

# Fundamentals of healthcare reception

## Study Guide



Module 1 – Working in the healthcare system

Module 2 – Communication in a healthcare environment

Module 3 – Understanding risk and compliance

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Modules covered by this Study Guide: Working in the Australian healthcare system

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## Contents

Module 1: Working in the Australian healthcare system .....	6
Lesson 1: The healthcare setting.....	9
1.1 The Australian healthcare system.....	10
1.2 Primary care.....	10
1.3 Secondary care .....	12
1.4 Tertiary care.....	12
1.5 Complementary care systems.....	12
1.6 Referrals.....	12
Lesson 2: Funding and billing .....	14
2.1 Informed financial consent .....	15
2.2 Overview of Australia’s health system .....	15
2.3 National healthcare system subsidy schemes.....	16
2.4 Private health insurance in Australia .....	20
2.5 Compensation claims.....	21
2.6 Department of Veterans Affairs.....	22
2.7 National Disability Insurance Scheme - Australia’s disability insurance system.....	23
Lesson 3: Workflows, policies and procedures.....	25
3.1 Patient registration .....	26
3.2 Scheduling appointments .....	26
3.3 Recalls .....	27
3.4 Reminders.....	27
3.5 Billing .....	28
Lesson 4: Quality improvement.....	30
4.1 Continuous improvement.....	31
4.2 Voluntary patient registration .....	33
4.3 Patient-centered care .....	33
4.4 Medical Receptionist as a team member .....	34
Module 2: Communication in a healthcare environment .....	36
Lesson 1: Communication in a healthcare environment .....	39
1.1 Principles of communication .....	40
1.2 Building rapport .....	41

1.3 Types of communication.....	43
Lesson 2: The role of Medical Receptionists .....	52
2.1 Medical Receptionist role .....	53
2.2 Telephone communication .....	54
2.3 Email .....	55
2.4 Documentation .....	56
2.5 Patient three-point identifier.....	57
2.6 Communication in the workplace .....	57
Lesson 3: Dealing with challenging communication.....	60
3.1 Behaviour of concern.....	61
3.2 People with complex needs .....	62
3.3 De-escalation techniques.....	62
3.4 Emergency response.....	63
3.5 Follow Up.....	64
Lesson 4: Diversity and cultural safety .....	65
4.1 Diversity in a healthcare practice.....	66
4.2 Cultural safety.....	66
4.3 Understanding bias.....	67
4.4 Health literacy.....	68
Module 3: Understanding risk and compliance.....	70
Lesson 1: Introduction to risk management.....	72
1.1 What is risk?.....	73
1.2 What is risk management? .....	74
1.3 The risk management process .....	75
Lesson 2: Introduction to compliance .....	81
2.1 What is compliance?.....	82
2.2 Hierarchy of compliance .....	82
2.3 Key Acts and Standards.....	85
2.4 Legal and ethical frameworks .....	86
2.5 Additional compliance resources.....	89
2.6 Practice accreditation .....	90
2.7 Consequences of non-compliance.....	91

Lesson 3: Privacy and records management .....	92
3.1 <i>Privacy Act 1988</i> (Cth).....	93
3.2 Privacy.....	93
3.3 Confidentiality.....	94
3.4 Patient record management.....	94
3.5 Documenting consent.....	95
Lesson 4: Work, health and safety .....	96
4.1 What is work, health and safety (WHS)?.....	97
4.2 Duties and obligations .....	97
4.3 WHS hazards and risks .....	99
4.4 Hierarchy of control.....	100

## Module 1: Working in the Australian healthcare system



Welcome to the Module, Working in the Australian Healthcare System. This Module introduces the structure of the healthcare system in Australia which is complex and can be difficult to navigate. It is important to understand the healthcare system structure and funding models because Medical Receptionists have a key role in billing and receipting for healthcare services provided. Additionally, there are contemporary changes to the primary healthcare system which create significant changes for healthcare practices, including a shift to patient-centred models of care, safety and quality Standards, and incentivising quality improvement within the healthcare environment. In this Module, you will be introduced to quality improvement methodology and how the changes impact patient care, including the role of Medical Reception in quality improvement initiatives.

### Outcomes

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

- ✓ Understand at an introductory level the healthcare system and the role of primary, secondary, and tertiary healthcare, and referrals between practitioners.
- ✓ Understand at an introductory level the billing models and systems in a healthcare setting.
- ✓ Understand at an introductory level the principles of practice management systems and utilising workflows, policies, and procedures to improve administrative efficiency.
- ✓ Understand at an introductory level the medical receptionist role in quality improvement within the practice
- ✓ Understand the medical receptionist role within the healthcare team providing patient centred care.

### Structure

This Module is divided into the following lessons:

- Lesson 1: The healthcare system
- Lesson 2: Funding and billing
- Lesson 3: Workflows, policy, and procedures
- Lesson 4: Quality improvement

## 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 course 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: The healthcare setting



The Australian healthcare system is widely regarded as being world class in terms of both effectiveness and efficiency. The system is a mixture of public and private sector health service providers with a range of funding and regulatory mechanisms. This Lesson introduces the structure of the healthcare system including primary, secondary, and tertiary care and how each interacts. Referrals are one source of integration or 'patient flow' between the systems, and it is critical referrals are managed correctly to ensure correct funding/claims are available to patients.

## 1.1 The Australian healthcare system

The healthcare system is complex and can be difficult to navigate, particularly for people new to the environment. Understanding the language and structure of the healthcare system is highly beneficial in performing your role accurately and efficiently, and to help patients and their families to navigate the system. One of the acknowledged weaknesses of the system is access to timely and appropriate healthcare by disadvantaged groups, such as people from culturally diverse backgrounds. This is covered in more detail in Lesson 4 Quality Improvement, and Module 2 under cultural safety.

The healthcare system is divided into primary, secondary, and tertiary care. These systems differ in their funding sources and government regulation. Pay particular attention to the system you work within, but it is also important to understand how a patient moves through the different levels of care as these influences referral pathways and communication with other healthcare practices.

## 1.2 Primary care

Primary healthcare is a term used to describe a range of healthcare providers who work in the community. Any healthcare professional who is the first point of contact for the health system that is not an emergency, can be a primary healthcare provider. Examples of primary healthcare providers include a community-based general practitioner (GP), Aboriginal health worker, dentist, pharmacist, physiotherapist, occupational therapist, psychologist, nurse, counsellor, or speech pathologist.

Primary healthcare providers work in a variety of settings serving the community, including healthcare practices, Aboriginal Community Controlled Health Organisations (ACCHO), home visiting (domiciliary) services, school in reach programs, and sometimes based at a hospital location such as child health nurses.

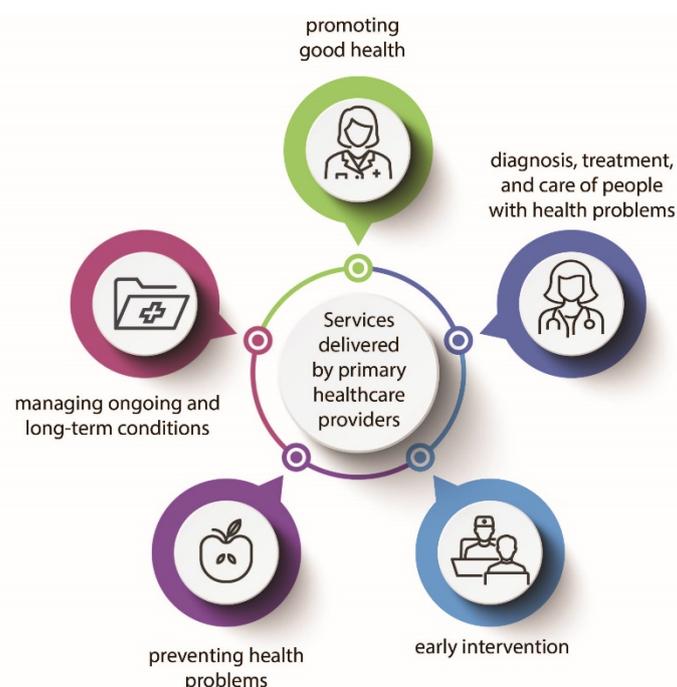


Figure 1: Services delivered by primary healthcare providers

Primary healthcare is the main entry point for health care for most people and is a key diagnostic and referral pathway for all healthcare. For example, a patient is unable to see a specialist doctor or access Medicare subsidised allied health unless they use a GP referral. For this reason, it is critical that primary healthcare services are accessible to everyone, especially people from disadvantaged population groups such as culturally diverse groups.

The primary care sector relies on referral networks into other primary care services and specialist services, such as secondary and tertiary care. In many instances, the primary care sector is a gatekeeper to more specialist care.

A significant challenge within the primary healthcare sector is the lack of coordination and unity amongst providers, predominantly influenced by many private practices operating in isolation. A Commonwealth government initiative to improve coordination of primary healthcare, improve quality, and promote coordination and networking are the Primary Health Networks.

## Primary Health Networks

Australia's 31 Primary Health Networks (PHNs) are independent organisations working to streamline health services—particularly for those at risk of poor health outcomes—and to better coordinate care so people receive the right care, in the right place, at the right time. The Primary Health Networks support practices to achieve the *quadruple aim*, which is to:

1. improve the patient experience of care—including quality of care and satisfaction.
2. improve the health of populations
3. improve the cost-efficiency of the health system
4. improve the work life of health care providers.

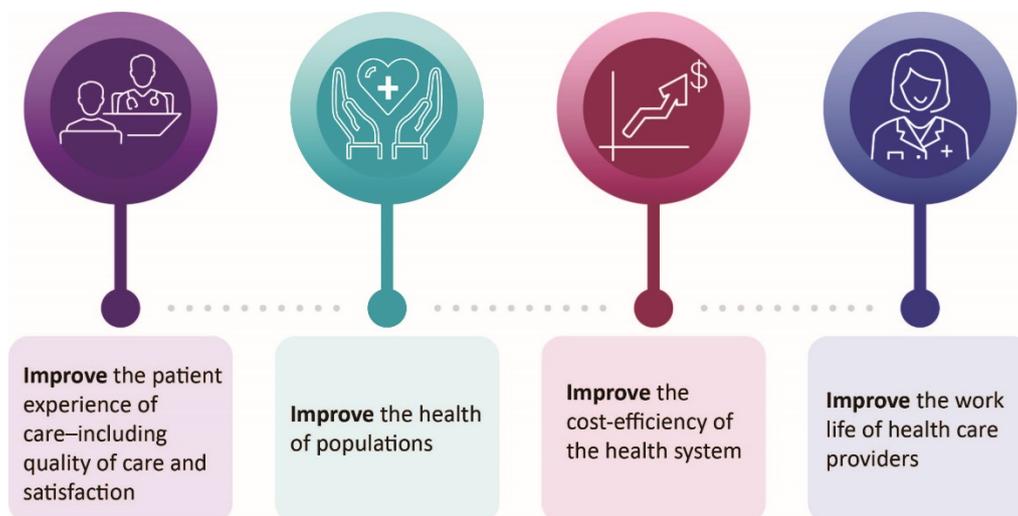


Figure 2: The quadruple aim of PHNs

PHN's are commissioning agents, meaning they receive funding from the Commonwealth government to provide health services, often focussed on high priority or underserved areas.

### 1.3 Secondary care

Secondary care is care provided by a specialist doctor or facility. Examples include a review by a specialist such as a Cardiologist, Ophthalmologist, or Neurologist. A general or regional hospital may provide secondary care for treatment for conditions such as a broken bone, pneumonia, or an infection. They may provide low complexity maternity services, cancer treatment, or orthopaedic surgery such as total knee replacements.

If a patient requires more complex care, they will enter the tertiary care system.

### 1.4 Tertiary care

Tertiary care is specialised, complex health care, usually for inpatients. Tertiary care generally requires a referral from a primary or secondary health professional or is accessed via the Emergency Department, in a facility that has personnel and facilities for advanced medical investigation and treatment.

Examples of tertiary care services are neurosurgery, cardiac surgery, plastic surgery, treatment for severe burns, complex cancer management, palliative care, complex paediatric and neonatal services, and other complex medical and surgical interventions.

### 1.5 Complementary care systems

In addition to primary, secondary, and tertiary healthcare, patients will have interactions with other systems that provide them with care and support, including social care systems. A referral or report may be required to access these social care systems, and on other occasions you need to be aware of what support is available for patients. For example, your patients may be accessing, or need help to access:

- Aged care services, such as in home support. Alternatively, a practitioner from your practice may be providing healthcare services into an Aged Care Facility, and you need to understand the billing requirements of this service.
- Disability care services. This could include patients accessing your services for therapy or providing home visits into a patient's home if they are not able to access the practice.

### 1.6 Referrals

Referrals are the mechanism by which patients gain access to:

- specialist level of medical services at either a secondary or tertiary care level
- public hospital services such as allied health
- imaging and pathology
- access to other care or support systems, such as aged or disability care
- other primary healthcare providers such as allied health or psychology.

