

Module 3: Understanding risk and compliance

Study Guide



Fundamentals of healthcare practice

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Modules covered by this Study Guide: Understanding risk and compliance

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Introduction

Welcome to Understanding risk and compliance. This Module introduces the concepts of risk identification and management as an integral part of your role as a Receptionist in a healthcare practice. It also introduces compliance, what it means, and how to use legislation, Standards, Codes of Conduct and professional guidelines as 'rules' to reduce risk for your patients, yourself, and the organisation.

This Module explores some key topics as examples of managing risk and compliance in healthcare settings, including privacy and managing patient records to maintain privacy, as well as work, health and safety (WHS). The managers within the practice must design, implement and monitor the organisation's policies, procedures and processes pertaining to these topics to ensure the workplace meets legislative requirements and provides a safe workplace for staff and patients. Reception staff have an obligation to comply with the practice's policies, procedures, guidelines, and ethical framework to manage risk and meet compliance requirements.

Outcomes

On completion of this Module, you should be able to:

- ✓ Identify, assess and escalate risks in the healthcare setting
- ✓ Identify sources of compliance information
- ✓ Understand the importance of complying with practice policy and procedures
- ✓ Understand ethical frameworks and how to meet ethical obligations in healthcare
- ✓ Understand and apply privacy and record management compliance obligations
- ✓ Understand and apply the basic principles of work, health and safety

Structure

This Module is divided into the following lessons:

- Lesson 1: Introduction to risk management
- Lesson 2: Introduction to compliance
- Lesson 3: Privacy and records management
- Lesson 4: Work, health and safety

Activities

Throughout this Study Guide you will notice a range of activities. These are intended to contribute to your learning by encouraging you to be active and involved. None are compulsory. They are intended to help you to learn but are not part of your formal assessment.



Activities with an **online interactive version** are identified with a mouse icon at the start.

Common activity types included in study guides are included below.

- **Knowledge check or Reflection:** These encourage you to confirm or explore your understanding as you progress.
- **Reading:** These may be uploaded to [my.unep](#) or provided as links to readings or websites to expand on the content of the lesson.
- **Video or Link:** These provide alternative perspectives and give visual and audio alternatives to your text. Please do not feel you are required to watch all videos or read through all the links provided in this Study Guide.
- **Find out more:** In some lessons we provide support for additional reading or activities that go beyond what is required in the unit covered in this Module or provide a refresher for underpinning concepts that support the knowledge and skills for this unit.
- **Case study or Example:** There are a range of case studies and examples provided throughout this Study Guide, to support your understanding and to provide a resource for some activities.

The end of an activity is identified with a band, like the one below and the text 'End of activity'. This indicates the normal Study Guide text will resume.

End of activity



Common Terms: You will notice that throughout this study guide we use the term 'patients' to refer to the people your team provides services or support to. In your workplace, you might use other terms such as patient, client, staff, employees, volunteers, or stakeholders.

We use the term 'Medical Receptionist' or receptionist to refer to the administrative staff in your team. In your workplace, you might use the term secretary, front desk staff, administrative assistant, or another term. Additionally, you may be a receptionist in a different type of practice, such as general practice, specialist practice, allied health, psychology, or mixed practice.

We use the term 'Practitioner' to refer to the clinical team working in the healthcare practice. This could include general practitioners, specialists, allied health practitioners, psychologists, or other health professionals working within or referring to your practice.

Lesson 1: Introduction to risk management



We all manage risks daily - whether it is driving a car, walking across the road, sending an email, infection control precautions, or determining work priorities. To manage risk effectively, it is important to manage risk systematically. Systematic management of risk applies to the entire organisation including the front desk. It covers all aspects of a healthcare business including clinical care, business risk, financial risk, and physical and mental risk to staff, patients and visitors. It is important to understand risk management as the responsibility of everyone in the practice, requiring a deliberate and considered team approach.

In a healthcare practice, risk management underpins everything that happens, every single day. When the practice is committed to a whole-of-practice risk management approach, all aspects of the business (not just clinical risks), will be considered within the risk framework and open and transparent discussions will enable the team to find solutions to reduce the risk to clinicians, patients, staff, and the business.

To manage risk effectively, you need to understand it.

1.1 What is risk?

Risk is the chance of something happening that will have an impact on objectives.¹

It is exposure to the possibility of economic or financial loss or gain, physical damage, injury or delay as a consequence of an event, or of pursuing (or not pursuing) a particular course of action. Risk is measured in terms of **consequence** (outcome or impact of an event) and **likelihood** (probability or frequency).

In other words, the concept of risk is concerned with the uncertainty of outcomes. Some examples of risk are shown in the following diagram.

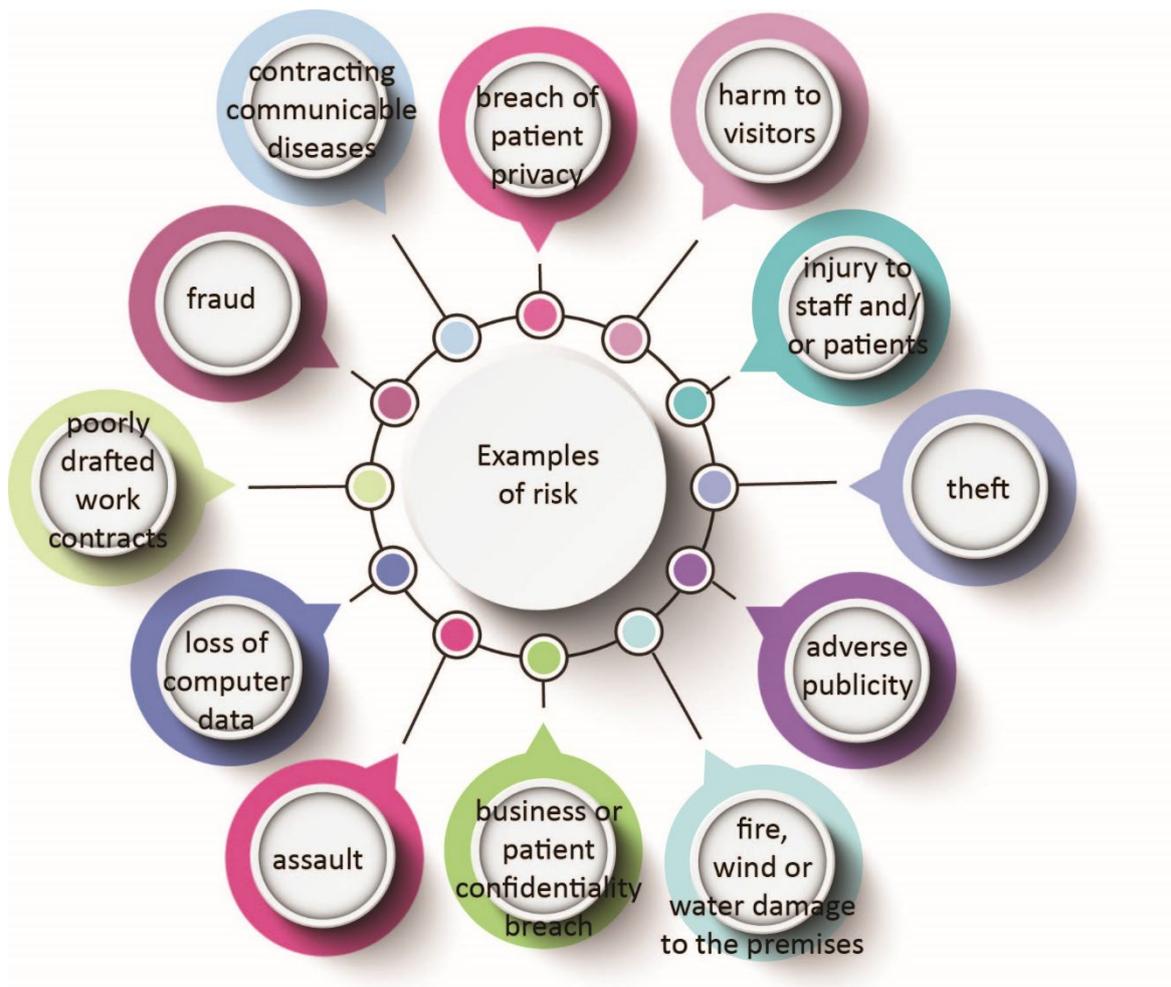


Figure 1: Examples of risk

Risk is inherent in everything we do. We will never eliminate risk; we can only minimise it.

