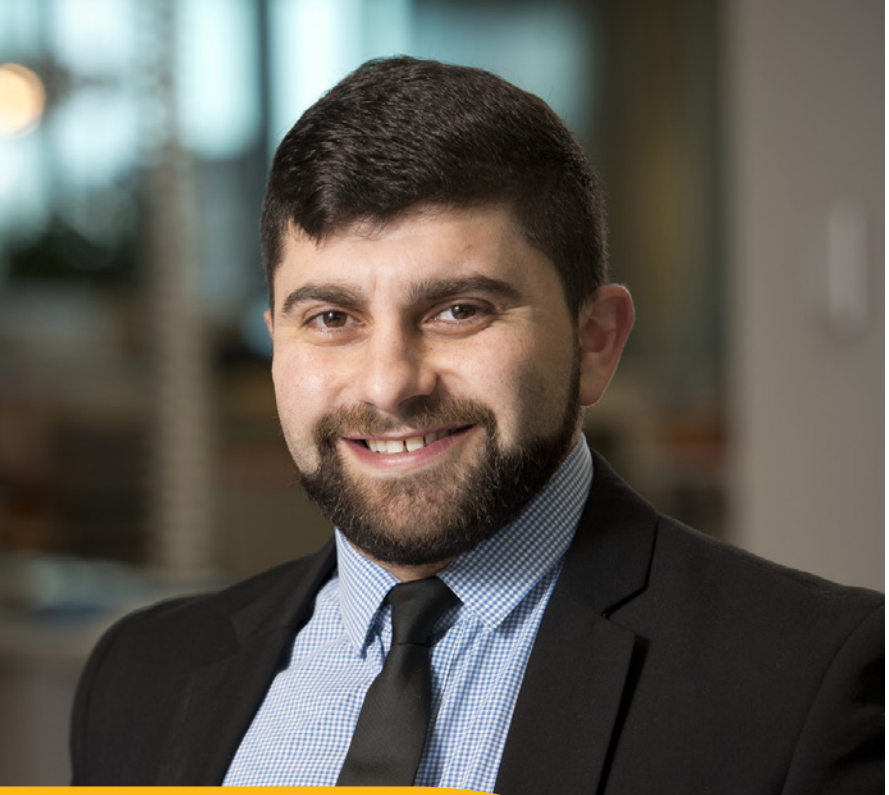
Our team can provide risk management advice to practices and offer personalised Practice Risk Assessments to help educate your practice staff and reduce risk in practice systems. Practice Reviews on topics such as infection control, consent and staffing and locums can also be completed online. Get onto REO and choose from the 15 different topics available.

Doctors' health
Taking care of your health is of primary importance. We encourage you to have your own GP and we offer a Doctors' Health Assessment that you can use with your GP to help guide your annual check-up. Download the Check-up Package from our website and check out our Doctors' Health e-book while you are there.

We hope your 2021 is off to a great start and we encourage you to look to us for support when you need it.

Mandy Anderson
CEO and Managing Director

February 2021



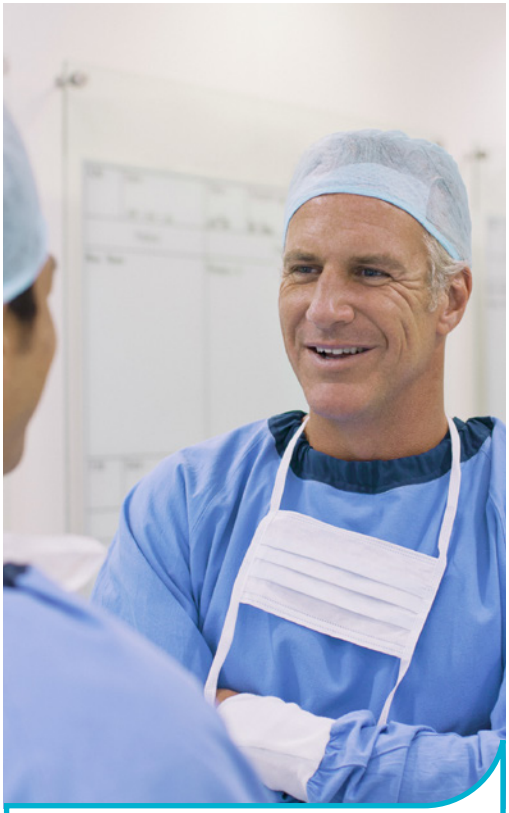
Welcome to the February edition of MIGA's Bulletin. Hopefully you have been able to have some time off and spent it reconnecting with family and friends. We are all pleased to have 2020 behind us, with the start of a new year providing an opportunity to reset and refocus.