Accurate referrals are essential for patients to receive a financial rebate from Medicare or a health fund. While in some cases a GP referral is not required, Medicare rebates apply in some scenarios if the patient is referred by a GP - for example a Mental Health Care Plan or Team Care Arrangement. This improves access to services as patients can receive a Medicare rebate for services.

GP's can also refer to local services funded by the commonwealth government and commissioned by the PHN's, mostly in areas of high priority or high need.

## Activity 1: Read - Referring and requesting Medicare services

The Medicare website outlines the legal obligations the referring practitioner and the practice have when making referrals for pathology, to allied health and to specialists.

Familiarise yourself with this information to understand your role in meeting legal obligations for your practice.

- [Referring-and-requesting-Medicare-services](#)

End of activity

The medical receptionist role is to accurately process referrals according to your workplace procedures to meet legislation requirements, including accurate patient record keeping.

### Filing referral letters

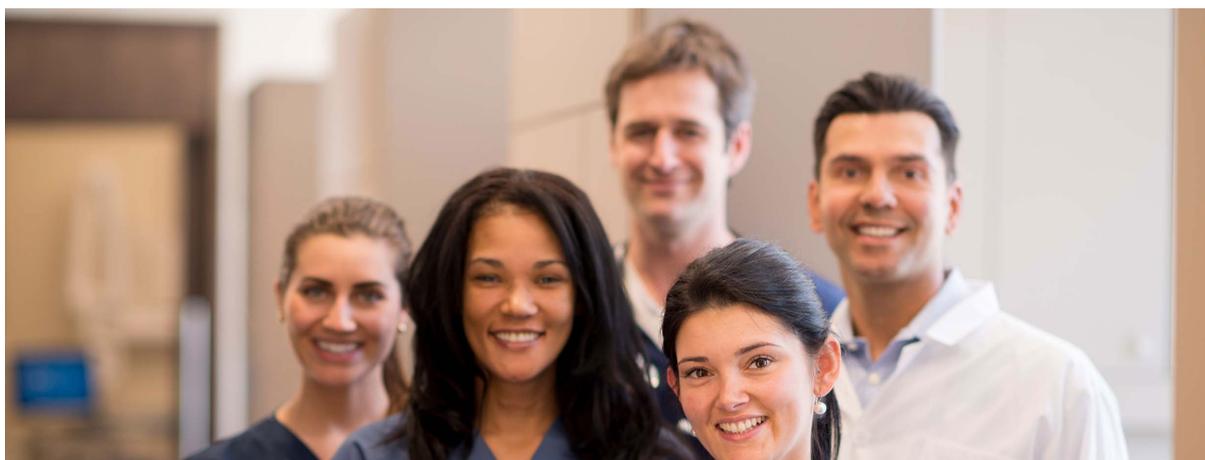
Medical records form the basis for evidence of care that can be used for research, legal analysis and determination, allocation of resources and as a primary communication between health professionals.

Including referrals in patient's medical records contributes to a complete and comprehensive record of the relevant details of a patient's medical history, clinical findings, investigations, information given to patients, medication, and other health management. It also contributes to demonstrating practitioners' accountability and records their professional course of action. Referral letters are also evidence of action for billing and Medicare rebate purposes.

### Summary

Healthcare is categorised as primary, secondary, or tertiary care, with a corresponding increase in complexity as a patient moves through the system. Primary care providers are frequently the first contact point a patient has with the healthcare system and are therefore gatekeepers to more complex or specialised care. General Practitioners (GPs) and their team are central to the coordination of patients' healthcare and have a key role in referring patients to appropriate diagnostic, therapeutic, and specialist services. As referrals form part of the patient record and have both legal and funding implications, filing referrals accurately is a critical responsibility of Medical Receptionists.

## Lesson 2: Funding and billing



The ability for someone to understand and navigate the system to manage their own health effectively, known as health system literacy, relies on patients and family/carers being empowered to understand the system and the financial impact of accessing healthcare services. Medical Receptionists have a key role in providing financial information to patients and gaining 'informed financial consent'.

There are complex funding arrangements within the healthcare setting, including commonwealth and state government, insurance, compensation schemes, Department of Veterans Affairs, private payment, and others. Many of the funding bodies require providers to be registered, and in registering they agree to certain quality standards and set fees. An experienced medical receptionist will assist patients and new healthcare providers in navigating this system, which helps the practice meet its legal obligations.

Module 3 of this course explores the topics of risk and compliance, and it is important to note the criticality of compliance within billing practices. Non-compliance has significant consequences, including financial loss for the practice, and in cases of fraud de-registration of health practitioners and potentially jail. It is suggested to keep billing in mind when you are working through Module 3.

This Lesson introduces various funding options within the Australian context, and the relevance to you will depend on the type of healthcare practice you work in. Focus on the billing types used in your practice, however it is recommended that you familiarise yourself with the other sections to build transferrable skills for your career development and to help patients navigate the various systems they encounter.

## 2.1 Informed financial consent

It is important to provide information in advance about the costs that patients will or might incur when they access healthcare services, including costs in addition to consultation fees such as consumables. This is particularly important for patients in the care of medical specialists who are undergoing treatment in a hospital, day surgery or other facility including procedures undertaken in the specialists' rooms.



**Informed financial consent:** the provision of sufficient information to a patient about medical fees and how much he/she may be personally liable to pay, to enable the patient to understand the financial implications of the treatment, and an acknowledgement by the patient of the receipt of that information.

Informed financial consent is one way the practice team can help patients make an informed decision about their own healthcare. If a healthcare service is financially prohibitive for a patient, other options such as referral to the public system can be considered.

Frequently, informed financial consent this is the responsibility of the medical receptionist, and it is important to understand and apply the practice policy, including documentation of consent. Some health funds have informed financial consent as a requirement for gap billing arrangements.

Informed financial consent is so important that it is captured in the Standards that apply to healthcare practices, such as the [Standards for General Practice \(5th edition\)](#) as shown in the following diagram.



*Figure 3: Informed financial consent*

The funding options that may contribute to a patient's financial liability and rebates are now explored.

## 2.2 Overview of Australia's health system

Australia's health system includes financial contributions from the commonwealth government, state, territory, and local governments, as well as private practitioners, profit, and not-for-profit organisations, and from individual patients and users of the system. In brief:

- Australian government: has responsibility for developing broad national policies, regulation, and funding. The Australian government (Commonwealth) funds primary care through Medicare, and controls priorities in the primary care setting by incentivising healthcare practices with funding.

Influence is also provided via PHNs, which are funded by the Commonwealth government and provide grants and funding to healthcare practices in priority areas of healthcare.

- State and territory governments: primarily responsible for the delivery and management of public health services, community health services, and running the hospital system.
- Private practitioners: including general practitioners, specialist medical practitioners (specialists), as well as allied health, dentists, pharmacists, psychologists, and other health providers. Private practitioners can work as a sole trader, an independent contractor where they provide their services even to large, corporate entities that have a network of practices. Most, if not all, private providers utilise multiple sources of funding to allow patients to claim rebates, including from Medicare, private insurance, compensation schemes, NDIS, and potentially others.
- Profit and non-profit organisations and voluntary agencies.

Before you can assist and explain to patients how payments and fee structures work, you need to understand government funding, health insurance and other entitlements as they operate in Australia.

## 2.3 National healthcare system subsidy schemes

The Australian national healthcare system includes three major **national subsidy schemes**:

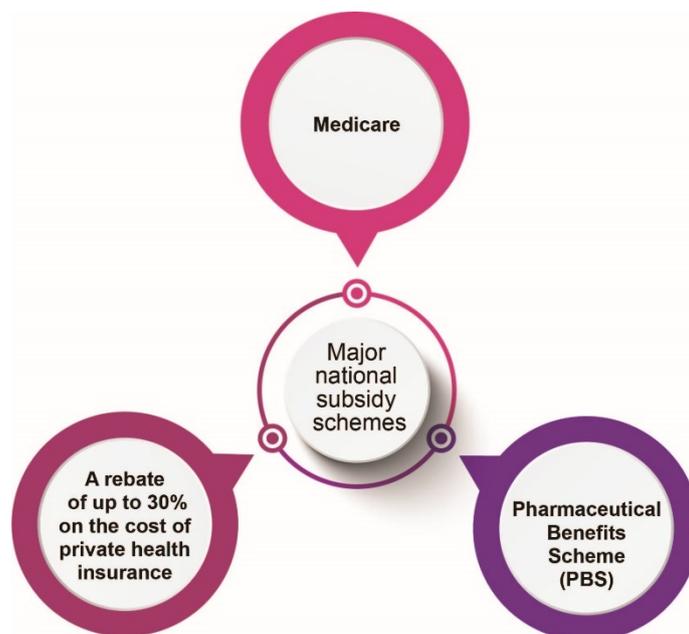


Figure 4: Three major national subsidy schemes

Medicare and the PBS cover all Australians and subsidise their payments for private medical services and for a high proportion of prescription medicines. Under Medicare, the Australian and state governments also jointly fund public hospital services, so they are provided free of charge to people who choose to be treated as public patients.

Australians pay for the cost of Australia's publicly funded health care system through levies applied by the Australian Taxation Office. Most taxpayers are required to contribute 2% of their taxable income towards Medicare, but higher income earners who do not elect to purchase private health insurance are required to pay more and low-income earners may pay no levy or may be entitled to a reduction in the levy they pay.

The aim of the national health care funding system is to give all Australians, regardless of their personal circumstances, access to health care at an affordable cost or at no cost, while allowing choice for individuals through substantial private sector involvement in delivery and financing.

## Medicare – Australia’s public health insurance system

### What is Medicare?

Medicare is the Australian scheme that provides access to a wide range of healthcare services for Australian residents.

### Medicare eligibility i.e., who is covered by Medicare?

Not everyone is eligible for Medicare, and it is important for individuals to understand their eligibility before accessing healthcare services. The Australian government indicates that a person is eligible for Medicare benefits if:

- they are an Australian or New Zealand citizen
- they are a permanent Australian resident
- they have applied for permanent residency (although conditions apply)
- they are covered by a Ministerial Order
- they have a resident return visa
- they are covered by a Reciprocal Health Care Agreement with another country.<sup>1</sup>

### What does Medicare cover?

For eligible residents, Medicare provides access to several services as shown in the diagram below.



Figure 5: Medicare provisions for eligible residents

### Services not eligible for Medicare rebate

Medical practitioners have a legal obligation to advise patients of their entitlements under the Medicare scheme, and/or private health insurance funds. Not all medical services attract Medicare benefits. It is an offence under Section 19CC of the *Health Insurance Act (1973)* (Cth) to provide a

<sup>1</sup> healthdirect, 2020. *What is Medicare?*, URL: <https://www.healthdirect.gov.au/what-is-medicare> Retrieved 1 November 2021

service without first informing a patient where a Medicare benefit is not payable for that service<sup>2</sup>. The medical receptionist is frequently responsible for informed financial consent, and therefore this legal obligation is potentially within your role. Compliance is covered in more detail in Module 3.

Senior staff in individual medical practices determine the fees they will charge for procedures that are not eligible for Medicare rebates because these procedures or services will not have item numbers or fee levels derived from the Medicare Benefits Schedule.

When preparing accounts for procedures that are not eligible for Medicare rebates, medical administrative staff should follow the process developed in the practice. It can be useful to include a statement on the account advising patients that medical benefits do not apply to services and procedures which are not eligible for Medicare rebates.

Practitioners providing the above services should bill the patient as a private patient and note on the account 'does not attract Medicare benefits'.

### What is the Medicare Benefits Schedule?

The benefits you receive from Medicare are based on a schedule of fees set by the Australian government—the Medicare Benefits Schedule (MBS). Doctors may choose to charge more than the schedule fees (a gap payment), or to bulk bill (no additional fee). To receive Medicare benefits:

- A patient must first be eligible for benefits.
- The benefits must be listed under the MBS.

A patient will only receive Medicare benefits for services where those services are listed on the MBS.

### Out of hospital services

Medicare provides benefits for:

- consultation fees for doctors, including specialists
- tests and examinations by doctors needed to treat illnesses, including X-rays and pathology tests
- eye tests performed by optometrists
- most surgical and other therapeutic procedures performed by doctors
- some surgical procedures performed by approved dentists
- specified items under the Cleft Lip and Palate Scheme
- specified items for allied health services as part of the Enhanced Primary Care (EPC) program.

Patients can choose the doctor who treats them for out-of-hospital services.