¹ Business Queensland, Queensland Government, 2021. *Identifying Business Risk*, URL: <https://www.business.qld.gov.au/running-business/protecting-business/risk-management/identifying-risk> Retrieved 30 October 2021

1.2 What is risk management?

Healthcare practices are increasingly aware of the need to adopt a risk management approach to all aspects of the business. Everyone in the practice has an important role in understanding risk management to enable them to identify, escalate, and resolve business risks effectively and efficiently. For example, the reception staff are well positioned to identify the following common risks in a healthcare practice.



Figure 2: Three risk examples

A risk management system supports the business in terms of managing risks, hazards, incidents, complaints and claims. It involves establishing procedures to ensure that all significant risks in healthcare practices are understood and managed, everyone in the practice understands and has ownership over risk management, and that risk management is integrated into all aspects of the practice, thereby being part of the unspoken culture of the practice.

There are international Standards that provide rules for risk management processes and systems. The practice needs to conform to the principles contained in the International Standard ISO 31000:2018 Risk Management Guidelines². A Medical Receptionist has an important role in identifying risks to feed into the practice Risk Register, and to treat or manage risks to minimise the consequences if they occur.

Risk management should not be viewed as an extra administrative burden, but rather a way to protect the business, patients, and employees (including you) from unintended harm. A risk

² International Organization for Standardization, 2018. *ISO 31000:2018 Risk Management Guidelines*, URL: <https://www.iso.org/obp/ui/#iso:std:iso:31000:ed-2:v1:en> Retrieved 30 October 2021

management system will improve accountability in the practice, increase job satisfaction, and ensure concerns are addressed and allow the business to continue to improve over time.

1.3 The risk management process

As stated above, there are International Standards (requirements) for a risk management process, with the process described in the *ISO 31000:2018 Risk Management Guidelines*³. While this process provides a structured framework, each practice needs to modify and develop the framework to suit their business, and this will be documented in the practice policy and procedures.

The Medical Receptionist's role is to understand, apply and comply with the practice policies and procedures, and contribute effectively to the risk management process. This Lesson introduces the risk management concept, the importance of the process, and how to work effectively within it thereby minimising risk to yourself, the patients and the business.

Activity 1: Review practice risk documentation

This Lesson provides you with the background to understanding, identifying and managing risk, however your practice will have (or should have) a Risk Management Policy, Procedure, and documentation to capture and address risks. It will be highly beneficial to have recently read these documents to complement your learning in this Lesson.

This is a good time to access the relevant practice risk documentation and review it as you progress through this Module, so you can see the real-world application of what you are learning.

End of activity

A risk management framework provides guidance on how to identify, assess, and manage risks. The risk management framework from *ISO 31000:2018*⁴ describes how the key tasks of risk identification, risk analysis, risk evaluation, and risk treatment are supported by communication and consultation, monitoring and review, and recording and reporting. This process is described in clause 6 of that ISO and is illustrated in the diagram below.

³ International Organization for Standardization, 2018. *ISO 3100:2018 Risk Management Guidelines*, URL: <https://www.iso.org/obp/ui/#iso:std:iso:31000:ed-2:v1:en> Retrieved 30 October 2021

⁴ International Organization for Standardization, 2018. *Risk Management – Guidelines*, URL: <https://www.iso.org/obp/ui/#iso:std:iso:31000:ed-2:v1:en> Retrieved 30 October 2021

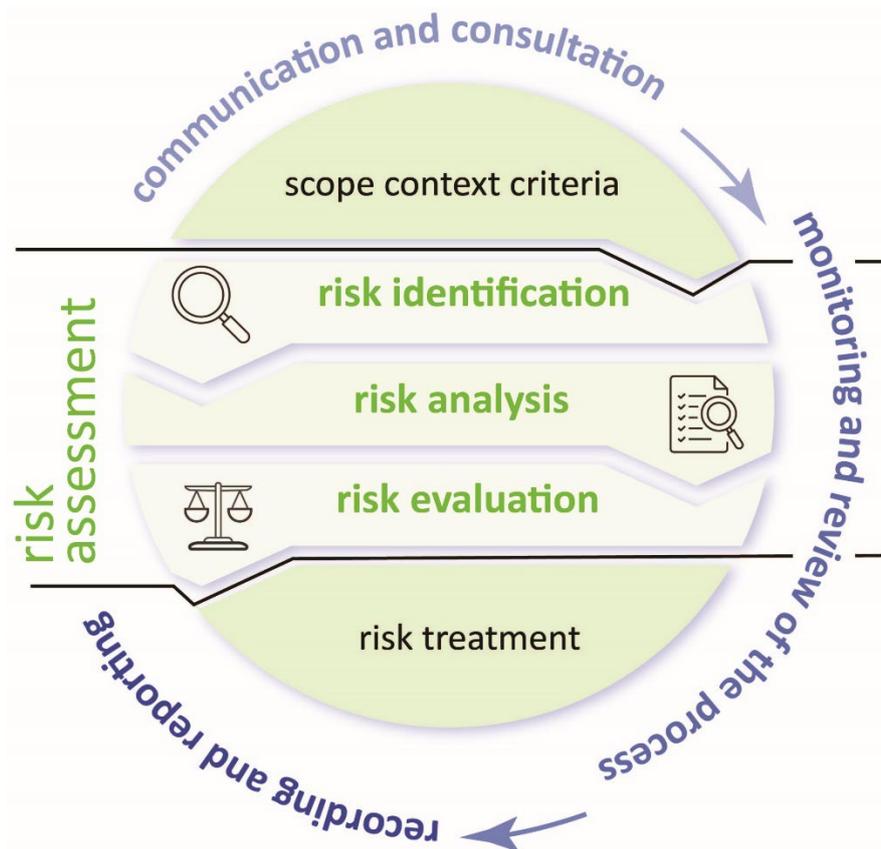


Figure 3: ISO Risk management process⁵

We will now explore risk identification, analysis and treatment in more detail.

Identify the risk

The task in this step is to identify the **risk event** (what can happen) and the **risk situation** (where, when, why and how it can happen).

This step involves identifying all risks to the business, including known risks and those outside of the control of the practice such as government policy changes, a pandemic, or changes to Medicare item numbers.

It is much better to manage risks proactively than reactively, and it is important that you identify risks from your perspective and escalate them to your manager. The risks you identify may need to be included in the risk register.

Analyse the risks

The purpose of this step is to think about the risk and its consequences, to then rank or prioritise each risk against the other risks for the business. This helps the team identify which risks are the biggest, and which require the most resources for mitigation.

⁵ International Organization for Standardization, 2018. *Risk Management – Guidelines*, URL: <https://www.iso.org/obp/ui/#iso:std:iso:31000:ed-2:v1:en> Retrieved 30 October 2021

Determine level of risk

To determine the level of risk, it needs to be rated in terms of the *likelihood* of its occurrence, and the *consequence* of what would happen if the risk did occur. Often managers use experience and judgements to come to a decision about the relationship between the likelihood and consequences of an identified risk. The likelihood of occurrence is rated as shown in Table 1.