In this issue of the Bulletin, we discuss new Ahpra 'case discussions' and review the updated Medical Board Good Medical Practice Code in relation to self-prescribing provisions. Read about the outcomes of our recent advocacy work, collaborating with Ahpra on a new framework for identifying and dealing with vexatious complaints.

Our Risk Education Team have recently delivered some very successful webinars, with more on the way. Read more about how you can view the recordings and earn risk management points.

We hope you enjoy this issue.

Louie Haykal
Business Development Adviser (NSW & ACT)



Refer a colleague

At this time of year there are many new doctors starting in hospitals and colleagues taking the next step in their career progression.

For many, medical indemnity insurance is the last thing on their mind. However, changes in career and scope of practice can make it an extremely important consideration. A timely 'check-in' and advice from experienced senior colleagues can be extremely helpful in ensuring they remain appropriately covered.

We value your support in recommending MIGA to your colleagues.

A vexing win?
New processes for vexatious complaints

Receiving a complaint about your healthcare is never a pleasant experience. When a patient complains to a regulator, there can be the inevitable worry of "*will this affect my practice?*"

It is important to remember that **5.8% of doctors**, and **1.7% of all registered health practitioners**, had a complaint made about them to their National Board / Ahpra in 2019/20.

A complaint of itself does not indicate poor practice as:

Complaints against

71.7% doctors

69.5% all practitioners

had no further action taken

Complaints against **only**

8.3% doctors

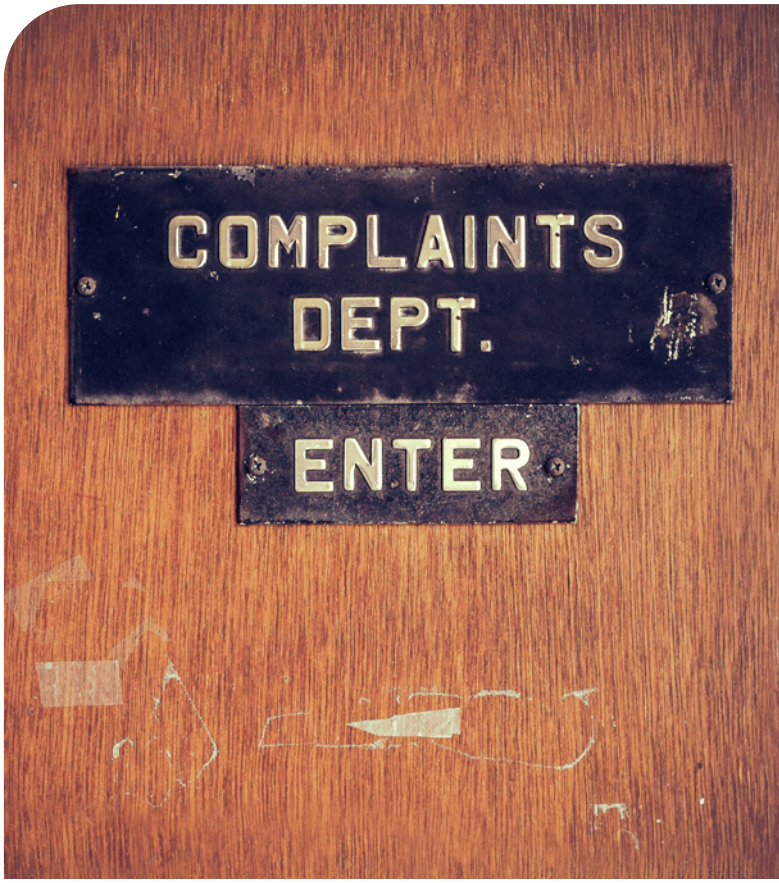
13% all practitioners

led to a caution, reprimand or conditions/ undertakings on practice

Complaints against **less than**

1% doctors and all practitioners

led to suspension or deregistration[1]



Ahpra has detailed the experiences of practitioners who have been the subject of a complaint, including what they wish they had known and advice they would give to others who receive a complaint. MIGA also has its own Practitioner Support Service to support members struggling with the impact of claims or complaints.