### Direct or bulk billing

Direct-billing or bulk billing is when the practitioner bills Medicare directly, accepting the Medicare benefits as full payment for the service provided. The practitioner cannot make any additional charge for the service, nor can any other person or company. This means if the practitioner direct bills, the

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<sup>2</sup> Australian Government Department of Health, 2021. *Department of Health | Council of Australian Governments (COAG) Improving Access to Primary Care in Rural and Remote Areas – COAG s19(2) Exemptions Initiative*, URL: [www1.health.gov.au/internet/main/publishing.nsf/Content/COAG%20s19\(2\)%20Exemptions%20Initiative](http://www1.health.gov.au/internet/main/publishing.nsf/Content/COAG%20s19(2)%20Exemptions%20Initiative) Retrieved 1 November 2021

patient cannot be charged a booking fee, administration fee, a charge for bandages, record keeping or a charge by the practitioner's company.

It is important to understand that each practitioner's policy on bulk billing may vary, and that as the receptionist you understand exactly the policy of your employers.

When patients are billed under Medicare arrangements, there are two legal requirements that must be addressed:

1. Medicare Provider Numbers
2. Medicare Item Numbers.

### Medicare provider numbers

A Medicare provider number is allocated to health practitioners following a request from the practitioner to Medicare. These numbers are location specific. Each health practitioner must have their own provider number and requires a different provider number for each location they practice from. Home visiting practitioners have one provider number for home visiting services.

Healthcare practitioners, including general practitioners, locums, specialists, or assistants, approved dental and allied health providers and optometrists are required to obtain a service provider number when they:

- Commence private practice and wish to assist patients to claim Medicare benefits.
- Refer patients to specialists, or from one specialist to another, or request pathology or diagnostic imaging services.

### Medicare item numbers

The Commonwealth Department of Health and Aged Care issues a schedule entitled MBS which is only available to practitioners with a Medicare provider number. The MBS is available on the Medicare web site, with printed versions available, at a cost, upon request.

Each professional service entitled to a Medicare benefit and contained in the MBS book has been allocated a unique item number.

### Pharmaceutical Benefits Scheme (PBS)

The Pharmaceutical Benefits Scheme (PBS) Schedule lists all of the medicines available to be dispensed to patients at a government-subsidised price. This schedule is on-line and updated on a monthly basis.

We will now look at other government and non-government funded health services.

## Activity 2: Medicare Benefits Schedule

Access the online [Medicare Benefits Schedule](#)<sup>3</sup> to explore the common item numbers used in your practice.

End of activity

## 2.4 Private health insurance in Australia

The third of the major national subsidy schemes within the Australian national healthcare system is a rebate of up to 30% on the cost of private health insurance. If a patient is privately insured, they are covered against some or all of the costs of being a private patient in either a public or private hospital. The patient still can choose to be treated as a public patient in a public hospital at no charge.

If you work in a specialist practice that requires patients to be admitted to hospital the practice has an obligation to provide patients with financial information regarding their admission, prior to booking them.

There are two types of private health insurance cover available. These types are described in the following diagram.



*Figure 6: Two types of private health insurance cover*

The link between the Medicare and private health fund benefits for in-patient medical services is the Medicare Benefits Schedule (MBS) item number charged by the medical practitioner for the services provided to the inpatient.

<sup>3</sup> Australian Government Department of Health, 2021. *MBS Online Medical Benefits Schedule*, URL: <http://www9.health.gov.au/mbs/search.cfm> Retrieved 29 October 2021

## 2.5 Compensation claims

Medical expenses may also be claimed under a range of compensation or support schemes. It is important that you understand these so you can process accounts correctly and ensure the correct entitlements or refunds are received.

### Workers' compensation claims

When a patient is injured at work, and they make a successful claim to the Workers' Compensation Board in their state or territory, the medical account submitted by the healthcare practitioner for services is paid by the Workers' Compensation Board.

If the claim is in dispute or rejected, or the patient does not proceed with the claim, Medicare will pay for the consultation. The Commonwealth Health and Other Services (Compensation) Act (1995) states that patients who have claimed compensation and are waiting for their claims to be finalised are eligible to receive Medicare benefits, provided a compensation claimant has not entered into a reimbursement arrangement with a compensation insurer (i.e., the insurer has agreed to pay the medical expenses). Once the compensation matter is finalised any Medicare benefits paid which relate to the compensable injury must be refunded to Medicare. Whilst claimants are not required to indicate whether the claim relates to a compensable injury, they are required to identify these claims before their compensation can be finalised.

Where the patient has a reimbursement arrangement with an insurer, the practitioner must not direct bill Medicare. Depending on the terms of the arrangement, private accounts may be raised either against the patient, or directly against the insurer.

In some states and territories, the Workers Compensation Board has reached agreement with the Australian Medical Association (AMA) on a set scale of fees that practitioners are to charge for medical services and related reports etc. Additional charges such as for medical certificates or stand-alone reports attract Goods and Services Tax (GST).

Workers' compensation claims are not covered by Medicare and need to be processed differently.

### Motor vehicle third party account

If a patient presents to the practice claiming to have been involved in a motor vehicle accident, a third-party claim for compensation may be lodged against either the owner or driver of the vehicle that has caused the accident. The insurer of the owner or driver of the vehicle involved handles these claims.

To claim compensation for a motor vehicle accident, the injured person must:

- report the accident, in writing, to the police no later than 28 days after the accident
- complete a claim form and send to the insurer. The timeframe for which a claim is made differs for each state and territory.

As with Workers' Compensation claims, a third-party claim may also become overdue or rejected, leaving the outstanding account the responsibility of the medical practitioner to recover. In this situation, the account may be sent to the patient for payment, or the medical practitioner may choose to claim the Medicare rebate as full payment of the outstanding accounts.

If a third-party motor vehicle insurance claim or general public liability insurance claim for compensation is successful, the insurer of the owner or driver of the vehicle involved in the accident, or the insurer of the premises at which the public liability arose, will be responsible for payment of the account for treatment of the injured party.

The billing and claiming process is similar to workers compensation. In some states and territories, the Third-Party Motor Vehicle Insurance Board has reached agreement with the Australian Medical Association (AMA) on a set scale of fees that practitioners are to charge for medical services and related reports etc.

### Activity 3: Motor vehicle accident claims

Refer to the links below for specific details on motor vehicle accident claims in each state and territory:

- New South Wales – [State Insurance Regulatory Authority](#)
- Northern Territory - [Territory Insurance Office](#)
- Queensland - [Motor Accident Insurance Commission](#)
- South Australia - [Motor Accident Commission \(Allianz\)](#)
- Tasmania - [Motor Accidents Insurance Board](#)
- Victoria - [TAC – Transport Accident Commission](#)
- Western Australia - [Insurance Commission of Western Australia](#)

End of activity

## 2.6 Department of Veterans Affairs

The Department of Veterans Affairs provides a wide range of health services for veterans, war widow(er)s, and dependants entitled to clinically required treatment for their accepted health conditions under the:

1. *Veterans' Entitlements Act 1986* (Cth) (VEA)
2. *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (Cth) (DRCA)
3. *Military Rehabilitation and Compensation Act 2004* (Cth) (MRCA)

Health services are delivered through arrangements with Local Medical Officers (LMOs/GPs) and medical specialist professionals, public and private hospitals.<sup>4</sup>

The Veterans' Affairs Health Scheme was established in 1915 to provide health cover to members of the armed forces and their families. Medicare administers claiming, and the Department of Veterans' Affairs administers a range of health services for eligible veterans and their dependants. The health services for which they are eligible for treatment are identified by the use of Repatriation cards. The

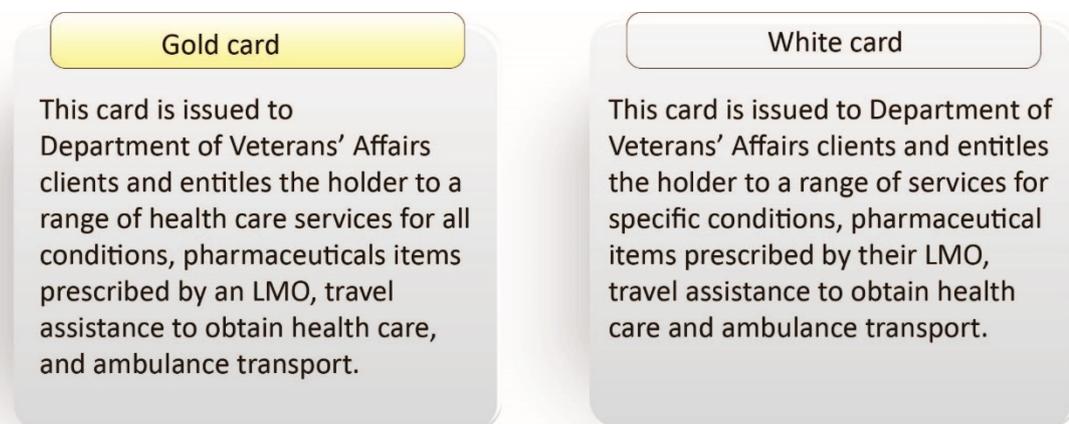
<sup>4</sup> Australian Government Department of Veterans Affairs, 2020. *Treatment overview*, URL: <https://www.dva.gov.au/health-and-wellbeing/treatment-your-health-conditions> Retrieved November 2021

cards issued by the Department of Veterans' Affairs will be either white or gold. A patient may also be a client of the Department of Veterans' Affairs. That person, usually having been a member of Australia's Defence Force, or having been involved in a wartime situation, has met certain eligibility criteria.

The Department of Veterans' Affairs also has fees schedules for approved community nurses, pharmacists and allied health professionals including chiropractors, clinical counsellors, dentists, dietitians, occupational therapists, optometrists, orthoptists, osteopaths, physiotherapists, podiatrists, psychologists, speech pathologists and social workers. Prior departmental approval and/or LMO referral is generally required.

The Department of Veterans' Affairs is a commonwealth government department and operates in all states and territories. It, like Medicare, uses standard forms and processes.

## Eligibility



For pharmaceuticals only, an orange card may be issued.

The Department of Veterans' Affairs encourages clients to use medical practitioners who have been approved as Local Medical Officers (LMO) by the Department. However, a client may choose his or her own general practitioner.

Veterans who hold a DVA Health Card are covered for all relevant eligible services. However, they are free to utilise private health insurance, where relevant, or to access services as a Medicare patient.

## 2.7 National Disability Insurance Scheme - Australia's disability insurance system

The National Disability Insurance Scheme (NDIS) is a relatively new scheme in Australia and has created significant market disruption particularly for professions such as allied health and psychology. As with other forms of government funding, the system can be difficult to navigate. If your practice is a registered provider, there are different rules and compliance requirements. Patients who are self-managed or plan-managed can access any practice, however you may need to invoice their Plan Manager for payment instead of receiving payment directly on the day.



The NDIS mandates service agreements between health professionals and NDIS participants for registered providers, and these are encouraged for plan-managed and self-managed participants.

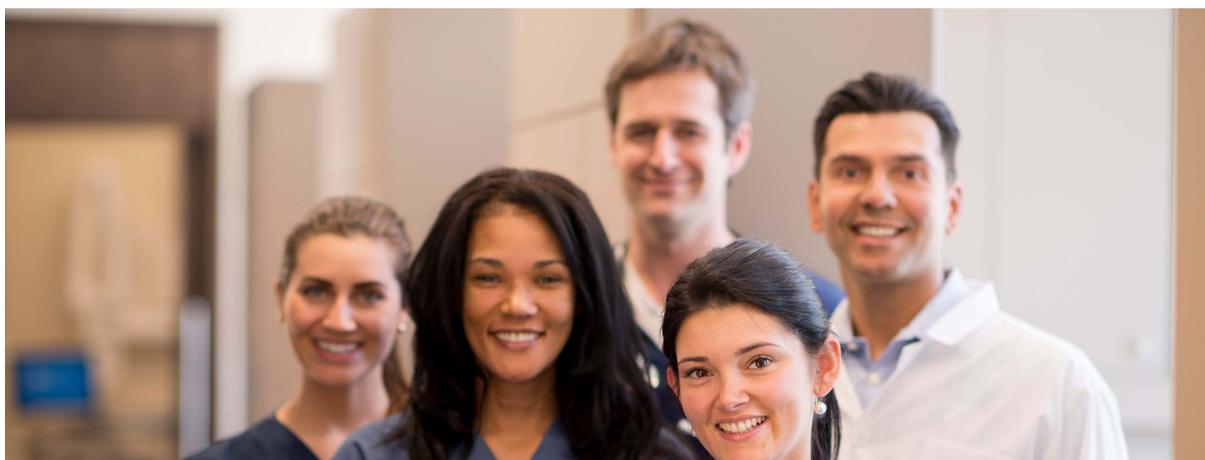
Service Agreements outline the agreed fee structure, code of conduct, and frequency of appointments during a plan period. Often the patient will have a set budget—that they are not required to disclose to you, for example \$10,000 for capacity building which is the allied health ‘bucket’ of funding. The allied health professional and patient should plan how and when their services will occur to ensure they make the most of the budget without going over it, reserving some funding for report writing at the end of the plan period, and including travel if it is charged.