Table 1: Example of likelihood rating

Descriptor	Description
Almost certain	Is expected to occur in most circumstances
Likely	Will probably occur in most circumstances
Possible	Might occur at some time
Unlikely	Could occur at some time
Rare	May only occur in exceptional circumstances

The potential consequence if the risk *did* occur is rated as shown in Table 2.

Table 2: Example consequence ratings

Descriptor	Description
Insignificant	No injuries, low financial loss, consequences are managed by routine operations
Minor	Minimal impact on the business' strategic and operational objectives, first aid treatment, contained, medium financial loss
Moderate	Medical treatment required, high financial loss, moderate impact on strategic or operational objectives
Major	Extensive injuries, major financial loss, may affect the practitioner's ability to continue treating patients
Severe	Death, huge financial loss, significant impact on the business viability, practitioner deregistered therefore unable to clinically contract

The team then uses the risk rating matrix to rate the risk as low, medium, high or extreme. This rating will influence how you evaluate and treat the risk.

Table 3: Risk rating matrix

		Likelihood				
		Rare	Unlikely	Possible	Likely	Almost certain
Consequence (impact)	Severe	Moderate	High	High	Extreme	Extreme
	Major	Moderate	Moderate	High	High	Extreme
	Moderate	Low	Moderate	Moderate	High	High
	Minor	Low	Low	Moderate	Moderate	High
	Insignificant	Low	Low	Low	Moderate	Moderate

Treat the risks

This step involves identifying and assessing the pros and cons of the various options, preparing and implementing treatment plans, and then analysing and evaluating any residual risk.

The treatment options for each risk will depend on the risk rating, by using the likelihood and consequence of each risk to provide a risk rating (see above).

Controls may already be in place at this stage, meaning that an uncontrolled risk may be extreme, but can be reduced once you introduce a mitigation strategy. For example, a patient with respiratory symptoms sitting in the general waiting room poses a risk to everyone in the practice of contracting their respiratory illness, whereas implementing controls may sufficiently reduce the risk that the person is allowed into the practice (controls can include masks, waiting and being treated in a separate 'isolation' room, good hand hygiene).

Risk management is not about risk avoidance, but systematically thinking about and managing all the possible risks.

The following examples demonstrate how risks are managed systematically using the risk management process. In your clinic, you may rate risks differently, or have different treatment options.

EXAMPLE 1

A child has been playing in the children's area and has scattered blocks across the passageway. An elderly patient with a walking frame has been called to see the doctor and is navigating her way around the toys. You have identified a risk that the patient may fall and be seriously injured.

		Likelihood				
		Rare	Unlikely	Possible	Likely	Almost certain
Consequence (impact)	Severe	Moderate	High	High	Extreme	Extreme
	Major	Moderate	Moderate	High	High	Extreme
	Moderate	Low	Moderate	Moderate	High	High
	Minor	Low	Low	Moderate	Moderate	High
	Insignificant	Low	Low	Low	Moderate	Moderate

Likelihood: Possible

Consequence: Major

Risk Rating: High

Treatment: Reception has a role to check children's area every hour. All team members have a role to pick up obstacles in the passageway. All staff have a role to alert reception (or the allocated person) if toys are left out.

Figure 4: Example of application of risk matrix

EXAMPLE 2

A health professional in your team asks you to send a referral to another practitioner. This practitioner does not have secure messaging and asks you to email the confidential patient information which is against the practice policy, and the patient has not provided consent to share their personal health information by email. You have identified a risk the private patient information being intercepted or a breach of confidentiality.

		Likelihood				
		Rare	Unlikely	Possible	Likely	Almost certain
Consequence (impact)	Severe	Moderate	High	High	Extreme	Extreme
	Major	Moderate	Moderate	High	High	Extreme
	Moderate	Low	Moderate	Moderate	High	High
	Minor	Low	Low	Moderate	Moderate	High
	Insignificant	Low	Low	Low	Moderate	Moderate

Likelihood: Possible

Consequence: Moderate

Risk Rating: Moderate

Treatment: as this happens infrequently, reception has a responsibility to advise the receiving practitioner that the referral will be posted to them; use encrypted email.

Figure 5: Example of application of risk matrix

EXAMPLE 3

You are tasked with cleaning rooms between sessions. On one occasion, you notice that the linen you are changing has bodily fluids on it, and you are not wearing gloves. You identify a risk of being exposed to an infectious disease.

		Likelihood				
		Rare	Unlikely	Possible	Likely	Almost certain
Consequence (impact)	Severe	Moderate	High	High	Extreme	Extreme
	Major	Moderate	Moderate	High	High	Extreme
	Moderate	Low	Moderate	Moderate	High	High
	Minor	Low	Low	Moderate	Moderate	High
	Insignificant	Low	Low	Low	Moderate	Moderate

Likelihood: Possible

Consequence: Major

Risk Rating: High

Treatment: Understand and apply infection control policy; update policy to include wearing gloves when cleaning treatment rooms; escalate to Practice Manager to ensure practitioners manage bodily fluids and linen as per policy.

Figure 6: Example of application of risk matrix

Other documents you may come across when managing risk include:

- Risk treatment schedule - where the summary of the assessed risks detailed on the risk register are recorded. This document includes information such as the advantages and disadvantages of different treatment options, and schedules dates for treatment completion and review dates.
- Action plan – documents the plan of action for treating identified risks. It includes information such as the proposed actions, resources required, the person responsible, the timeframe, and how the outcome will be measured.

Summary

This Lesson introduced the concept of risk and how important it is to every aspect of the business. Thinking about risk allows the practice to proactively manage risk, thereby reduce risk to patients, practitioners, staff and the business. This enables the practice to manage risk systematically to continuously improve across all aspects of the business.

In a healthcare practice, risk management underpins everything that happens, every single day. When the practice is committed to a whole-of-practice risk management approach, all aspects of the business will be considered within the risk framework and open and transparent discussions will enable the team to find solutions to reduce the risk to clinicians, patients, staff, and the business.

Lesson 2: Introduction to compliance



Compliance means conforming to a rule, such as a policy, standard or law. As a Medical Receptionist, it is critical that you understand the legal obligations you have as an individual, and that the practice has as a healthcare business. You have an important role in ensuring the practice complies with the many policies, Standards and laws it is required to meet.

This Lesson introduces compliance as a concept, and the most relevant areas where a Medical Receptionist must meet compliance requirements. Regulatory non-compliance is a high risk for any business, and particularly for healthcare businesses. As with risk, compliance is part of everyday functions within a practice.

2.1 What is compliance?

Compliance means conforming to a rule, such as a specification, policy, standard or law. Legislative and regulatory compliance describes the goal to which organisations aspire, to ensure that they are aware of and take steps to comply with relevant laws, policies, and regulations. To meet compliance requirements, organisations need to know where relevant information can be accessed.

Compliance information can be sourced from local, state/territory or commonwealth government departments or regulatory agencies. Some government-sponsored departments or peak bodies create compliance standards specific to their needs to ensure safe and high-quality services (see *Section 2.6 Practice accreditation* below).

2.2 Hierarchy of compliance

In the complex world of healthcare compliance, it is important to understand which rules are legislative requirements and which are guidelines. This will impact how you prioritise your duties with regards to tasks that are legal obligations. Record keeping is an example of something that can ‘slip’ in a busy practice, however the practice has multiple legal obligations to keep business records and patient records. Therefore, accurate record keeping is always a high priority.

In Australia there are regulations that apply to all business, and there are additional regulations that apply to healthcare businesses. Australia has federal, state, and local government legislative requirements, industry and organisational standards and codes with which a business is required to comply. Let’s look at work, health and safety (WHS) to show the hierarchical relationship between the different aspects of regulation that need to be met to achieve compliance.