The problem of vexatious complaints

Occasionally complaints can be 'vexatious'. One study suggests that no more than 1% of complaints are truly 'vexatious', being a "*groundless complaint made with an adverse primary intent to cause distress, detriment or harassment to the subject*"[2].

Ahpra acknowledges that whilst a complaint may not be vexatious, it can still be vexing and cause significant distress to the recipient[3].

The National Law only protects complainants from liability if they make notifications in good faith[4] .

MIGA has been advocating around issues of vexatious complaints for some years. This includes in a Commonwealth Senate inquiry on the issue, arguing for further work by regulators around identifying what is a vexatious complaint, including additional training and clinical input, and changes to processes[5]. The inquiry recognised that:

> "*… where vexatious notifications are made … there can be unwarranted and disproportionate adverse consequences for the health practitioner concerned … it is essential for vexatious complaints to be identified and dismissed at the earliest possible stage …*."[6]

The new vexatious complaints framework

In December 2020, the National Boards / Ahpra released their new framework for identifying and dealing with vexatious notifications[7]. It will assist Board decision-makers and Ahpra staff in identifying potentially vexatious notifications.

MIGA contributed to the development of the framework. We're pleased to see how the framework incorporates the feedback we provided to Ahpra.

The framework includes:

- Explaining how vexatious notifications can have a serious adverse effect on practitioners both professionally and personally
- Indication that some notifications can be made with a vexatious intent, but which disclose genuine patient safety issues which need to be considered
- Detailing potential clues of a vexatious notification, including format, content, behaviour, and nature of relationship between practitioner and notifier
- A process for dealing with notifications which may be vexatious.

Importantly, the relevant Board will initiate an investigation into the conduct of a practitioner who makes a notification against another health practitioner which is determined to be vexatious. There is an intention that regulatory / disciplinary action should be taken in these matters.

What's next?

MIGA hopes these changes will improve the handling of vexatious complaints, particularly the experiences of doctors and the broader healthcare profession. Vexatious complaints are not an everyday occurrence, but when they occur their impact can be very concerning, both for individuals and the broader community. We will continue to monitor this issue closely.

More generally we continue to engage closely with the Medical Board and Ahpra on a broad range of issues to ensure that its regulation of the healthcare profession remains fair, sensible and practical. Most recently this includes

- Changes to complaint assessment and investigation processes (see article in our December Bulletin and Kate Hodgkinson's article on new 'case discussions' in this month's Bulletin)
- Update of Ahpra's advertising guidelines, released in December 2020 – MIGA secured a range of important clarifications around advertising expertise, evidences supporting claims and the control of advertising (for more information, see Carmelina Parisi's article 'Advertising your services').

Timothy Bowen
Manager, Advocacy & Legal Services

1 Ahpra 2019/20 annual report
2 Morris et al, *Reducing, identifying and managing vexatious complaints* (November 2017)
3 Ahpra, *Vexing not vexatious: Report finds more risk in not reporting* (16 April 2018)
4 Section 237, Health Practitioner Regulation National Law
5 MIGA submission, Senate inquiry into Health Practitioner Regulation National Law complaints mechanism (February 2017)
6 *Report, Complaints mechanism administered under the Health Practitioner Regulation National Law* (May 2017)
7 National Boards / Ahpra, *Framework for identifying and dealing with vexatious notifications*

Case Study

Ahpra's oversight of notications Changes

Kate Hodgkinson
Solicitor

In our last Bulletin, we foreshadowed changes to the way Ahpra / National Boards assess and investigate notifications.

As these changes have now come into effect, we can share our experience (and our members' experiences) of Ahpra's notification management.

Ahpra's new approach applies specifically to "low and medium risk" notifications, with the aim of focusing efforts and resources towards higher risk matters (where there are "*gaps in safe practice that create ongoing risk to the public and may require a regulatory response*"[1]) and to reduce the time taken to deal with notifications. This is in response to feedback Ahpra received from its stakeholders (including MIGA) about the delays associated with investigating "*low level*" notifications.

With these notifications, Ahpra intend to focus more on the practitioner and their practice generally, rather than just the incident giving rise to the notification. This is to understand how the practitioner and (where relevant) their organisation (practice/employer) has responded, what controls are in place to reduce any future risk, and ensure ongoing safe practice.