Registered providers have strict rules regarding what is billable, for example administrative duties such as setting up or changing appointments, invoicing, and establishing Service Agreements are not billable.

## Summary

A healthcare practice relies on revenue from billing, and the medical receptionist has a critical role in billing patients. Understanding and applying the various funding options will assist patients to access timely and appropriate healthcare, while maintaining the revenue stream of the practice and meeting the practitioners’ legal obligations. To feel confident in providing financial information to patients and acquiring Informed financial consent prior to treatment, it is critical to understand the systems you are dealing with as each has different rules and obligations for the practitioner and the practice.

## Lesson 3: Workflows, policies and procedures



Lessons 1 and 2 introduced you to the highly complex Australian healthcare system, including the various funding options for patients. One way to streamline the complexity within a healthcare practice is to establish workflows in the most common areas of administration. Workflows are the way things are done and will be informed by the practice's policies and procedures. The common workflows explored in this Lesson include patient registration, scheduling appointments, recalls and reminders, and a more in-depth look at billing as a workflow.

Establishing workflows and automation has benefits to the whole practice and particularly to the administrative staff. Benefits include greater efficiency, less menial and repetitive tasks, and reduced likelihood of errors and forgotten tasks. Automation improves job satisfaction for health administrative staff and practitioners, as they have more time to focus on challenging and meaningful work, including seeing patients. It is important to understand the capabilities of the practice management software and integrated systems used in your practice to ensure you are optimising the potential automation of processes.

### 3.1 Patient registration

When a new patient is admitted to the practice, it is crucial their registration is completed in a timely and accurate fashion. Patient registration details are practice specific, but usually include:

- their name
- date of birth
- address
- contact details
- next of kin and
- emergency contact.

Depending on the funding and billing processes in your practice, registration could include Medicare and private health insurance details, email address—for invoicing, or sending documents and organisational payer details. Examples of these details include plan managed NDIS participants, employers, or insurance companies. Some practitioners may request the patient to complete a new patient registration form which may also include clinical information.

### 3.2 Scheduling appointments

The art of scheduling appointments is a key skill of a Medical Receptionist.

The healthcare practice you work in will have specific policies for appointment scheduling, and these will vary amongst different types of health practitioners and even between practitioners within the same profession. For example, a clinical psychologist may have screening requirements to ensure there is no conflict of interest for example, not seeing members of the same family, and may only be prepared to take on a set number of new patients. Perhaps practitioners have a specialty such as teens, or don't see clients under a certain age. The list of differentials can be endless. When you work in a large or busy healthcare practice with many practitioners, it can be difficult to remember and comply with the various requirements. However, these are important because there is a risk of booking the wrong patient in with the practitioner which is a waste of money for the patient, or loss of income for the practitioner.

The practice should have scheduling policies around allocating a set number of new patients, urgent patients, follow ups, time for administration including writing reports and follow up of referrals. Complying with practice policy supports the administrative staff in efficient scheduling, and the practitioners in maximising their time seeing patients without running late and in the longer term, burning out.

Within healthcare settings, there are frequently waitlists and access issues to contend with, including not being able to see the healthcare practitioner when you need to see them. As such, the medical receptionist becomes the gatekeeper and must be provided with triage criteria and procedures to escalate urgent patients appropriately.

### Did Not Attend (DNA)

Appointment reminders being sent out by text message or email prior to the appointment have proven highly valuable in reducing Did Not Attend (DNA) rates, and these can be automated from the

practice management software. DNAs cause problems because the revenue of the practice is impacted, and the appointment time could have been utilised by someone on the waitlist.

There are different policies regarding payment for DNAs in the different funding systems. For example, the practitioner cannot claim a Medicare rebate if the patient did not attend, whereas for clients being funded by the NDIS there is the opportunity to charge the full fee for DNAs or late cancellations, if it is stated in the service agreement. The practice may have a policy of charging for DNAs but apply exemptions on a case-by-case basis. Remember charging for a non-attendance or late cancellation may contribute to the practice losing the patient.

### 3.3 Recalls

A recall involves a situation where the practitioner is ‘recalling’ a patient to provide the results of a clinically significant investigation or test, which may need further information, treatment and/or additional testing or investigations. The practitioner has a **legal obligation** to recall the patient to provide their follow up care, with the extent of effort based on clinical judgement. For example, a patient who has test results indicating newly diagnosed cancer should be followed up urgently and with persistence, whereas slightly abnormal test results without a high degree of clinical relevance may wait until the next appointment.

### 3.4 Reminders

In contrast to the legal obligation of recalling patients for a clinically significant event, a reminder involves a situation in which a patient is reminded that they have an appointment, a procedure or investigation due. This may include regular screening or testing requirements or procedures, such as pap screening or immunisations. While reminders are good practice, there is no legal obligation for healthcare practices to provide reminders to their patients. It is, however, in the practice’s interest to have reminder and confirmation systems such as SMS appointment reminders, as this reduces the DNA rates for the practice.

Medical receptionists have a significant role in providing both recalls and reminders, and it is important to follow the practice’s policies and procedures to meet the practice’s legal obligations with regards to recalls.



## Activity 4: Recall and reminder workflows

Explore your practice management software to understand the workflows established around reminders and recalls. Do you think they support the practice in meeting good practice—reminders, and legal obligations—recalls?

End of activity

## 3.5 Billing

Accurately following billing procedures is essential because:

- businesses are required by law to keep financial transaction records for taxation purposes
- Medicare and the Department of Veterans' Affairs will not provide direct payments to medical practices if medical accounts documentation is inaccurate or incomplete
- patients will be unable to claim Medicare rebates on their medical accounts if the documentation is inaccurate or incomplete
- cash flow improves when documentation is processed accurately and quickly
- lost time correcting errors is reduced
- administration time and expenses are kept to a minimum
- bad debts and overdue accounts are less likely if the patient receives accurate documentation.

It is not feasible to provide guidelines on how a practice should be operating their billing policies because of the complexity of practice-specific policy and procedures. Rather it is the duty of all staff of the practice to work within the policies and procedures of the practice to ensure that the billing operates smoothly, efficiently, and accurately with a humanitarian approach.

### Submitting medical accounts

It is important to understand the distinction between the 'patient' and the 'payer' when issuing an account or invoice.

'The patient' refers to the person who actually received the medical service, whereas 'the payer' relates to the person or agency that pays the account or invoice for a patient. There may be part payment via an agency for e.g., Medicare rebate, with the gap covered privately by the patient.

The payer of the account can be any of the funding bodies as detailed in Lesson 2.

When issuing the account, the procedures differ for each of these payers, and the practice should have procedures established for relevant payers. Generally, workflows will be established in your practice management software.

### Receive and document payments

Raising a patient account relies on the practitioner communicating to the receptionist the item numbers or services that have been provided. The receptionist is then responsible for issuing the account for the correct amount and receipting payments made.

### Prepare and issue receipts

When an account is issued, the patient, or payer, has several ways to settle the medical account. Payment can be made in full or in part at the time of consultation, or a line of credit may be provided. Most private billing practices charge the patient the full fee and electronically submit the claim online for the patient at the time of the payment. If the patient has registered their banking details with Medicare, the rebate goes directly into the patient bank account.

When an account is settled, it may be paid by cheque, cash, credit card, if facilities are available at the surgery, EFTPOS, or direct bank lodgement.

When the payer chooses to settle their account, a receipt must be issued. Receipts are:

- a legal requirement of all medical practitioners
- the means by which a patient can claim entitlements from Medicare, or as a member of a private health fund.

Receipts should be properly itemised containing all necessary details, such as doctor's name and provider number, date and itemised detail of service, any payments made, and any balance owing—if any. Receipts may be a separate form to the account or a combined invoice/receipt.

## Reconciling payments with claims

In financial terms, reconcile means to make one account consistent with another. Accurate reconciliations of payments with claims made by the healthcare practice help the practice to monitor their transactions with Medicare and other funding bodies to ensure claims are paid in a timely manner, that the practice receives the rebates they are entitled to, and that patients' financial records are up to date. It ensures that all claims paid align to claims that have been made by the practice, and that codes and patients are all correct.

If there is a discrepancy between Medicare payments and claims made by the practice, medical administrative staff will need to check the attached remittance advice to see if a Medicare Assignment Form has been rejected or paid at a lower rebate. If a Medicare Assignment Form has been rejected, it might be the responsibility of administrative staff to correct an error on the voucher and re-submit it. If a Medicare Assignment Form has been paid at a lower rebate an adjustment might have to be entered into the financial recordkeeping system.

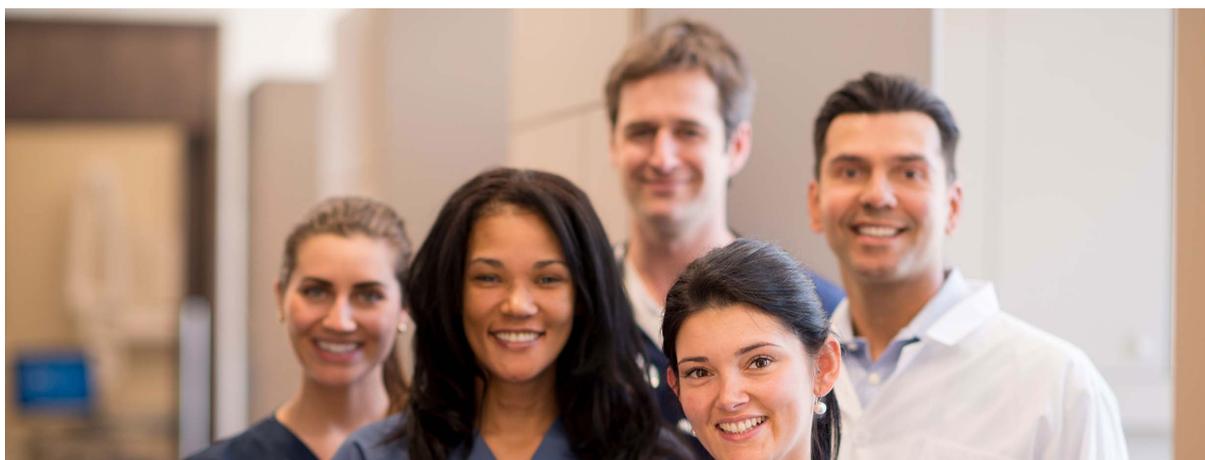
Medical administrative staff should advise the practice manager or accounts payable or receivable staff of any discrepancies in Medicare claims that come to their attention as the finance staff could be responsible for processing adjustments in the financial recordkeeping system.

## Summary

One way to streamline the complexity within a healthcare practice is to establish workflows in the most common areas of administration. Workflows are the way things are done and will be informed by the practices policies and procedures. Common workflows include patient registration, scheduling appointments, recalls and reminder, and billing.

Establishing workflows and automation has benefits to the whole practice and particularly to the administrative staff. Benefits include greater efficiency, less menial and repetitive tasks, and reduced likelihood of errors and forgotten tasks. It is important to understand the capabilities of the practice management software and integrated systems used in your practice to ensure you are optimising the potential automation of processes.

## Lesson 4: Quality improvement

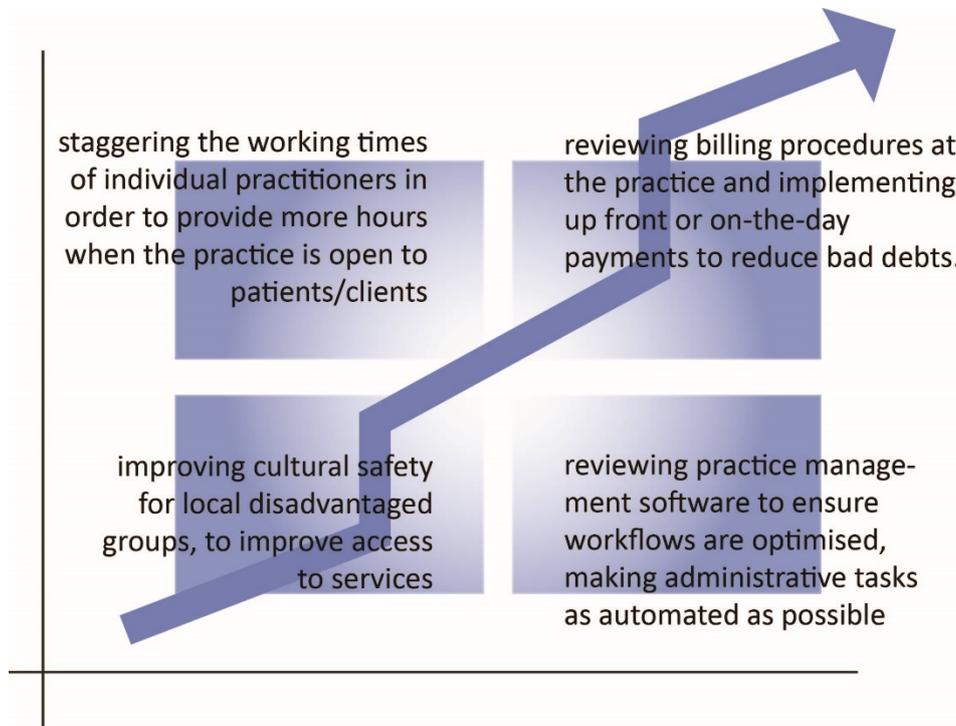


Quality improvement initiatives are important across all aspects of a healthcare practice, including administrative and business tasks. Medical Receptionists have an opportunity to identify areas for improvement across all tasks within their role and need to think about efficiencies, minimising errors and improving the patient and clinician experience within the practice. The importance of continuous improvement is introduced in this Lesson.