Figure 7: Hierarchy of regulation

Acts and Regulations

Acts and regulations are legislative requirements that the practice must comply with. There are many Acts and regulations that relate to operating a business in Australia, some of which are described in the next section.

Compliance Codes

Compliance codes, which include Codes of practice, provide practical advice on prevention strategies and/or practical means of achieving compliance with general duties or specific regulatory requirements. For example, there will be a Code of practice for manual handling, noise levels and the safe use and storage of medications.

A Code of practice should be followed unless there is an alternative course of action that achieves the same or better standards of health and safety. Codes of practice can vary between states and territories. An example of a Code of practice is the WHS Code of Practice developed by [Safe Work Australia](#).

A Code of practice is designed to be used in conjunction with the Act or Regulations but does not have the same legal force. However, failure to observe the guidance of a Code of practice can be used as evidence in a court of law.

Australian Standards (AS)

The body that manages and controls the development and release of all Standards in Australia is Standards Australia, although some Standards are international, such as the ISO 31000:2018 Risk Management Guidelines.

There are other organisations that produce Standards pertaining to specific topics, for example Safe Work Australia, Royal Australian College of General Practice (RACGP), and the National Safety and Quality Health Service Standards, which were developed to drive the implementation of safety and quality systems and improve the quality of healthcare in Australia. These Standards have an impact on many aspects of delivery of healthcare in all practice settings. *Section 2.6 Practice accreditation* below has more information on healthcare practice Standards.

Compliance with Standards is not mandatory unless the Standards are adopted or referenced in an Act or Regulation.

Practice level implementation

The hierarchy of compliance provides a structure for the practice to follow for regulation purposes. The practice will use the hierarchy of compliance to write their policies, procedures and guidelines, and employees have a responsibility to accept and act in accordance with these documents.



Figure 8: Practice implementation hierarchy

Policies

Policies provide the rules by which personnel of an organisation are expected to abide. Policy documents will often be a source of prudent procedures or provide guidance when deciding on a course of action.

All policies need to be effectively known and understood by all staff. This demonstrates the employer's commitment to the topic and compliance. All staff should be asked to sign and date that they have read and understood the practice's policies.

Procedures

Procedures are method statements. They set out the way rules or policies are to be implemented. Often procedures used within an organisation are unwritten and learnt by observation or experience. In recent years, evidence of written procedures has been used as a defence in litigation. This has led to an increased emphasis on the development of written procedures for activities undertaken by organisations. Although procedures are often stand-alone documents, they are sometimes interlinked with risk assessment.

It is important that when any new procedure is designed or an existing procedure is redeveloped, that a safety review and risk assessment is conducted.

A Medical Receptionist will have procedures for patient billing, telephone procedures, collecting patient details, appointment scheduling, computer system access and processes, communications with practitioners, nurses and patients, Medicare procedures, patient consent, informed financial consent, and others.

Guidelines

Guidelines provide additional information that is recommended to do the task well and may include processes that are streamlined to align with best practice. Guidelines are relevant when specific Standards or policies/procedures do not apply, thereby allowing some flexibility for different or

unpredictable situations. Guidelines are open to interpretation and do not need to be followed exactly.

In addition to these hierarchical compliance obligations, healthcare practices should have an ethical framework which includes a Code of Conduct and complaints management procedure, which is described later in this lesson.

2.3 Key Acts and Standards

We will now look at some Acts and Standards that are important for Medical Receptionists working in a healthcare practice. Remember, compliance with Acts is mandatory, whereas compliance with Standards is not mandatory unless also covered in legislation. As an employee, you must comply with your practice’s policies and procedures.

Table 4: Key Acts and Standards

Acts and Standards	Brief Description																										
<p><i>Privacy Act 1988</i> (Cth) (Privacy Act)</p>	<p>The Australian Privacy Principles (or APPs) are the cornerstone of the privacy protection framework under the <i>Privacy Act 1988</i> (Cth) (Privacy Act). They apply to any organisation or agency covered by the Privacy Act.</p> <p>There are 13 Australian Privacy Principles and they govern Standards, rights and obligations around:</p> <ul style="list-style-type: none"> • the collection, use and disclosure of personal information • an organisation or agency’s governance and accountability • integrity and correction of personal information • the rights of individuals to access their personal information <p>The 13 Australian Privacy Principles are as follows. Click on the link to learn more about each Principle.</p> <table border="1" data-bbox="402 1294 1302 2013"> <thead> <tr> <th>Principle</th> <th>Title</th> </tr> </thead> <tbody> <tr> <td>APP 1</td> <td>Open and transparent management of personal information</td> </tr> <tr> <td>APP 2</td> <td>Anonymity and pseudonymity</td> </tr> <tr> <td>APP 3</td> <td>Collection of solicited personal information</td> </tr> <tr> <td>APP 4</td> <td>Dealing with unsolicited personal information</td> </tr> <tr> <td>APP 5</td> <td>Notification of the collection of personal information</td> </tr> <tr> <td>APP 6</td> <td>Use or disclosure of personal information</td> </tr> <tr> <td>APP 7</td> <td>Direct marketing</td> </tr> <tr> <td>APP 8</td> <td>Cross-border disclosure of personal information</td> </tr> <tr> <td>APP 9</td> <td>Adoption, use or disclosure of government related identifiers</td> </tr> <tr> <td>APP 10</td> <td>Quality of personal information</td> </tr> <tr> <td>APP 11</td> <td>Security of personal information</td> </tr> <tr> <td>APP 12</td> <td>Access to personal information</td> </tr> </tbody> </table>	Principle	Title	APP 1	Open and transparent management of personal information	APP 2	Anonymity and pseudonymity	APP 3	Collection of solicited personal information	APP 4	Dealing with unsolicited personal information	APP 5	Notification of the collection of personal information	APP 6	Use or disclosure of personal information	APP 7	Direct marketing	APP 8	Cross-border disclosure of personal information	APP 9	Adoption, use or disclosure of government related identifiers	APP 10	Quality of personal information	APP 11	Security of personal information	APP 12	Access to personal information
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	APP 13 Correction of personal information
Customer satisfaction – Guidelines for complaints handling in organisations (AS ISO 10002–2006)	<p>This Standard provides guidance on complaints handling related to products / services within an organisation, and it addresses the aspects of planning, design, operation, maintenance and improvement. It is both an Australian Standard and an International Standard.</p> <p>For all businesses, including practices, the successful management of complaints using risk management strategies is vital in assisting to avoid litigation.</p> <p>The benefits of implementing a complaints-handling program include the ability to:</p> <ul style="list-style-type: none"> • Provide a complainant with access to an open and responsive complaints-handling process. • Enhance the ability of the organisation to identify trends and eliminate causes of complaints, and improve the organisation’s operations • Help an organisation create a customer-focused approach to resolving complaints and encourage personnel to improve their skills in working with customers. • Provide a basis for continual review and analysis of the complaints-handling process, the resolution of complaints and process improvements made.
Risk Management Guidelines (AS ISO 31000:2018)	Regulatory compliance is a tool to effectively manage risk. See the risk management section for more detail.
Records Management (AS ISO 15489 –2017)	<p>This Standard provides guidance on managing the records of originating organisations, public or private, for internal and external clients. This standard applies to the management of records, in all formats or media, created or received by any public or private organisation in the conduct of its activities, or any individual with a duty to create and maintain records.</p> <p>Records management, as it pertains to a healthcare environment, is expanded below.</p>

It is important to understand that many of the Acts and Standards that apply to a healthcare practice will be relevant to aspects of your role. If not correctly followed, you could find yourself in an ethical dilemma.

2.4 Legal and ethical frameworks

Ethics can be defined as the moral principles that guide the behaviours of a person or organisation. Your personal ethics may differ from those that guide the expected behaviours of your organisation.