What are case discussions?
A key new initiative is the introduction of 'case discussions'. Usually conducted by video conference or telephone, these are a formal, non-compulsory discussion between the practitioner, the Ahpra investigator and sometimes an Ahpra clinical advisor (though not always). The practitioner is entitled to have a support person present during the discussion, including an MIGA lawyer.

According to Ahpra, these case discussions are designed to give it an opportunity to explore the nature of the practitioner's practice, their response to the notification and what, if any, risk controls are in place. The ultimate aim is to reduce the time taken to investigate lower risk notifications[2].

MIGA's lawyers are familiar with these types of discussions, having been part of similar 'performance interviews' with the Medical Council of NSW for many years.

In our experience to date, where Ahpra has requested a case discussion, our members have been given information about the notification (including a copy of the complaint), the invitation to attend and information about the process. After the case discussion, the practitioner has been provided with a record of the interview to review for accuracy.

Where our members have agreed to participate in case discussions, we have observed that the questions being asked by the investigator have been unsurprising, and consistent with the type of information that Ahpra has indicated it will be seeking.

During the discussion, the Ahpra investigator will be looking for reassurance that the practitioner is:

- Proactively maintaining their knowledge and skills relevant to scope of practice
- Exercising sound judgment about work undertaken versus work referred on according to knowledge and skills
- Conferring or referring where appropriate
- Taking appropriate action when things go wrong.

Ahpra have indicated they are also interested in organisational (employer/practice) controls such as strong clinical governance with appropriate policies and procedures in place, education and training to deal with gaps in knowledge and other appropriate organisational responses. They are not routinely involving organisations in the case discussions, but have indicated they may involve the organisation if they are not satisfied the practitioner has the risk under control themselves.

The focus on the practitioner and organisation means it has never been more important to have robust systems and practices in place at both the practitioner and organisational level to reassure Ahpra / National Boards if it receives a notification about you.

We have been encouraged by our experiences with case discussions to date, but it is unclear whether this approach will result in greater efficiencies. MIGA will continue to monitor the way these discussions are conducted and used, and advocate with Ahpra / National Boards in the interests of our members.

Earlier changes – initial responses to complaints
As Ahpra / National Boards continue to adjust their approach to notifications they have been seeking to deal with some notifications categorised as 'low level' by contacting practitioners directly by telephone as the first point of contact.

If you receive contact from Ahpra, we recommend that you not discuss the details of the notification without first speaking to one of MIGA's lawyers. It is entirely appropriate to acknowledge Ahpra's call and indicate that you will need to speak to MIGA before responding in detail. It is important to consider whether to agree to participate in a case discussion, as this may not suit every practitioner or set of circumstances. In some cases, it may be more appropriate to decline a case discussion but offer to provide a written response.

1 See Ahpra, 'Resetting our approach to investigations' - www.AHPRA.gov.au/Publications/AHPRA-newsletter/December-2020.aspx#Investigations-reset
2 For more information about how Ahpra / National Boards assess and investigate notifications, see www.AHPRA.gov.au/Notifications/How-we-manage-concerns.aspx

Case Study

New Code of Conduct cautions against Self-Prescribing

Belinda Cullinan
Solicitor

The legality of a health practitioner self-prescribing varies from State and Territory across Australia. For example, in Victoria, it is an offence for a doctor to prescribe schedule 4, 8 or 9 medication for themselves or anyone other than their patient[1]. While it may not be illegal in other States to self-prescribe, the Medical Board's Code of Conduct – 'Good Medical Practice' has always recommended that a health practitioner seek independent, objective advice when in need of medical care and to be aware of the risks associated with self-diagnosis and self-treatment. The Code has recently been amended with effect from 1 October 2020. The revised Code makes a clear recommendation that doctors should not self-prescribe[2].

There are numerous Tribunal decisions which highlight the range of sanctions which can be imposed on doctors who self-prescribe. While the severity of the sanctions imposed varies considerably and depends on the specific facts of the case, a clear takeaway message from these cases is that the Medical Board and disciplinary tribunals consider self-prescribing to be unacceptable, and in some instances, warranting suspension or even de-registration. The new wording in the Code makes this position unequivocal.

In a decision of the Victorian Civil and Administrative Tribunal[3], a doctor forged prescriptions on a relative's prescription pad on numerous occasions between 2009 and 2015. In determining the appropriate sanction, the Tribunal took into account a number of factors, notably the degree of insight and attempts to rehabilitate on behalf of the doctor. The Tribunal reprimanded the doctor and imposed onerous and prescriptive conditions in relation to drug-screening, supervision and medical treatment.