There are major reforms planned for the primary healthcare sector in Australia, building on trials in recent years of different models of care. Major reforms include the increased focus on patient-centred care, team-based care, and voluntary patient registration. These topics are explored with particular focus on the role of the medical receptionist as a key team member.

## 4.1 Continuous improvement

Continuous improvement, by definition, is a never-ending journey that never ceases through the life of a practice. It requires the practice to make proactive improvements to all aspects of the business, including administrative duties. The following diagram shows some ways in which practices can achieve continuous improvement.



*Figure 8: Ways practices can achieve continuous improvement*

Continuous improvement as a concept is not about large wholesale changes. Rather it is more about small incremental steps that can enhance the patient's experience and/or improve operational performance.

The continuous improvement process is often depicted as an incremental pathway, with a wedge that holds organisational progress in place. The concept of continuous improvement is captured in the graphic below. In this analogy, imagine that the new improvement is like moving the ball a long way up a hill – a difficult process which will take time. It might only be done in small steps. We push it up and then wedge it in place, while we get our breath, then we push it a little more and hold it again. We don't want to slip back, so every step or change we make is incremental and builds on previous steps. Little by little, processes, thoughts and behaviours change, and this is what makes the difference over the time.

Eventually continuous improvement will get an organisation to the top of the hill.

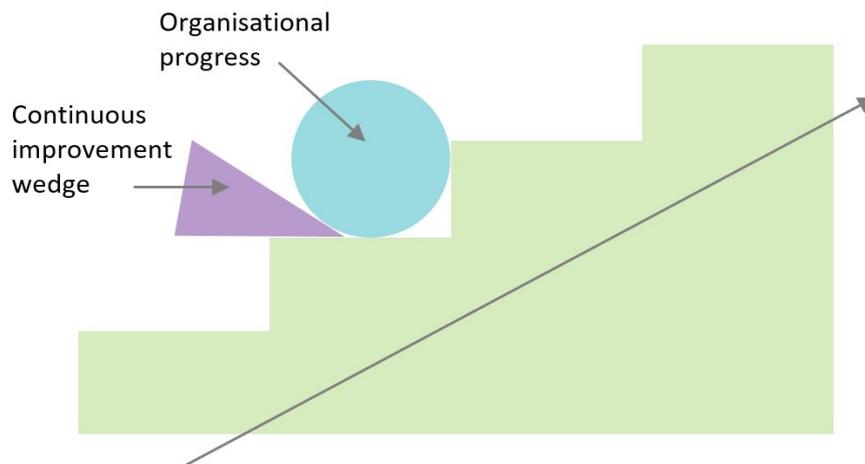


Figure 9: Continuous improvement pushing an organisation forward.

It is thought marked progress in an organisation can be made when incremental improvements are interspersed with what are termed radical improvements<sup>5</sup>. Small changes might occur through better monitoring, and radical improvements may occur when the whole machinery or technology is revamped. The figure below shows how both types of improvements can impact on an organisation.

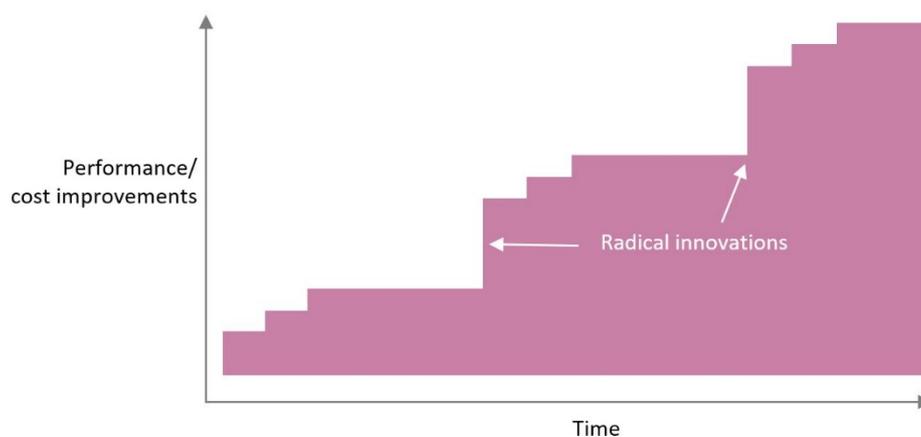


Figure 10: An industry timeline of radical and incremental improvement<sup>6</sup>

Radical improvements include significant Information Technology and system changes, such as a new Practice Management Software system, or a new integrated finance system that streamlines the billing and receipting processes. Automation can reduce accidental human error, and save hours of work, reducing the burden on staff who were required to complete the tasks.

On an everyday practical level, your role is to ensure that opportunities for improvement are proactively identified and come up with better ways of doing things. Keep asking 'why not?'. The front

<sup>5</sup> Bledow, R., Frese, M., Anderson, N., Erez, M., & Farr, J., 2009. *A Dialectic Perspective on Innovation: Conflicting Demands, Multiple Pathways, and Ambidexterity*. *Industrial and Organizational Psychology*, 2(3), 305-337. doi:10.1111/j.1754-9434.2009.01154.x

<sup>6</sup> Katz, R.N., 2003. *Balancing Technology and Tradition: The Example of Course Management Systems*, URL: <https://www.learntechlib.org/p/97377/> Retrieved 29 October 2021

desk has a multitude of processes and procedures, and the administrative team are the best placed to identify inefficiencies, areas of risk, and better ways of doing things.

## 4.2 Voluntary patient registration

Voluntary patient registration (VPR) is radical innovation in the primary healthcare sector, identified as a key strategy in improving the coordination of primary healthcare services and thereby supporting populations with high health needs such as young children, people with chronic disease<sup>7</sup>. Such populations include mental illness, and older people. The concept of VPR also called 'empanelment' or 'patient registration', has been trialled in Australia in recent years and is set to be rolled out more broadly. Unfortunately, the recent COVID pandemic has stalled the implementation of VPR. Although the specific plans and logistics of the programs may change, the concept has remained consistent. Regardless, VPR will have significant impact on medical receptionists.



**VPR** is when a patient chooses and nominates a single healthcare 'destination' or home-base which will then have responsibility to coordinate and integrate allied health and other services.

The 'destination' service could be a general practice, Aboriginal Community Controlled Health Service (ACCHS), or community-based health centre. Within the healthcare 'destination', the patient will have a nominated lead practitioner who they see most of the time and who knows them well. This practitioner coordinates their care. VPR is expected to support the continuation of MBS telehealth services.

The result will be a medically led and coordinated multidisciplinary team approach, with the GP staying informed of their patient's care across primary, secondary, tertiary, and social care settings. The result for the patient is coordinated holistic care, preventative services, and wrap around support for complex and/or multiple health needs<sup>13</sup>. Coordination by the healthcare 'destination' improves partnership, accountability, reduces duplication of services and unnecessary tests, and supports better healthcare across the system. Partnerships between healthcare providers and patients and their families/carers are enhanced as relationships are formed and their health literacy is supported. Additionally, patients have increased access to services including telehealth and after-hours services<sup>8</sup>.

## 4.3 Patient-centered care

The contemporary healthcare team centres around the patient, known as **patient-centred care** or alternatively person-centred care. Patient-centred care is another national reform strategy for primary healthcare, enabled by VPR and the continuity of the care relationship between the patient and their elected general practice or ACCHS. This involves shifting from the doctor-centred provision of care to team based care that includes the patient as a key and central team member. Patients are considered the central team member in setting goals, making decisions, and engaging in their healthcare.

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<sup>7</sup> NewsGP. 2021. *Voluntary patient enrolment initiative delayed*, URL: <https://www1.racgp.org.au/newsgp/professional/voluntary-patient-enrolment-initiative-delayed> Retrieved 1 November 2021

<sup>8</sup> Primary Health Reform Steering Group. 2021. *Recommendations on the Australian Government's Primary Health Care 10 Year Plan*, [pdf], URL: [https://consultations.health.gov.au/primary-care-mental-health-division/draft-primary-health-care-10-year-plan/supporting\\_documents/Primary%20Health%20Reform%20Steering%20Group%20Recommendations%20September%202021.pdf](https://consultations.health.gov.au/primary-care-mental-health-division/draft-primary-health-care-10-year-plan/supporting_documents/Primary%20Health%20Reform%20Steering%20Group%20Recommendations%20September%202021.pdf) Retrieved November 2021

Patient-centred care is enabled by team-based care. In practice, team-based care could look like the patient having observations done by the medical practice assistant who is also the medical receptionist, the nurse providing complex care management, and the doctor prescribing medications. All team members communicate about the patient to optimise both their clinical care and administrative efficiencies.

To effectively establish patient-centred and team-based care, it is important that high needs patients nominate a healthcare 'destination' to coordinate their care, as in a voluntary patient registration.

#### 4.4 Medical Receptionist as a team member

Administrative staff are a vital team member when providing team-based care to patients. Examples of tasks include:

1. The front desk staff book appointments accordingly to established triaging criteria (provided by the general practitioner) and balancing timely access to care with patients accessing their usual practitioner.
2. It is efficient to have a medical receptionist trained as a medical practice assistant or other healthcare assistant, so that they can provide dual services in administration and basic clinical skills such as taking patient observations (including blood pressure, weight, temperature) or providing therapy programs. Dual training/roles also keeps the job interesting, challenging, and enables you to be a stronger team member to develop rapport with patients.
3. The medical practice assistant carries out the recalls and reminders across the practice and takes their observations.
4. Assisting the patient to arrange transport ensures they can access their healthcare services.
5. Ensuring interpreters are booked when required enables access to appropriate healthcare and patient health literacy.
6. Coordinating and supporting family attending healthcare appointments. Sometimes this includes engaging young children/holding the baby for mum to focus on herself or other children.
7. Assisting clinical practitioners with processes that slow them down (fixing the photocopier is a frequent example), enabling them to see more patients.

#### Summary

Quality improvement is a critical part of healthcare in Australia, so much so that it is incentivised by government. Quality improvement can be small, incremental, continuous improvement initiatives, or large steps up such as when a new system is implemented. Both are important, and the medical receptionist has a key role in identifying opportunities for quality improvement across the business and administrative functions.

Significant reforms are planned for the primary healthcare setting, including the expansion of patient-centred care and VPR. This model of care considers the patient to be an equal team member in their care and requires the patient to develop a relationship with their nominated healthcare 'destination' and general practitioner. A strategy to achieve patient-centred care is to use team-based care, which requires the health team to have defined roles and responsibilities. Medical receptionists have an important part to play in team-based care, including facilitating access to timely and appropriate care,

enabling effective communication between patients and practitioners, and looking at new tasks and responsibilities.

## Conclusion

The Australian healthcare system is one of the most effective in the world. It is, however, complex to understand and difficult to navigate. The medical receptionist requires a sound understand of the healthcare system to assist patients in navigating their care and to ensure the practice meets its legal obligations.

Due to the complexity of the healthcare system, establishing effective – and preferably automated, workflows for administrative tasks can save the practice a significant amount of administrative burden and reduces the risk of errors. For administrative staff, reducing the burden of repetitive tasks increases job satisfaction and enjoyment, as time can be spent on more complex and rewarding tasks. Understanding the practice management software and integrated systems is necessary to optimise workflows and automation.

Quality improvement touches all areas of the healthcare practice, not just clinical care. It is important to identify and apply opportunities for improvement across all aspects of the business and administrative tasks. The government is incentivising quality improvement in the primary healthcare space by encouraging patient-centred care and team-based care, of which the Medical Receptionist has an important role. Voluntary patient registration (VPR) is a key reform planned within the primary healthcare sector and will have significant impact on medical receptionists working with Aboriginal community-controlled health organisations, general practice, and regional medical hubs. VPR is a key factor in team-based care and patient-centred care, as it enables the healthcare team to develop a relationship with the patient over time.

## Module 2: Communication in a healthcare environment



Welcome to Module 2: Communication in a Healthcare Environment. This Module introduces a variety of concepts around communication in a healthcare setting, including verbal and non-verbal communication (such as body language), and written communication including emails and secure messaging.