The ethical issues that arise in the workplace are not always obvious from the outset. There will be occasions when you need to come across a dilemma before you realise that the issue should be addressed by your ethical framework. Most organisations’ ethical frameworks include a Code of Conduct and a complaints management process.

An ethical dilemma occurs when there is a choice to be made between two or more different options, with conflicts between each possible solution based on differing sets of values.



Figure 9: Examples of ethical dilemmas

Throughout your work it is important that you not only practice ethical behaviour but that you also role model this behaviour for other staff in your organisation. Modelling ethical behaviour includes:

- reporting suspected or confirmed unethical behaviour in others
- undergoing continuing professional education to improve your skills
- refreshing your knowledge of code of ethics and practice Standards by reading the relevant documents and reviewing them regularly
- seeking clarification on issues that you are unsure of and discussing ethical dilemmas as they arise openly with senior staff
- treating people with respect and affording them dignity and self-determination.

Code of Conduct

A Code of Conduct is a set of rules that outline the behavioural expectations within an organisation. Most organisations will provide you with a Code of Conduct to read when you commence working within the organisation. You may see the following expectations in the practice's Code of Conduct:

- expectations on how to maintain privacy of patients and staff
- starting and finishing work on time (including lunch breaks)
- no personal social media or emails during work hours
- wearing provided uniforms correctly
- expectations for professional communication

The Australian Association of Practice Management (AAPM) has a [Code of Ethical Conduct](#) that defines the behavioural Standards AAPM expects from its members, including members who are

*employed by an organisation for provision of personal services or retained as a consultant to organisations within the industry*⁶

Complaints management

Many organisations will have systems in place to deal with complaints, whether these are from the patients or grievances that occur between staff. Complaints management systems are part of the ethical framework because they ensure that issues of concern are dealt with effectively and fairly. Complaints management systems include the process of raising the issue with the individual's supervisor (or a third party) and undertaking a process to have the conflict mediated by third parties.

Understanding professional role boundaries

Professional boundaries within the healthcare sector require that you keep your professional and private life separate, which includes:

- not socialising with patients outside of work
- not having romantic or sexual relationships with co-workers
- not allowing patients to visit you at your home.

Your relationship with your patients should remain professional to protect your patient and yourself. Boundaries help to ensure that your clients are not exploited in any way and also help protect the workers from complaints about inappropriate relationships.

Duty of care

Duty of care can be considered a moral or legal obligation to provide reasonable care for the wellbeing and safety of others.

In the health sector on most occasions a worker has a duty to ensure that reasonable action is taken to minimise the risk of harm to anyone in their care.

In legal proceedings, in deciding whether a staff member has breached their duty of care in relation to a client or patient for example the court will consider questions such as:

- what would be expected of a 'reasonable' person in the same situation
- the worker's roles and responsibilities within the organisation
- the training and experience of the worker
- the practicalities of the situation
- current community values about acceptable practice
- Standards generally seen as applicable to the situation
- other relevant laws such as the *Workplace Health and Safety Act 2011*
- meeting legislative and other procedural requirements.

⁶ Australian Association of Practice Management, 2019. *Code of Conduct*, [pdf], URL: https://www.aapm.org.au/Portals/1/documents/Membership_Documents/2019%20AAPM%20Code%20of%20Conduct.pdf?ver=2019-05-03-150710-057 Retrieved 30 October 2021

2.5 Additional compliance resources

There are other resources available to assist the practice to meet its compliance obligations.

Industry bodies

Industry bodies have an important role in regulating the industry and the Standards of their professions. Health practitioners need to be registered to practice by the Australian Health Practitioner Regulation Agency (AHPRA). Professional registration involves a professional code of conduct and other rules about what health professionals can and cannot do.

Depending on the area in which they practice, practitioners may also need to be registered with specialist colleges, Medicare, Department of Veterans Affairs, WorkCover, hospitals and health funds, many of which have their own terminology, processes and rules. This is why a good Medical Receptionist is worth their weight in gold.

Medicare Australia

Medicare Australia, administered by the Department of Health, is a federal government initiative and has its own compliance requirements. These requirements cover providers, staff and patients.

Medical Receptionists are responsible for processing Medicare (and other) billing. There are thousands of Medicare item numbers, with each item number representing a particular item of care with associated 'rules'. Medicare is covered in more detail in Module 1.

Department of Veterans Affairs (DVA)

Department of Veterans Affairs also has compliance requirements. There are clear guidelines for citizens who hold Veterans Affairs access cards and practices have a responsibility to abide by those regulations in the provision of services.

Private health insurance

As with Medicare, there are particular item codes for different services, and it is a legal obligation to claim the correct code for services provided. Incorrect claiming is fraud.

Patients using private health insurance can be left with significant gap payments. It is vital that patients understand their out-of-pocket expenses before services are provided—this is called Informed Financial Consent and was covered in Module 1.

National Disability Insurance Scheme (NDIS)

Registered NDIS Providers have strict rules regarding what is claimable. For example, administrative duties such as appointment scheduling, invoicing, and establishing Service Agreements is not billable. Registered Providers also have significant business compliance requirements, and even non-registered providers who provide services to NDIS Participants have obligations to meet when they accept NDIS Participants.

Employer obligations

Your employer (the practice) has employer obligations (to you) that come under federal, state and territory laws depending on where your business is located. Every business has employer obligations, but there are also obligations that particularly relate to healthcare practice.

In Australia, most employees are now covered by the *Fair Work Act 2009* (Cth) which creates a legislative framework for workplace relations. More information, including a range of fact sheets, is available from the [Fair Work Ombudsman](#).

Equipment

Some equipment used in healthcare practices needs to have special licences and be used under certain conditions, for example, radiology equipment and lasers. Some equipment can only be used by people with special qualifications. All of these requirements form part of a compliance system and must be identified and monitored.

Medical Reception roles can include sterilizing equipment, auditing vaccine storage refrigerators, and maintaining compliance requirements, such as checking machines are calibrated and in good working order. If this is in your role, it is important to follow the practice guidelines to ensure you are completing the process correctly. Any mistakes can have significant implications, such as infection control risks or missed diagnoses if machines are not calibrated correctly.

Information technology

Information technology is critical across every section of the business. We use computer systems for patient and practitioner databases, clinical records, prescribing and referral purposes, transmission of patient reports, ordering pathology, radiology and specific tests and receiving results. Computer systems are also used for all billing and receipting of patient accounts as well as record-keeping and accounting purposes.

With the introduction of eHealth and My Health Records, practices have additional and specific compliance requirements in relation to the management of patient records.

2.6 Practice accreditation

Practice accreditation provides recognition by an independent body that a practice is committed to the delivery of high quality and safe health care to patients—that is, they meet or exceed their compliance obligations. The practice is assessed by an independent registration body against the Standards that have been set by the accrediting body, on a 3-yearly cycle. Accrediting bodies include:

- [Standards for General Practice \(5th edition\)](#) developed by the Royal Australian College of General Practice (RACGP) have the purpose of protecting patients from harm by improving the quality and safety of health services.
- [The National Safety and Quality Health Service \(NSQHS\) Standards](#) developed by the Australian Commission on Safety and Quality in Healthcare provide a nationally consistent statement of the level of care that consumers can expect from health service organisations.
- [The National Safety and Quality Primary and Community Healthcare Standards \(Primary and Community Healthcare Standards\)](#) developed by the Australian Commission on Safety and

Quality in Healthcare aim to protect the public from harm and improve the quality of health care delivered.

When a patient attends an accredited practice, they can be assured that:

- Clinicians are committed to ongoing training and education to keep their skills and knowledge current.
- The practice has systems in place to protect their privacy.
- Health records are maintained appropriately.
- The environment is safe for patients and clinicians.
- The practice staff are responsive to cultural needs.
- The practice staff will ensure communication with patients is effective.