In a decision of the NSW Civil & Administrative Tribunal[4], the Tribunal deregistered a doctor for a period of one year following a history of long-term prescribing to self and family. The doctor suffered from a health impairment and had been subject to prior suspensions and breached conditions previously imposed by the Medical Council of NSW.

In a decision of the Western Australian State Administrative Tribunal[5], a doctor prescribed schedule 4 medications for himself and his partner and also prescribed in his partner's name for personal use. While there was no suggestion the medication prescribed was inappropriate or in excessive quantities, the Tribunal found that the doctor acted contrary to the Code. The doctor was reprimanded, fined and made subject to conditions prohibiting prescribing for self and family with an audit to monitor compliance.

As these cases demonstrate, suspension and/or de-registration of a doctor are sanctions which are generally considered where the self-prescribing is serious and where there might be health impairment issues or clinical safety concerns. However, even comparatively less serious incidences of self-prescribing can mean that a doctor is caught up in a disciplinary process for a substantial period of time, with potentially onerous conditions and negative publicity. The impact that this can have on a doctor's overall well-being and practice can be significant and is something that MIGA's Legal Services team witness first-hand.

In the latest amendments, the Medical Board's Code stipulates that good medical practice involves:

- Having a general practitioner
- Seeking independent, objective advice when you need medical care, and being aware of the risks of self-diagnosis and self-treatment
- Seeking help if you are suffering stress, burnout, anxiety or depression
- Making sure that you are immunised against relevant communicable diseases
- Not self-prescribing
- Recognising the impact of fatigue on your health and your ability to care for patients, and endeavouring to work safe hours wherever possible
- Being aware of the doctors' health program in your State or Territory which provides confidential advice and support through the doctors' health advisory and referral services
- If you know or suspect that you have a health condition or impairment that could adversely affect your judgement, performance or your patients' health:
  - not relying on your own assessment of the risk you pose to patients
  - consulting your doctor about whether, and in what ways, you may need to modify your practice, and following the doctor's advice.

MIGA's Legal Services team receives numerous queries concerning legal and ethical issues around prescribing for self, family and colleagues as well as mandatory reporting obligations in this context[6]. If you are uncertain about your prescribing and reporting obligations, please contact our expert legal team.

1 Regulation 17, Drugs, Poisons and Controlled Substances Regulations 2017 (Vic)
2 Clause 11.2.5 Good Medical Practice: A Code of Conduct for Doctors in Australia (October 2020)
3 Medical Board of Australia v GMZ [2017] VCAT 902
4 Health Care Complaints Commission v Geary [2018] NSWCATOD 15
5 Medical Board of Australia and Lee [2018] VR 123
6 See MIGA's article "Treating practitioner mandatory reporting reforms beginning soon' for new treating practitioner mandatory reporting obligations now in place (www.migabulletin.com.au/article/treating-practitioner-mandatory-reporting-reforms-beginning-soon) and Ahpra / National Boards guidelines and resources on these new obligations - www.ahpra.gov.au/Notifications/mandatorynotifications.aspx

Support services

For practitioners:

- Doctors Health advisory and referral service www.drs4drs.com.au
- Nurse & Midwife support 1800 667 877

General support:

- Your GP Lifeline 13 11 14
- Beyond Blue 1300 22 46 36
- Headspace 1800 650 890

MIGA Resources

MIGA has a number of resources available to help doctors better manage their health, including a doctor's health assessment and health e-book and details concerning our practitioner support service: miga.com.au/education/doctors-health

It's hard to keep a good team down

2020 was a year of big change for MIGA's Risk Education. While our initial plans were put down, we were not out! We moved rapidly to offer more online activities to facilitate education and 'social distancing'. We appreciate that many of you missed the opportunity to catch up with colleagues through attendance at our face-to-face workshops and conferences. We missed you too! While we are hoping to return to some face-to-face events in 2021 the practicalities of unpredicted border closures and distancing requirements at events, remain a challenge.