The front desk staff provide the first and last contact points your customers – the patients, have with the healthcare practice. As such, the medical reception team have a critical role in presenting a professional image, being warm, inviting and building rapport with the practices' patients. While it is a situation you wish never to face, being prepared for challenging communication such as patient aggression or violence will help you in the moment as your brain will naturally enter a flight, fight, or freeze mode. It is valuable to roleplay these scenarios.

Finally, diversity in the workforce and amongst the practice's patients is one strategy for ensuring the practice is culturally safe for disadvantaged groups to access. Everyone has a role in supporting diversity, and communication is a key strategy in providing a culturally safe healthcare environment to a diverse population. This Module introduces diversity and cultural safety.

### Outcomes

On completion of this Module you should be able to:

- ✓ Understand the principles of communication in a practice setting
- ✓ Understand the key role of the front desk in the professional image of the practice
- ✓ Understand the principles of challenging communication
- ✓ Understand the principles of providing a culturally safe healthcare practice.

## Structure

This Module is divided into the following lessons:

- Lesson 1: Communication in a healthcare environment
- Lesson 2: The role of Medical Receptionists
- Lesson 3: Dealing with challenging communication
- Lesson 4: Cultural safety and diversity

## 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 course 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: Communication in a healthcare environment



The front desk staff are the first and last contact points that patients have with the healthcare practice. The communication style and skill of the Medical Receptionist is critical in not only performing your job well, but also in upholding the image and professionalism of the practice. Good managers know the value of excellent front desk staff, and a strong Medical Receptionist is soon singled out for career progression and promotion.

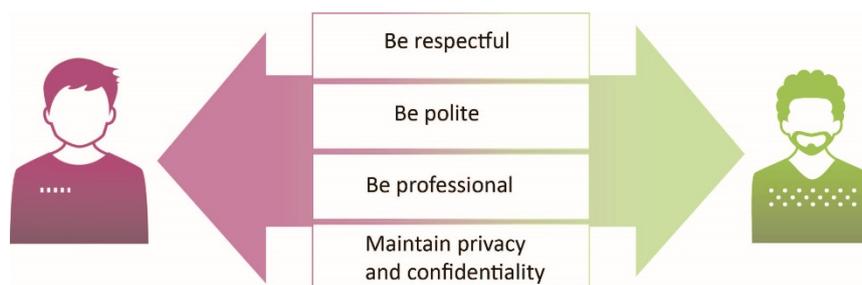
Communication is a skill, and a healthcare practice is a unique environment that requires front desk staff to not only have strong general communication skills, but to then have an excellent understanding and application of communication and privacy within a healthcare environment. This Lesson provides you with key information and practical tips on communication at the front line of a healthcare practice.

## 1.1 Principles of communication

In a healthcare practice, you are required to communicate effectively with a diverse group of people, including:

- Patients and their families/carers, who will have varying degrees of health literacy (covered later in this Lesson), engagement, education, and anxiety / stress.
- Colleagues, including fellow administrative staff at various levels, practice managers, nurses, doctors and other health practitioners, and cleaners, contractors, and others.
- Referrers to and from the practice, including people referring to your practitioners, and those you need to send referrals to. This may include hospital staff.
- Supporting clinical services, such as pathology and medical imaging.
- Pharmaceutical and sales representatives, other guests who are competing for an audience with your practitioners.
- Other services such as community services, disability services, aged care services, and others.

There are key communication principles that will be important in your role no matter who you are speaking to. These principles are illustrated in the following diagram.



*Figure 11: Communication principles*

Patients in a healthcare practice waiting room are a constant audience for front desk staff. They watch and listen to everything that is happening in the waiting area and behind the reception desk. They do not miss a thing! They see and hear you in your interactions with other patients, with other front desk staff, with the nurses and doctors as they pass through, and listen to your telephone manner. The people sitting in the waiting room also pick up reactions and responses between staff, and as such they will know what the practice culture is like.

The professional image of the practice is constantly on display. Because of this, it is important to consistently maintain the principles of communication, as the people in the waiting room will observe your change in communication style and judge the professionalism of the practice on what they hear.

For example, you may find that you speak less respectfully to a patient as compared to a specialist doctor, or your tone and formality change when you are discussing your weekend with a colleague during a quiet period, perhaps you are short with the pharmaceutical representative trying to get a lunchtime appointment with the doctors, or you quietly roll your eyes when a practitioner cannot get the photocopier to work and asks for help.

## EXAMPLES

Examples of circumstances in which maintaining the principles of communication is important:

- you may find that you speak less respectfully to a patient as compared to a specialist doctor
- your tone and formality change when you are discussing your weekend with a colleague during a quiet period
- you are short with the pharmaceutical representative trying to get a lunchtime appointment with the doctors
- you quietly roll your eyes when a practitioner cannot get the photocopier to work and asks for help.

*Figure 12: Maintaining the principles of communication*

The patient sitting quietly seemingly absorbed by their phone is taking it all in and forming opinions on the culture and professionalism of the practice.

### A note on privacy and confidentiality

It is critical to think about privacy and confidentiality with respect to who is listening, even if they appear not to be. When you are on the telephone or talking to a patient, be careful not to reveal a name, address, or other identifying information. Patient three-point identifiers are a requirement in a healthcare setting—covered in Section 2.6 of this Study Guide, and it is important to reflect on how patient privacy is being maintained while asking for the three points of identification. The practice should have a procedure that considers privacy and confidentiality in this situation, for example using the last few digits of their phone number instead of announcing the entire phone number. Maintaining privacy and confidentiality is not only good practice, but also the law.

The *Privacy Act 1988* (Cth) (Privacy Act), promotes and protects the privacy of individuals in Australia. The Privacy Act includes 13 Australian Privacy Principles<sup>9</sup> (APPs), which are explained in Module 3.

Open and constant lines of communication are vital to team success and a successful healthcare practice. The culture of the practice is absolutely influenced by the culture of communication. For example, does your manager encourage everyone to raise issues early in a respectful manner and then ensure the issues are resolved? Or do they allow gossiping, speculation and allow issues to fester thereby disrupting the teams' cohesion? To contribute effectively to the practice team, it is critical to understand and demonstrate professional and effective communication strategies.

## 1.2 Building rapport

To communicate effectively with patients and colleagues, you need to have skills to build rapport.



**Rapport:** a friendly, harmonious relationship, characterised by agreement, mutual understanding, or empathy that makes communication possible or easy<sup>10</sup>.

<sup>9</sup> Australian Government, 2021. Federal Register of Legislation: *Privacy Act 1988*, URL: <https://www.legislation.gov.au/Details/C2021C00139> Retrieved 1 November 2021

<sup>10</sup> Merriam-Webster, n.d. Dictionary definition of rapport, URL: <https://www.merriam-webster.com/dictionary/rapport> Retrieved 1 November 2021

People working in healthcare practices have relationships with their patients, and this includes the reception staff. Relationships take time to build, and conversation is important in building rapport. The following strategies are useful in building professional relationships with your colleagues and patients.

*Table 1: Ways to build rapport*

<b>Building rapport</b>	
Engage in conversation	Conversation is a two-way street, with a healthy balance between talking and listening.
Be friendly and polite	Smile, even if you don't feel like it! Everyone would rather chat to someone friendly and pleasant.
Find common ground	Try and build rapport by establishing some common ground and by smiling and using positive and reinforcing body language. Do you have similar sporting interests? Support the same teams/codes? Holiday in the same spot? Enjoy gardening? Love dogs? There are many neutral topics that could provide common ground for a conversation.
Understand the importance of triage	Your practice should have guidelines on how to triage patients appropriately, including escalation pathways if you are unsure. It is important to understand what questions to ask, and what to do with the answers you receive.
Avoid contentious topics	Contentious topics risk a heated conversation and are therefore best avoided. Stick to neutral topics such as the weather or a nice holiday spot or weekend activity.  If someone does raise a contentious topic, nod and smile and move the conversation on. You are in a professional role and are responsible for maintaining the brand of the Practice of your employment. If the person won't let the topic go, disengage from the conversation by saying something like 'I don't know much about that' or 'I am not interested in politics and can't comment on that'. Work is not the place to argue your point of view.
Understand the importance of small talk	Little connections between patients and practice staff builds rapport, patient loyalty, and results in less incidences of aggression and complaints. An angry or upset patient is less likely to take it out on staff if they feel they know and respect you.
Use signalling to help the flow of the conversation	The most common type of signal are questions. These may be either open or closed. Closed questions invite a yes/no answer. They might include "Don't you agree?", and "Are you enjoying the spring weather?" They are not really inviting the other person to do more than nod and agree, rather than to share the conversation.  Open questions invite more information and participation. Open questions often start 'How...?' or 'Why....?'. When asking open-ended questions, be prepared for a long answer! Asking an open-ended question when you are busy can backfire, as you may end up needing to cut off the person's story, they want to share with you, which can have a negative effect on building rapport.

<b>Building rapport</b>	
<b>Use positive language</b>	<p>If a word or phrase has a positive connotation, it will evoke warm feelings. On the other hand, a word or phrase with a negative connotation is more likely to make someone feel bad. Examples include:</p> <p>Mature vs elderly Challenging vs difficult Driven vs pushy</p>
<b>Create emotional connections</b>	<p>Creating emotional connections builds rapport, which helps the patient to feel comfortable and connected to the Practice, and therefore stay loyal to the Practice and achieve better health outcomes. The key to creating emotional connections is sharing appropriate information. That means being prepared to be open about what interests you, what makes you into you as a person, and inspiring the other person to share too.</p> <p>This 'sharing' does not have to be big stuff. It can be as simple as: "It's so lovely having this beautiful sunshine. It meant I could go canoeing this weekend and we had such a beautiful paddle".</p> <p>That leaves the field open for the other person to say: "Oh, do you canoe? I used to paddle too. Where did you go?" "Yes, it's lovely weather. I went for a walk myself. It's great to be outside, isn't it?" or even "I find the heat difficult myself, but the children loved having the paddling pool out."</p>
<b>Demonstrate respect</b>	<p>People will be more open to communicating with you if you convey respect for them and their ideas. Simple actions like using a person's name, making eye contact, and actively listening when a person speaks will make the person feel respected. On the phone, avoid distractions and stay focused on the conversation.</p>
<b>Know your patients</b>	<p>Some practices will add little details to the patient notes, such as noting their birthday, special interests, or family situation. This is separate to their clinical notes and is used to build rapport with patients.</p>

Remember, some of the practice's patients live alone and may have limited social interaction. Although you are busy, be kind and respectful of their need to make a human connection. You may be the only person they speak to face-to-face all week.

*Patients do not forget that you have remembered them.*

We will now review different types of communication and provide tips on abiding by the principles of being respectful, polite, professional, and maintaining privacy and confidentiality across all communication, no matter who you are speaking to. Abiding by these underlying principles and consciously building rapport are key techniques for effective communication in a healthcare practice.

### 1.3 Types of communication

Communication can be categorised into three basic types as shown in the following diagram.

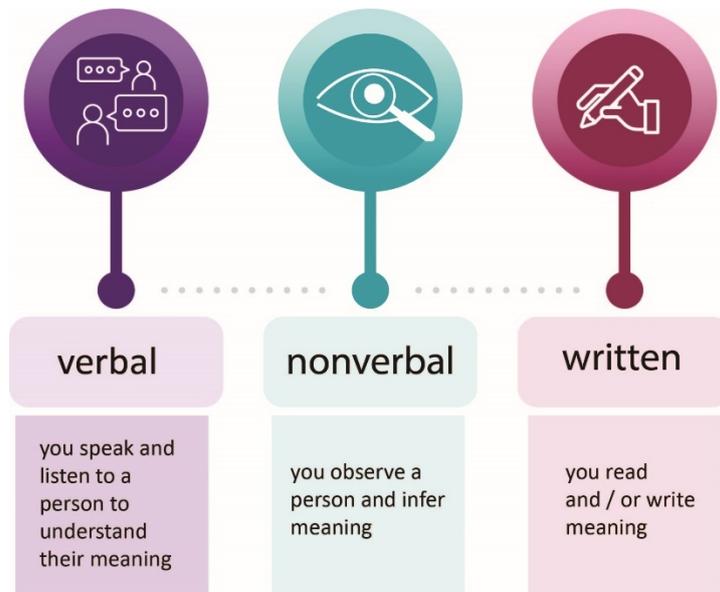


Figure 13: Types of communication

While written communication is a type of nonverbal communication, in this Module we emphasise its importance as a stand-alone type of communication in a healthcare practice.

This Lesson explores the different types of communication, including the advantages, disadvantages, practical tips, and examples for each type.

## Verbal communication

Verbal communication skills are critically important as a medical receptionist as you are the face of the practice. Strong verbal skills are a requirement of the job, so it is likely you have already been identified as having strengths in this area during your application and interview. Therefore, use this learning as an opportunity to self-reflect on your understanding and strengths, and identify opportunities to further improve your skills.