As you can see, Medical Receptionists have a critical role in complying with accreditation, including protecting patients' privacy, maintaining records, providing a safe, culturally responsive practice, and effective communication. Receptionists are the first and last contact points that the patient has with the practice; they leave a lasting impression.

2.7 Consequences of non-compliance

It is important that you are aware that non-compliance to statutory requirements or funding standards will have significant consequences. These can range from defunding of your organisation or program to criminal charges if the non-compliance is related to health and safety and your actions are considered negligent.

Summary

Compliance means conforming to a rule, such as a policy, standard or law. Regulatory compliance describes the goal that organisations aspire to achieve in their efforts to ensure that they are aware of and take steps to comply with relevant laws, policies, and regulations. There is no shortage of compliance requirements for a healthcare practice. Medical Receptionists have an important role in ensuring the practice policies and processes are implemented so that no breaches of compliance requirements occur. Some key areas that fall into the realm of Medical Receptionists include financial consent and billing, patient privacy and confidentiality, handling complaints appropriately, and identifying risks within the practice.

Regulatory non-compliance is a high risk for any business. As with risk, compliance is part of everyday functions within a practice.

Lesson 3: Privacy and records management



Records management, privacy and patient consent provide a good example of how multiple Acts, Standards, Codes of Practice, policies, procedures and professional body guidelines interact to inform how patient information must be managed in the healthcare environment. As a Medical Receptionist, you have a crucial role in managing patient information, minimising the risk of privacy breaches, and ensuring the practice is compliant.

3.1 Privacy Act 1988 (Cth)

In Australia, the *Privacy Act 1988* (Cth) (Privacy Act) gives legal protection to the personal information of individuals. In December 2001, the *Privacy Amendment (Private Sector) Act 2000* (Cth) extended the operation of the Privacy Act to private sector organisations in Australia.

Additionally, there are 13 Australian Privacy Principles (APPs), found in the *Privacy Amendment (Enhancing Privacy Protection) Act 2012* (Cth). The APPs apply to the 'life cycle' of personal information, from collection, use, storage, access and disclosure, through to correction of, and disposal. It is important to understand the APPs, which can be accessed here:

- [OAIC](#)

The privacy legislation recognises the sensitive nature of health information and complements the existing culture of confidentiality that is fundamental to health providers' professional practice obligations.

We will look at how patient record management and privacy are managed within the context of the regulation framework, with a specific focus on the implications for Medical Receptionists.

3.2 Privacy

In general terms the following information is private and cannot be shared:

- patient name, address, date of birth, gender
- things the patient tell you about themselves
- things other people tell you about the patient (such as a doctor's report)
- the fact that the patient is a patient of your practice
- things that happen to your patient while involved with your service
- things you observe about the patient
- your professional judgements or opinions about the patient
- physical information such as photographs of the patient, including body parts or imaging.

Regardless of whether the information is recorded in the patient's file or is information you 'just know', it is considered protected information and cannot be shared with anyone unless the patient gives you permission to share this information. There are some exceptions to this rule in relation to people who are experiencing involuntary treatment.

EXAMPLES of PRIVACY BREACHES

Leaving of paper medical records, results, specialist letters, faxes, emails in unrestricted areas within the practice like on the front desk.

Leaving an appointment list on a practitioner's desk where patients can see it.

Patients gaining access at computer screens to see other patients' information.

Divulging any information about a patient that someone else can hear, this may be using the telephone or just by providing information to a patient about themselves.

Remember the three identifiers? Ask them to confirm their details. DO NOT provide the information. You may ask "does your mobile telephone number end in 576?"

Be mindful that when you are transferring telephone calls to a practitioner that you do not link the name of the patient to their reason for their call. Someone in the waiting room may hear this.

Figure 10: Examples of privacy breaches

The consequences of a breach to a patient's privacy can include:

- The practice could be sued by the patient.
- There could be reputational damage to the practice, the practitioner and possibly yourself.

3.3 Confidentiality

Confidentiality is your responsibility to maintain the private information of patients. Maintaining confidentiality is a tool to respect the patients' privacy.

Confidentiality means keeping information private and applies to all information and communication that relates to patients and practitioners and the business of the practice. That confidentiality extends to both gathering and giving information. There will be guidelines and policies that relate to confidentiality of information and all staff, including external people who come into a practice, for example, cleaners and IT service providers, should be required to sign a confidentiality agreement.

3.4 Patient record management

The management of patient records (such as the clinical notes) is encompassed in the *Australian Standards AS ISO 15489-1:2017 Information and documentation – records management concepts and principles*⁷. This Standard provides guidance on the management of records in both public and private organisations. It also includes the need for a records management policy that applies to all employees of an organisation.

In healthcare practices there needs to be a clear policy that details access and storage of patient records and the transfer of those records to another party. As a Medical Receptionist, it is critical you

⁷ NSW Government State Archives & Records, 2018. *Codes of best practice - AS ISO 15489.1: 2017*, URL: <https://www.records.nsw.gov.au/recordkeeping/rules/standards/as-iso-15489> Retrieved 1 November 2021.

are familiar with the practice policy to ensure you don't breach legislation when managing patient information.

Maintaining records

The practice should have processes in place to ensure that personal information and records remain accurate, complete, and up to date, including verification of the information with the service user each time they use your services, or from other sources.

In private healthcare practices in New South Wales, Victoria and the ACT, records must be maintained for seven years from the last date of entry for anyone aged 18 years or over. For patients under the age of 18, the minimum time frame is until that person turns 18 and then a further seven years i.e., until the person has turned 25. Other states and territories do not have applicable laws. However, it is recommended by accrediting bodies to align with the legislation from these states.

3.5 Documenting consent

Patients must give consent before any procedure can be performed and there are strict guidelines to follow. For procedures being performed in hospitals or in a practice, written consent is required before admission or before the procedure is performed. Such written consent must be given freely and, in the case of a minor or person unable to give consent, by an authorised person. Medical Receptionists may have a role in checking the consent process has been completed and documented correctly.

Informed financial consent is also a requirement by many health funds and is considered good practice. Financial consent also requires documentation. See Module 1 for further information.

Summary

Privacy and confidentiality are the cornerstone of a successful relationship between healthcare practices and patients. Practice staff have access to sensitive personal information about patients and you have a legal and ethical duty to keep this information confidential. Breaches of patient privacy results in a loss of trust and may impact on patient's health and clinical outcomes, as well as reputational damage to the practice.

Patient record management must comply with *Australian Standards AS ISO 15489-1:2017 Information and documentation – records management concepts and principles* as well as Standards that are developed by regulating bodies that provide specific rules and guidelines for healthcare practices.

Lesson 4: Work, health and safety



This Lesson introduces work, health and safety (WHS), which provides a good example of how various levels of regulation are integrated to create a safe work environment for the practice staff and visitors, including patients. This Lesson looks at the difference between hazards and risks and introduces the hierarchy of control in reducing exposure to hazards. Risk management is revisited as it relates to reducing hazards in the workplace. Employers and employees both have duties and obligations in complying with WHS, which are introduced in this Lesson.

4.1 What is work, health and safety (WHS)?

Healthcare practices must provide a safe workplace where staff are protected from hazards and injuries (e.g., needle stick injuries, infectious diseases, repetitive strain injuries).

The importance of compliance with all legislative and regulatory requirements relating to WHS in the workplace cannot be overstated.

All business, including healthcare practices, have a responsibility to identify hazards, assess risks, decide on what control measures they will put in place to prevent or minimise workplace risks, and monitor and review the effectiveness of those measures. You can see how the risk management process described earlier in this Module underpins many aspects of WHS. In essence this means the practice ensures:

- that they provide and maintain a safe and healthy work environment
- that all equipment should be safe and be maintained correctly
- the safe use, handling, storage and transport of substances
- safe systems of work
- any prohibited medicines are stored correctly (as per State guidelines)
- that information, instruction, training and supervision is provided to ensure health and safety.