Some of you will have attended the webinar "COVID-19 – Looking back to look forward". The response from members was incredible with over 340 attendees who had the opportunity to put questions to the panelists; Professor Anne Tonkin, Chair of the Medical Board of Australia, Dr Stephen Parnis, Emergency Physician from the Victorian frontline, Dr Roger Sexton, Chair of Doctors' Health SA and MIGA Board member and Tim Bowen of MIGA, who covered the medico-legal aspects. The evaluations were overwhelmingly positive and we have since made the recording available on demand with over 120 doctors having watched the recording so far. What the response told us was that this format of education, while less interactive than we would usually offer, met the needs of many of you and provided a forum for keeping abreast of the issues that are occurring at the coal face.

Based on the popularity of this first webinar, early in February we held a second webinar, "Opioid prescribing - what's changed?' with over 700 registrations. The session was chaired by Professor Owen Ung, an MIGA Board member and general surgeon (Breast & Endocrine). Our thanks to those of you who attended, and to our panelists, Dr Margaret Wilson from the Therapeutic Goods Administration (TGA), Freya Waddington from the Department of Health, Dr Irina Hollington an anaesthetist and specialist pain medicine physician, Dr Hester Wilson a GP and addiction specialist and Tim Bowen from MIGA. We are always in awe of the insights our panelists bring to the discussion topic and the difference their specialist knowledge makes in getting to the heart of often complex issues. A recording of the webinar will soon be available, so keep an eye on your inbox for more information and a link to register for the download.

As we approach the end of the 2020/2021 Program Period on 31 March 2021, please bear in mind that the webinar recordings are a points earning activity, so they represent an easy way to earn 5 risk management points for watching each activity! Ten Points in the Program year qualifies eligible doctors to a 10% premium discount on renewal.

Keryn Hendrick
Risk Education Manager

Call 1800 777 156 or email risk@miga.com.au for more information about our webinars and recordings

What to consider when selling a medical practice

Thinking about selling your practice? Preparation and planning are key, not to mention patience. After making a decision to sell, it may take several years to get the practice into a financial shape that will maximise the value of the business. If you are considering selling up so that you can retire or refocus, here are some matters to bear in mind before you take the plunge and find a new owner for the practice into which you have invested so much.

Get the right advice

Having the right advisers around you is critical to ensuring not only that you maximise your sale price but also that you minimise the personal pressure on you. You are unlikely to be an expert at selling medical practices, so engaging the right professionals, such as a business broker, can ensure that you get an accurate valuation for your business and an honest assessment of the state of the market in your area. A broker will be able to narrow the field of suitable buyers and will also be able to arrange introductions to other key advisers so that you don't get tripped up by unexpected legal or tax issues.

The importance of good tax advice at an early stage cannot be overstated. The potential impact of capital gains tax on the sale of your practice means that it is never too soon to put effective tax strategies in place, so that you aren't disadvantaged when it comes time to hand over the keys to the practice.

Another benefit of engaging a professional to steer you through the sale process is that they can ensure that your plans remain confidential, by knowing how to approach the right buyers discreetly. The premature leaking of news of a proposed sale can have a significant adverse impact if your practice staff become worried about their job security or if competing practices see it as an opportunity to grow their business at the expense of yours.

Make sure your records are ship shape

You already know the importance of complete, secure and accurate record-keeping when it comes to your patients' health care. When it comes to selling your practice, a prospective buyer is likely to demand the same diligence with your financial record-keeping. Just as your clinical notes tell the story of your patients' health, your accounting records tell a buyer about the financial health of your practice. Gaps in those records can have serious consequences for a potential sale and may put off buyers until they can form a complete picture of the profitability of your business.

This is another area where engaging professionals to assist you at the start can have a substantial positive impact when it comes time to sell. For example, having an accountant run a discerning eye over your accounts, can alert you to any potential concerns that a buyer might have and provide time to address them, or to adjust your sale price expectations.

Similarly, expert legal advice can ensure that the contracts signed by your practice long ago and since forgotten are brought up to date and will pass the buyer's due diligence process. A lawyer can also assist you to identify what third party consents you may need in order to sell the business, such as leases on premises and equipment, security interests to be discharged and licences that need to be assigned or re-negotiated.

Think at the macro, rather than the micro, level

During the sale process, you will need to start to ease off the accelerator in terms of your clinical commitments so that the momentum you conserve can be redirected to address your commitments as an owner in transitioning the business. As part of the planning stages, consider how you can reduce your involvement in the daily operations of the practice and focus more on leadership and strategic planning.