Verbal communication, and in fact all communication, will need to vary depending on the circumstances. For example, you will communicate differently when at the pub with your mates compared to speaking with your boss at work.

### Activity 1: Reflection - communication

Imagine yourself in the following situations and note what would be the same and what would be different about your communication style. Note down the key differences in the box below.

1. You are talking to a young child, trying to convince them it is a good idea to put their shoes on when they don't want to.
2. You have made a mistake at work and are explaining what happened to your manager.
3. A patient has entered the practice and is refusing to wear a mask as per the practice's conditions of entry. It seems they are deliberately trying to aggravate and prove a point.

4. You come across an emergency on the street and you are the first responder.



End of activity

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## Active listening

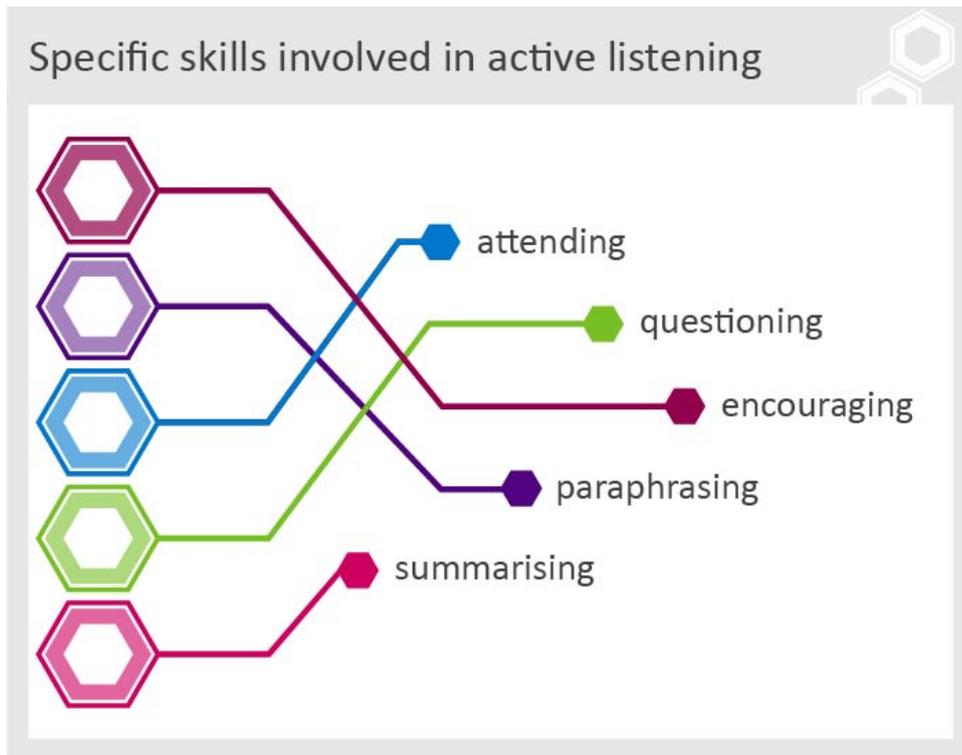
Listening is key to all effective communication and is particularly important in effective conversation and on the phone. Being a good listener is one of the best ways to be a good communicator. No one likes communicating with someone who cares only about conveying their own opinion and does not take the time to listen to the other person. Furthermore, if you are not a good listener, it is going to be hard to comprehend what you are being asked to do, to understand or follow instructions. Effective listening is a skill that underpins all positive human relationships.

Active listening involves paying close attention to what the other person is saying, asking clarifying questions, and rephrasing what the person says to ensure understanding.

*"So, what you're saying is..."*

Through active listening, you can better understand what the other person is trying to say and can respond appropriately. The following are very important to show you are listening actively:

- using nonverbal cues which show understanding such as nodding, eye contact, and leaning forward
- brief verbal affirmations like "I see," "I know," "sure," "thank you," or "I understand"
- paraphrasing by repeating back what the speaker has said shows engagement and understanding.



*Figure 14: Active listening skills*

Active listening helps to build trust and establish rapport, as well as demonstrating concern and empathy.

### Effective verbal communication

Speaking effectively is just as important as active listening for effective communication. Effective verbal communication means saying just enough; do not talk too much or too little. Try to convey your message in as few words as possible. Say what you want clearly and directly, whether you are speaking to someone in person, on the phone, or via email. If you ramble on, your listener will either tune you out or will be unsure of exactly what you want.

When you are engaged in a professional conversation in person, the following tips will improve your communication as the speaker:

- Stance - a relaxed, open stance (arms open, legs relaxed), will make you appear approachable and will encourage others to speak openly with you.
- Eye contact - eye contact is also important; you want to look the person in the eye to demonstrate that you are focused on them and the conversation. However, be sure not to stare at the person, which can make him or her uncomfortable.
- Hand gestures - use hand gestures to emphasise a point or when excited.
- Facial expressions - the human face is extremely expressive and can convey countless emotions without saying a word. These movements convey the emotional state of an individual to the listener.
- Pay attention to nonverbal signals while you are talking. Often, nonverbal cues convey how a person is really feeling and receiving your communication.

- Employees can experience an increase in morale, productivity, and commitment if they are able to communicate up and down the communication chain in their workplace.

## Tone of voice

It is not just about what you say, but also the way you say it. Tone of voice leaves an impression on everyone in your audience who reads or hears you. Through a friendly tone you will encourage your co-workers and patients to engage in open and honest communication with you.

Tone of voice, inflection, volume, and pace of speech are that much more important when you are speaking to someone over the phone. Because they cannot see you, customers will make judgments about your attitude, your willingness to help, and even your personality based on the way in which you speak.

It is important to be confident in your interactions with others. Confidence shows your co-workers that you believe in what you are saying and will follow through:

- projecting confidence in yourself and your ideas helps others to pay attention
- be credible - avoid making statements sound like questions
- of course, be careful not to sound arrogant or aggressive.

## Empathy

It is very important to use empathy when communicating with colleagues and patients, which involves genuinely putting yourself in someone else's shoes and feeling what they feel. This is not to be mistaken for sympathy, which is feeling pity, sorrow or compassion for someone and the hardships they are experiencing.



Figure 15: Empathy vs sympathy

Expressing empathy as the first step in communication is highly effective in engaging someone and having a productive conversation. As the gatekeeper to accessing their doctor, you are in a position of influence as to how quickly the person can get in to see the doctor, and they may be very worried and stressed about a health concern for themselves or a loved one. Expressing empathy as a first step, asking questions, and understanding their situation is critical in both effective triage (who gets to see the doctor in which time frame) and in building rapport and supporting the practice's patients. You can set the scene for a successful consultation.



## Activity 2: Video - Empathy in a healthcare setting

Watch the following video on empathy in a healthcare setting. Everyone has a story, including staff, patients, and their families. The irate person on the telephone may have unbearable worry and stress about their own health, a loved one, or an external pressure you don't know about. Responding with empathy is likely to de-escalate the situation quickly.

- [Empathy in healthcare](#)

If responding with empathy is not something you consciously do, practice on the people around you. Children and family members respond beautifully to genuine empathy.

End of activity

A good communicator should enter any conversation with a flexible, open mind. Be open to listening to and understanding the other person's point of view, rather than simply getting your message across. By being willing to engage in a dialogue, even with people with whom you disagree, you will be able to have more honest, productive conversations. Using phrases as simple as "I understand where you are coming from" demonstrate that you have been listening to the other person and respect their opinions.

### Emotional intelligence (EQ)

How important do you think it is to be in touch with your emotions at work? How big a role do emotions play at work? How does this awareness of self and others contribute to workplace success? The answer to these questions is that emotions are important; they play a significant and direct role in leading others as well as in workplace success.

Emotional Intelligence (EQ) is the ability to monitor your own and others' feelings and emotions, to control and express your emotions, and to handle relationships judiciously and empathetically.

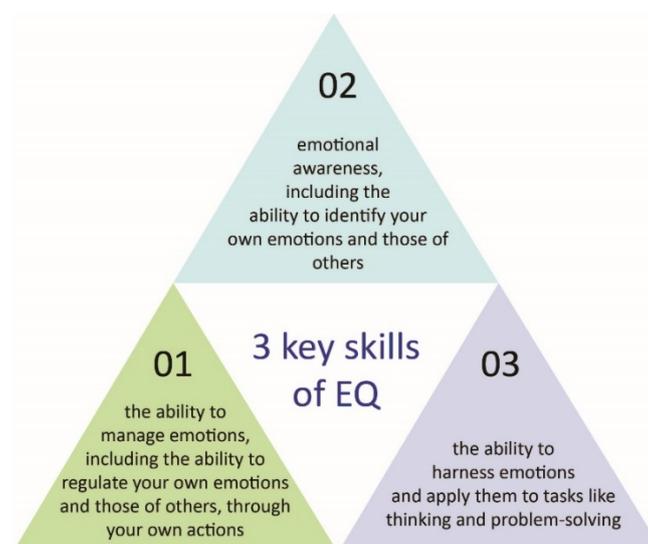


Figure 16: Three key skills of emotional intelligence

Good communicators have a high level of emotional intelligence.



### Activity 3: Video – Emotional intelligence

Watch this video to hear Daniel Goleman introduce the concept of emotional intelligence:

- [Daniel Goleman Introduces Emotional Intelligence](#)

End of activity

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## Nonverbal communication

Nonverbal communication is the transmission of messages or signals via nonverbal means, including via eye contact, facial expressions, tone of voice, gestures, posture, and body language. It also includes how close you stand, if you have a screen between yourself and the person you are talking to, a mask, and if you touch someone while talking to them. Patients pick up nonverbal communication in an instant. Nonverbal communication can put people at ease, build trust, and just as easily offend and confuse people. As you may not be fully conscious of your nonverbal communication, it is not uncommon for someone to be offended without the person delivering the message to even realise why.

Nonverbal communication does not stop when you stop speaking. Nonverbal communication cues include the way you listen, look, move, and react, and these indicate to the person you are communicating with whether you care, if you are being truthful, and how well you are listening. Think of a time when you were having a conversation with someone who paid more attention to their phone than you, and how important (or unimportant!) you felt at the time. Consider how a patient feels when they are talking to you and your eyes drift to your computer screen as you keep typing. In this scenario, the nonverbal communication is telling the person the screen is more important than what they are saying.

Nonverbal communication is so important for staff as well as patients. Sometimes just the way you walk into the practice to start the day will prompt the rest of the staff to say or think “We’re going to have a bad day today!”

## Written communication

The practice will have written protocols on communication internally and externally. The protocol should contain quality standards and expectations and needs to be fully understood by everyone in the team. Make sure you have reviewed and understood the communication policies, procedures, and protocols for your practice, so you know what is expected of you.

It is important to be polite in both face-to-face and written communication. When you can, personalise your emails to co-workers; a quick "I hope you all had a good weekend" at the start of an email can personalize a message and make the recipient feel more appreciated and open to your message.

A healthcare practice generally has a significant amount of written communication in it. Consider your practice, and note how many of the following are present:

- notice board
- leaflets and booklets such as continence, immunisations, support groups, mental health support
- posters such as immunization posters, indigenous health
- certificates such as staff qualifications, practice accreditation
- practice policies and procedures such as sign-in requirements, wearing a mask, fees, requirement to pay up front, prompts to patients or visitors.
- patient records
- scripts
- referrals.

Being bombarded with competing messages can be overwhelming for patients, particularly for those who do not feel comfortable in a healthcare setting. This can add to their stress and compound anxiety they are already feeling. On the other hand, you have a captive audience who may choose to read the material if they are waiting a long time.

In addition to the written material in the practice that patients are exposed to, staff are also dealing with significant volumes of written information, including patient notes, billing information, emails, and letters. Reception staff may be involved in receiving, typing, and sending patient letters between referrers, hospitals, pathology and other third parties.

*Remember that all written communication about a patient is a legal document, and subject to privacy law.*

If you are unsure about the legal requirements of patient information, ask your manager. We look at privacy laws in Module 3.

### Taking messages

Receptionists will take the bulk of the messages for the practice, and it is a skill to listen carefully and accurately convey the message. In a healthcare practice, it is vital that messages are not mislaid because they must be actioned—the practice has a legal duty of care. To take a message effectively, be sure to include the five important pieces of information as shown in the following diagram.