Practices should have a WHS manual and ensure all staff are trained in WHS processes, procedures and Standards. Revisit the hierarchy of compliance diagram as it is applied to WHS from Section 2.2 Hierarchy of compliance. The practice documents will align with the Acts and Standards pertaining to WHS, and therefore provides a legal framework that must be complied with.

4.2 Duties and obligations

In all jurisdictions in Australia, it is a legislative requirement (stated in the relevant WHS Act) that all employers or occupiers of workplaces must ensure the safety of all persons at the workplace. This means that all employers must set up safety systems to ensure the safety of their staff, clients, visitors, contractors, students and other persons at their workplace.

Although employers cannot delegate their accountability for the safety of all persons, they may delegate responsibilities to managers and team leaders.

All healthcare practice employees have a duty to comply with the practice's WHS policy and procedure.

Duty of care to workers

It is also important to understand that under WHS legislation, your employer and direct supervisors have a duty of care to you, as a worker, and other workers or employees. For example, for those States and Territories that have adopted harmonised work health and safety legislation, a person conducting a business or undertaking (which means essentially the business owner or manager who is in a position to make significant decisions) has a primary duty of care.

Under WHS legislation, all employees, including officers and workers, also have duties with regards to the health and safety of themselves and others in the workplace. While everyone has a duty to take

reasonable care for their own health and safety and that of others, the level of duty increases with the level of responsibility in a role or position and the capacity to make decisions about health and safety outcomes.

WHS duty of workers and employees

WHS legislation across Australia requires employees, as well as management and business owners, to perform their work tasks in a manner that minimises harm to themselves and others. In the example below, the duty of workers, as defined under Australia's model WHS legislation, is defined as:

While at work, workers must take reasonable care for their own health and safety and that of others who may be affected by their actions or omissions. They must also:

- *comply, so far as they are reasonably able, with any reasonable instruction given by the PCBU to allow the PCBU to comply with WHS laws, and*
- *cooperate with any reasonable policy or procedure of the PCBU relating to health or safety at the workplace that has been notified to workers.⁸*

While the wording may vary with state or territory, it is important to understand that you have a responsibility to both yourself, other staff, and patients, to take reasonable care to ensure no-one is harmed in the course of your work.

The Australian Government's Department of Health provides further information about worker responsibility with regards to duty of care in the health sector:

Workers have a responsibility to their patients or clients to reduce or limit the amount of harm they may experience. This responsibility is known as 'duty of care' and it can sometimes seem overwhelming. For example, our responsibility to one party (for example our employer) might conflict deeply with our responsibility to our clients. It helps to remember that duty of care is a balancing act. There are several aspects to duty of care:

- *Legal – what does the law suggest we do?*
- *Professional / ethical – what do other workers expect us to do?*
- *Organisational – what does our organisation, and its funding body, say we should do?*
- *Community – what do the families or carers of our patients or clients and other community members expect us to do?*
- *Personal – what do our own beliefs and values suggest we do.*

We need to balance the safety of individuals against other concerns such as:

- *The safety of others and our own personal safety*
- *The rights of other patients*
- *The aims of the workplace*

⁸ Safe Work Australia, 2019. *Guide to the Work Health and Safety Act*, [pdf], at p. 11, URL: <https://www.safeworkaustralia.gov.au/doc/guide-model-work-health-and-safety-act> Retrieved 1 November 2021

- *The limits of the organisation (e.g., money and other resources).*⁹

4.3 WHS hazards and risks

In addition to their common law duty of care, employers have an obligation to ensure that all persons in their workplace are not exposed to hazards. Legislation relating to an employer's statutory duty or obligation depends on state jurisdictions. In some states, employers have an obligation to ensure that there are no uncontrolled hazards in the workplace; in other states employers must ensure that there are no foreseeable hazards, while in other states the employer's duty is to ensure that reasonable care is taken to ensure that no-one is at risk of exposure to workplace hazards.

There is also minimal variation within state jurisdictions of an employer's obligation to protect people such as visitors, clients, contractors or others. Some jurisdictions require the employer to protect all persons from risk, while others require employers to protect the safety of only those who are legally on the premises.



Hazard: anything that has the potential to cause harm. For example, a needle stick injury occurs before the correct disposal of the needle would be a known hazard that poses a serious risk.



Risk: defining the chance or probability of the hazard causing a problem. It is also assessing the potential severity of the problem caused. Lesson 1 covers this in detail.

For example, the likelihood of a needle stick injury (the hazard) occurring is POSSIBLE with potentially MAJOR consequences. Therefore, the risk of a needle stick injury (the hazard) is HIGH.

Where do hazards exist?

Hazards from a WHS perspective may be identified in the:

- workplace environment
- work activity
- work method
- worker.

Activity 2: Reflection

Think about some typical hazards in the workplace, and the potential outcomes or impacts.

What type of potential hazards can you identify in your practice that could cause accidents, disease, low work life quality, or stress?

⁹ Australian Government Department of Health, 2004. *Duty of care issues*, URL: <http://www.health.gov.au/internet/publications/publishing.nsf/Content/drugtreat-pubs-front11-wk-toc~drugtreat-pubs-front11-wk-secb~drugtreat-pubs-front11-wk-secb-6~drugtreat-pubs-front11-wk-secb-6-1> Retrieved 1 November 2021



4.4 Hierarchy of control

The hierarchy of control links directly to the risk assessment completed for the hazard (covered in Lesson 1). The required response depends on the risk rating (likelihood and consequence). You should then consider which of the following controls measures treats the risk adequately.