As part of that process, stand back and look at your practice from a broader perspective. Identify whether there are steps you can take to make the business more attractive to a potential buyer. There may be a benefit to making the practice more diverse, for example by incorporating allied health services. It may also be useful to introduce new medical professionals into the practice prior to the sale, as this may reassure a buyer about continuity of practice after you have left.

Don't plan that vacation too early

You may have spent the past few years pouring your heart and soul into your practice in order to maximise its value but don't be lured into thinking that you'll be able to put your feet up on the day after the sale goes through. Given the unique nature of clinical rapport and the vital importance of maintaining trusting doctor/patient relationships, it is likely that a buyer will expect you to continue to work in the practice after the sale, to ensure a smooth transition.

You will also need to plan a marketing and handover strategy for your patients and staff. This will include introductions at an appropriate time to the principals of the practice and key staff. Marketing strategies may include local advertising as well as writing to patients individually in order to manage patient relations.

Be aware of your ongoing exposure

Eventually, the time to move on will arrive and you may have obligations under the sale agreement not to engage in any practice that competes with your former business.

Don't be tempted to think that your liability for your past practice ends there.

The buyer may not indemnify you for liability that you or your practice incurred prior to them acquiring it. Indeed, the terms of sale may require you to indemnify the buyer for some circumstances from which claims might later arise. This highlights the importance of ensuring that your practice is insured not only while you own it but also that you have continuity of cover after you leave. You may need run-off cover for a variety of claims, whether by patients, staff or others, that may be made after the sale but which arise from pre-sale events.

In the event that a claim later arises, you may not have access to the historical records of your practice. Therefore, securing a right to access those records and obtaining the assistance of new owners, are important inclusions in the sale terms.

Talk to MIGA about protecting yourself from claims relating to your former practice, which often arise years later. It's never too early to start planning, so call us for a confidential discussion about your plans and how we can help to protect you.

Matters related to selling a medical practice can be complex, particularly in ensuring you are well protected and covered for claims that may be made against you connected with your former practice. If you have questions about the complexities of insuring healthcare companies, medical and midwifery practices as a result of issues covered in this article, MIGA's professional staff are available to assist clients on 1800 777 156.

Information in this article does not constitute legal or professional advice. Call us if you need assistance in relation to any of the issues covered.

Mark Lindfield
Partner – Landers & Rogers, Sydney

Midwives snapshot
Supporting pregnancy and childbirth during COVID-19

In these challenging times pregnant women will likely require more support, reassurance and advice in relation to pregnancy and childbirth.

As the care provider, it will be incumbent on you to ensure that you are up to date with the ever-evolving changes, as a result of the COVID-19 pandemic, and the impact these may have on the women you care for.

The College of Midwives has a range of COVID-19 advice on its website but here is a summary of the essentials:

- Continue to follow the Australian Pregnancy Care Guidelines recommended care schedule
- Understand the circumstances in which telehealth can be used in place of face to face appointments. For more information: mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TempBB and MIGA's telehealth advice: miga.com.au/covid-19
- Where possible, women should be encouraged to attend appointments. Reassure them that appropriate social distancing (as required in the circumstances) and infection control measures will be taken prior to and during their appointment
- Record keeping remains paramount particularly where you may wish to deviate from the 'norm' due to COVID-19. Be clear when documenting your assessment of risks and your decision-making process
- Advise the women you are caring for that they should notify you of any situation where self-isolation is required so that their care can be adapted accordingly
- For women who have had symptoms, face-to-face appointments can be deferred until 7 days after the start of symptoms, unless symptoms (aside from persistent cough) persist
- For women who are self-isolating because someone in their household has possible symptoms of COVID-19, face-to-face appointments should be deferred for 14 days
- Referral to allied health services must be maintained. This includes services for domestic violence, physiotherapy and mental health management as well as the use of translators and services specific to assisting those who are experiencing social or financial hardship
- Women should be provided with all support necessary to help maintain their mental health. Assessment of mental health at every contact is prudent and where there are concerns, referrals made and/or support service details provided. The Centre for Perinatal Excellence (COPE) have Ready to Cope: www.cope.org.au/readytocope as well as resources for families and midwives. In addition, PANDA - Perinatal Anxiety & Depression Australia are a dedicated perinatal service for women and families: www.panda.org.au.

Need further assistance or advice? Call Legal Services 1800 839 280

Liz Fitzgerald
National Manager - Risk Services