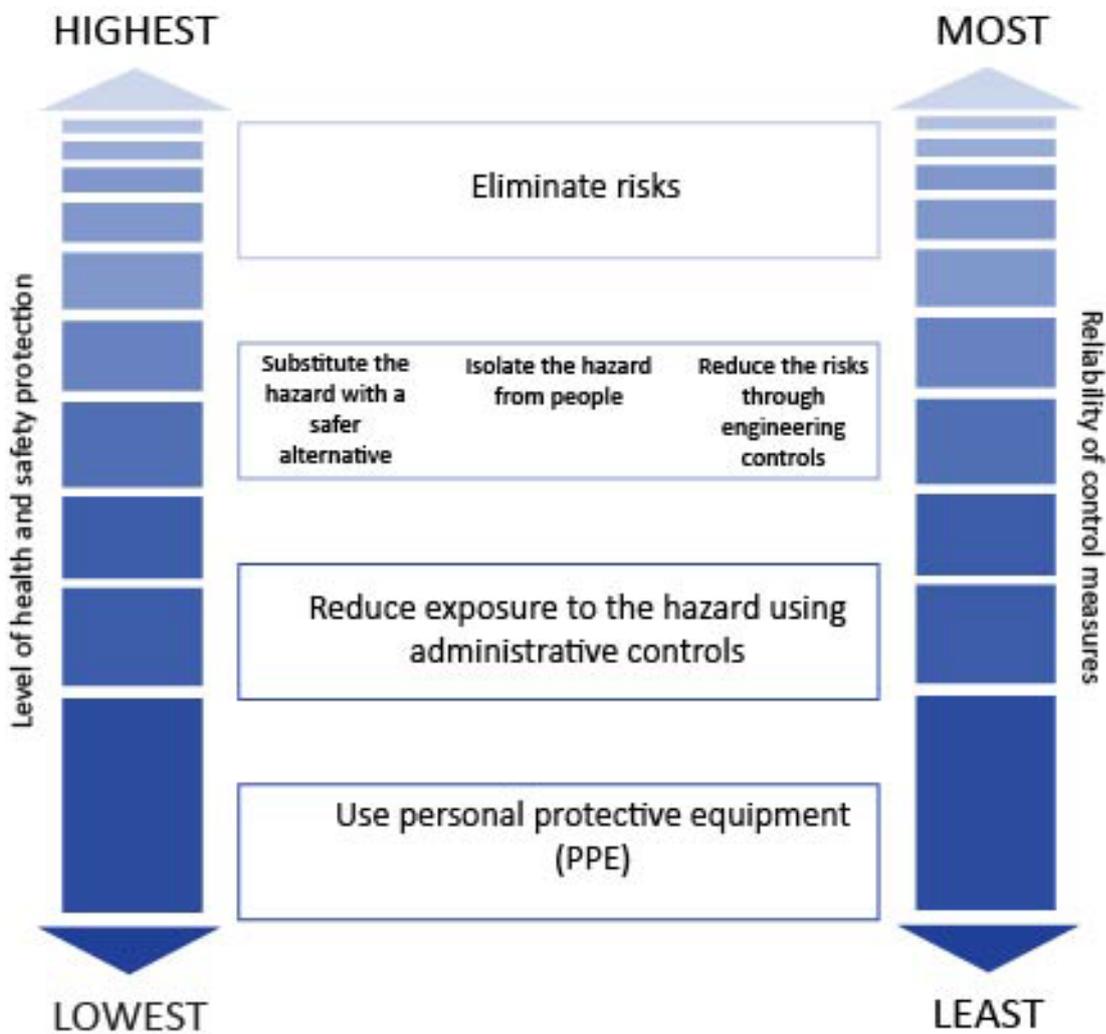


Figure 11: Protection and control measures

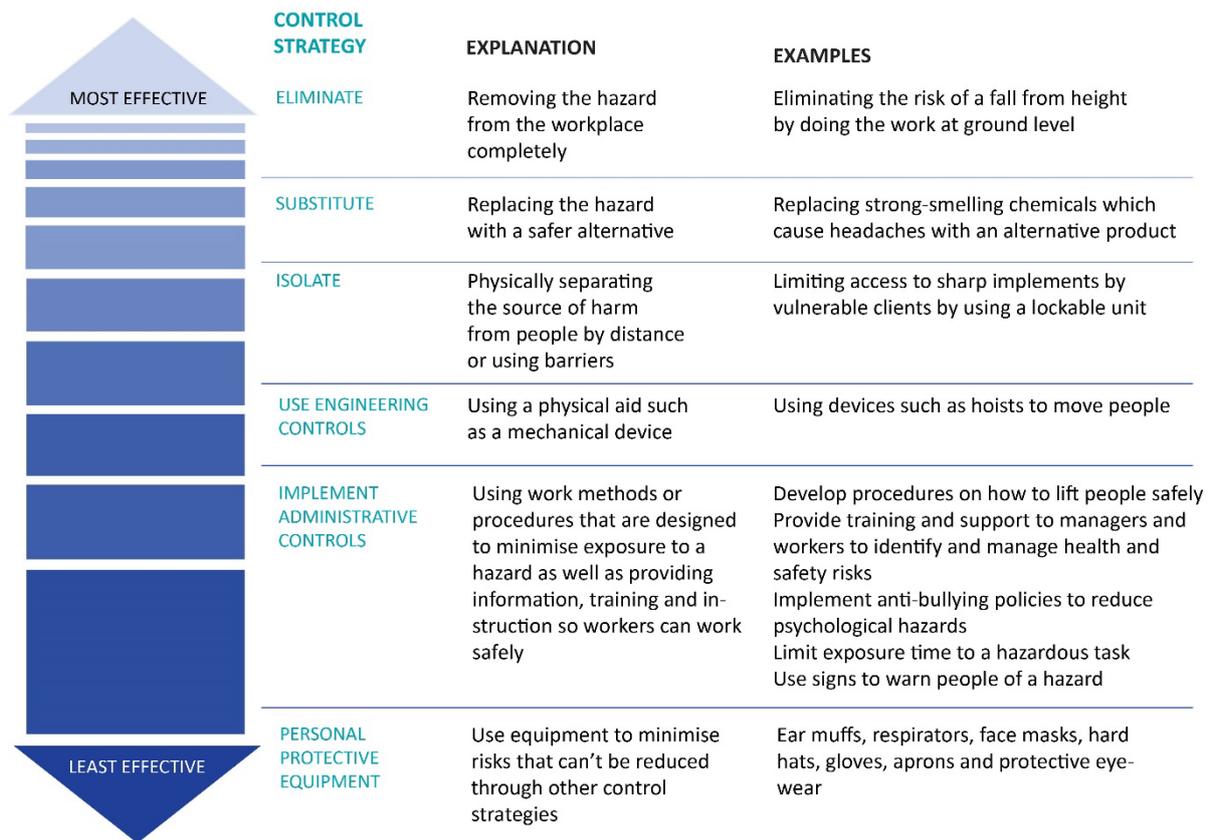


Figure 12: Examples of control strategies in risk management

Activity 3: Example - Applying the hierarchy of control

Let's look at infection control (blood or air borne diseases) in the context of the hierarchy of control.

- The hazard cannot be removed (the patient, or the patient's blood/fluids).
- The blood or fluids cannot be substituted.
- Engineering controls are frequently used to isolate people from the hazard – in the general practice setting, very unwell or potentially infective patients can be asked to wait in an alternative room away from staff and other patients, rather than in the waiting room.
- Administrative controls include alternative surgical techniques that reduce blood loss and therefore risk of exposure.
- The least effective control to reduce infectious diseases spreading is the use of personal protective equipment (PPE) such as gloves and masks. This does not mean they are not effective, and there is strong evidence that PPE does prevent the spread of infection when used correctly. However, a glove will not protect against a needle-stick injury – alternative control measures are required.

End of activity

Summary

Under WHS legislation, the employer (your practice) has legal obligations to provide a safe working environment by minimising hazards and treating risks. Employees (you) also have obligations to follow the practice's WHS policy and procedure, and identify and minimise risks to yourself, colleagues, and visitors. This can be done using the hierarchy of control to implement the most effective control strategies in risk management.

Conclusion

This Module has introduced the critical topics of risk and compliance. Risk underpins everything that happens in a healthcare practice and is broader than just clinical risks. There are potential risks to the business such as financial and reputational risk, and the risks can affect all of the people who enter / engage with the practice. The Medical Receptionist has a key role in identifying and treating risks that are relevant to their area of the practice. To manage risk effectively, it must be managed systematically by including it in practice policies, procedures and guidelines. All staff have a role to play in complying with such documents.

Compliance requires the practice to follow the 'rules', which may be legislated requirements or guidelines for best practice. As a Medical Receptionist, it is important to understand your legal and ethical obligations and why following policy and procedure is critical. There are many sources of compliance obligations from different regulating bodies. This Module used patient privacy and records management and WHS to demonstrate how legislation and compliance obligations influence the behaviour of a Medical Receptionist.



Quiz Questions

LD: Build in H5P

LD: True/false

Question 1

In the hierarchy of control, complying with Codes of Practice is a legal requirement. True or false?

Answer / H5P feedback

False. Compliance with Acts and Regulations are legislated (a legal requirement), however compliance with Codes of Practice provides guidance and is not a legal requirement.

LD: Drag and drop matching question

Question 2

Risk is measured in terms of **consequence** and **likelihood**. Match these terms with their definitions.

Consequence = outcome or impact of an event

Likelihood = probability or frequency of an event occurring

Answer / H5P feedback

- *Consequence = outcome or impact of an event*
- *Likelihood = probability or frequency of an event occurring*

LD: True/false

Question 3

Wearing a mask and gloves (Personal Protective Equipment) is the most effective measure of control in the WHS Hierarchy of Control. True or false?

Answer / H5P feedback

FALSE. Personal Protective Equipment such as gloves and masks are the least effective measure of control.

End of activity