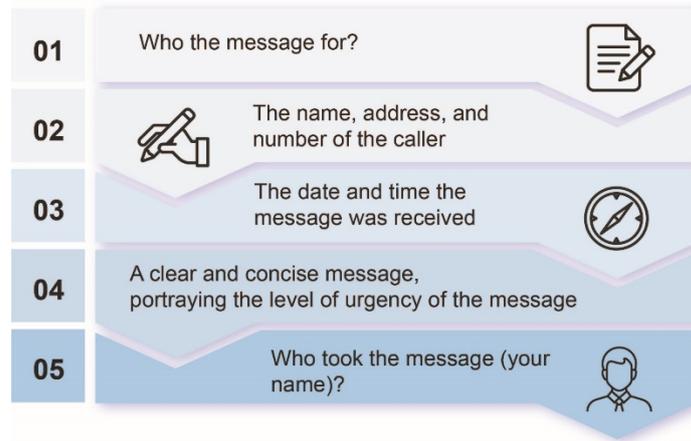


Figure 17: Take a message effectively

The front desk staff have a very important and clear role in the successful running of a healthcare practice, and Lesson 2 explores how communication helps a medical receptionist perform their job effectively to support the practice.

All pieces of paper with patient information on them should be disposed of in a secure manner like shredding and not left lying on desks or shelves.

## Summary

Medical receptionists must have excellent verbal and written communication skills. Because effective communication is a skill, it can be developed, and this Lesson provides practice strategies to be an effective communicator with patients and colleagues within a healthcare practice. General communication tips such as building rapport, asking questions, active listening and receptive body language are discussed, as well as healthcare specific communication requirements, including privacy and confidentiality legislation and requirements.

## Lesson 2: The role of Medical Receptionists



The role of the Medical Receptionist is one of the most important in the practice. The front desk is the first and last touchpoint between the practice and its customers including patients, doctors, allied health, nurses and other staff, and external customers such as pathology, imaging, hospitals, Primary Health Networks (PHN's), Medicare and others. The person providing front desk interaction has a responsibility to reflect, reinforce and reiterate the practices core brand and strategy. The receptionist is the face and voice of the practice and is essential in building loyalty with your patients, therefore building the practice as a business. You can turn a difficult situation around in that final interaction with the patient. You will leave a lasting impression.

## 2.1 Medical Receptionist role

As the face of the practice, it is vital you always portray the culture of the practice. Here are some strategies to ensure you are making the practice a warm and welcoming environment.

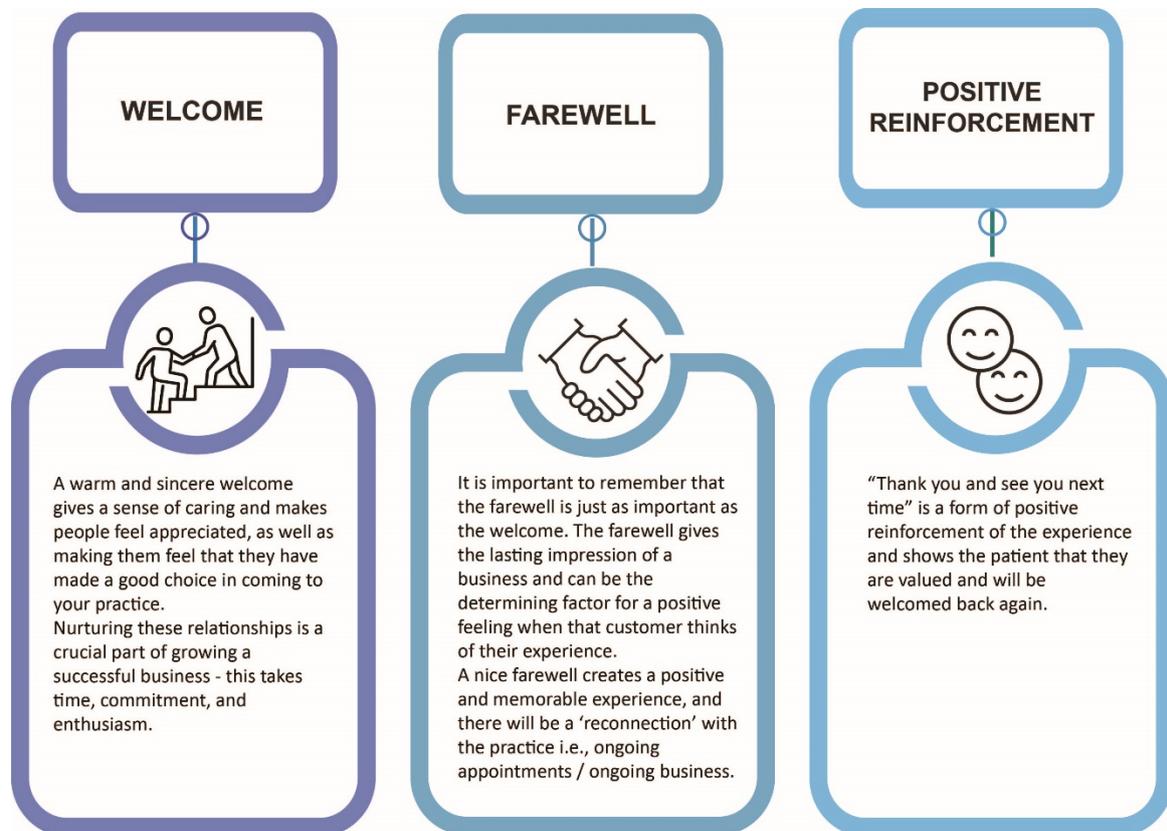


Figure 18: Creating a warm and welcoming environment

### First impressions count

When we meet someone new, a first impression is formed very quickly. This is true for patients when they form their first impression of the practice, and it is likely a medical receptionist is the first point of contact. This is why the medical receptionist can be considered the 'face of the practice' and can make or break a patient's relationship with the practice.

When someone is first in contact with you or the practice, they will be judging you primarily based on how warm you are, and how trustworthy you seem. The patient will subconsciously be judging you on your intentions towards them and also how competent you appear. For example, they may be considering "Does this person care about me?" and "Can this person do what they say they will do?"

When we meet people for the first time, we make quick decisions about them based on their:

- eye contact
- appearance
- handshake (or elbow bump!), and most importantly
- verbal and nonverbal cues.

Showing positive emotions like joy and happiness can make a good first impression. These emotions are easily expressed through tone of voice and both verbal and non-verbal communication. First impressions can make or break a business, and a positive experience can create long-lasting relationships. Making a good first impression is particularly important when it comes to meeting customers. In the healthcare space, these ‘customers’ or patients may be unwell or caring for an unwell person and/or feel anxious. Therefore, these people are vulnerable and potentially have heightened sensitivity.

To demonstrate your trustworthiness and warmth, it is important to spend time getting to know the person, using small talk, and asking questions to elicit their interests. Listen as the first step, letting the person speak first, which you can prompt by asking an open-ended question. To demonstrate your competence, speak with confidence and authority and importantly, do what you say you will do.

Changing negative first impressions is difficult. Once a first impression is formed, people are less likely to change their mind. While it is important to make a good first impression, your last impression is more long lasting. It is even more difficult to change a last impression, as it is a “lasting” impression.

## 2.2 Telephone communication

Using the telephone competently and courteously is essential to customer satisfaction. The practice is a business, and it is important that telephone communication is effective, polite, and positive for patients. Poor telephone etiquette can have a disastrous effect on your relationships and customer service. Think about this section in addition to the learning from verbal communication in Lesson 1.

There are key components to effective telephone communication, such as:

5. **Preparation.** Do you have a script as to how to answer the telephone, and for common scenarios that occur on the phone? Read, understand and role play what you should do and say if someone is aggressive, or wants to submit a complaint.
6. **Introduction.** Greet the person with genuine warmth. Locate the caller to place so they know they have connected with whom they intended to, for example “Welcome to Valley Health, you are speaking to Tanya. How can I help you today?”
7. **Build rapport.** Most callers want to speak with a person not a machine. Be yourself and keep it friendly, small talk goes a long way in building rapport.
8. **Speak clearly.** Making yourself understood is a key principle of effective telephone communication. This is more challenging when wearing a mask as voices are muffled, and people who are hearing impaired find this even more challenging.
9. **Tone of voice.** A friendly but authoritative manner works well. Develop your own phone personality and vary your vocal pitch.
10. **Keep it positive.** Avoid using negative words and phrases on the telephone such as: that is not possible, forget it, why didn't you..., I don't know, or it is against policy. Keep bureaucratic phrases and jargon out of the customer service conversation. Be careful not to create false expectations - don't say “I won't be long” if there is a chance you might be!
11. **Listen.** Listening to your patient is more important than speaking.

12. **Putting callers on-hold.** It may be an emergency! Ask if it is ok rather than cutting them off. When you return to the call, thank them for holding. If all else fails and you cannot address the call in a timely manner, then offering to call the customer back demonstrates courtesy and a willingness to help.
13. **Transferring calls.** One thing that kills a customer relationship is being passed around from pillar to post - or worse still, getting lost inside a virtual switchboard. Ensure you know how your telephone system works and always get the callers details before you transfer them, so you can call them back if need be. Your Practice will have a policy and procedure related to transferring calls, and it is important to understand and follow the policy.
14. **Dealing with difficult calls.** Try to think why the caller is acting the way they are and do not take what people say to you as a personal insult. Do not lose your temper and keep your attention on the facts. Try to get the person's agreement as a way forward to resolving the call. If needed, put the person on hold and seek support or just breathe! There is more information on dealing with aggression in Section 3.
15. **Closing the call.** Make sure you give assurance that any promises you have made will be fulfilled. Thank the caller and let them know their business is appreciated. Your ultimate aim should be that the caller remembers their experience in a positive way.

## 2.3 Email

### Internal email and messaging systems

In contemporary workplaces, we receive a huge number of emails and internal messages each day. Due to the sheer volume of messages, we are reading and writing, we may be more prone to making errors and those mistakes can have serious professional consequences. Have you ever accidentally selected to 'reply all' or forwarded an email to the wrong person when you didn't mean to? In a workplace environment, mistakes such as these can be problematic. It is so important to check and double check your emails/messages before sending, as the written evidence is there once you press 'send'.

In terms of communicating important information via email or messaging systems, people often decide whether to open an email based on the subject line and may only scan the first paragraph to decide if the information is relevant to them. Here are some tips on how to use email professionally:

- Do not use laid-back, colloquial expressions like "Hey you guys," or "Hi folks".
- Exclamation points can seriously affect the intent of an email from routine to urgent and can also appear too emotional or immature.
- Humour can easily get lost in translation without the right tone or facial expressions. In a professional exchange, it is better to leave humour out of emails unless you know the recipient well. Also, something that you think is funny might not be funny to someone else, and they now have written evidence of your joke that may be interpreted as offensive by some people.
- Know that people from different cultures may speak and write differently.
- Miscommunication can easily occur without the benefit of body language.

- Adding the email address last will hopefully mean that nothing gets sent in error.

## External email

In composing emails to patients:

- Understand and always comply with the practice policy that outlines processes to avoid data and/or confidentiality breaches. The practice will have clear access and responsibilities described, and it is important to know which emails you are allowed to send. Consider whether the patient has provided consent to communicate with them via email. Sending the wrong patient information in the wrong way breaches privacy law and risks the Practices reputation. Be careful!
- Assess the risk - consider appropriate means of communication depending on the urgency, sensitivity, and risk in each case. If in doubt, ask your manager.
- If you publish an email address on your website, make sure you communicate clearly how it is monitored and what to do in case of an emergency.

*Secure messaging is always best, but not always possible.*

## 2.4 Documentation

In a healthcare environment, documentation is very, very important. This includes clinical and administrative documentation, both of which are legal documents. There are practice policies and procedures to comply with, as well as Australian legislation. This is explored further in Module 3.

Administratively, it is vital that the correct patient is identified, and that their personal information such as their Medicare card details, and emergency contacts are up to date in the system. The practice relies on correct billing information to receive its income, while also being careful to avoid fraud.

Access to clinical information is only provided to those who require it and whose access is listed, as this contains confidential patient information. Be aware of the legal requirements and practice policy around confidentiality and privacy.

Imagine you are working at a practice and your friend's teenage daughter comes in to see the doctor. You are intrigued as they don't seem sick, and you know your friend has been worried about her daughter 'going off the rails'. When you go into the doctor's office later, the teenager's notes have been left open on the screen accidentally. What do you do?

Although it is tempting to have a look at the notes, this is in breach of the Privacy Act and practice policies and procedures as well as the access that is recorded in your position description.

It is so important that you remember the legal requirements and implications of everything we do in our daily routine.

*Compliance with privacy legislation, policy and procedures is covered in Module 3. It is important to understand the risks to both you personally and the practice if this compliance is breached.*

## 2.5 Patient three-point identifier

There are standards in the healthcare system that act as 'rules' to protect patients from confusion in a large and sometimes bureaucratic system. There are examples where the wrong leg has been amputated, or the wrong patient notes opened. Your practice may have two (or more) patients with the same name or at least surname, and it is easy to book in the wrong patient. Using three points of identification when the patient arrives ensures the correct medical file is brought up, and therefore the patient receives the right treatment. This is a requirement for general practice accreditation.

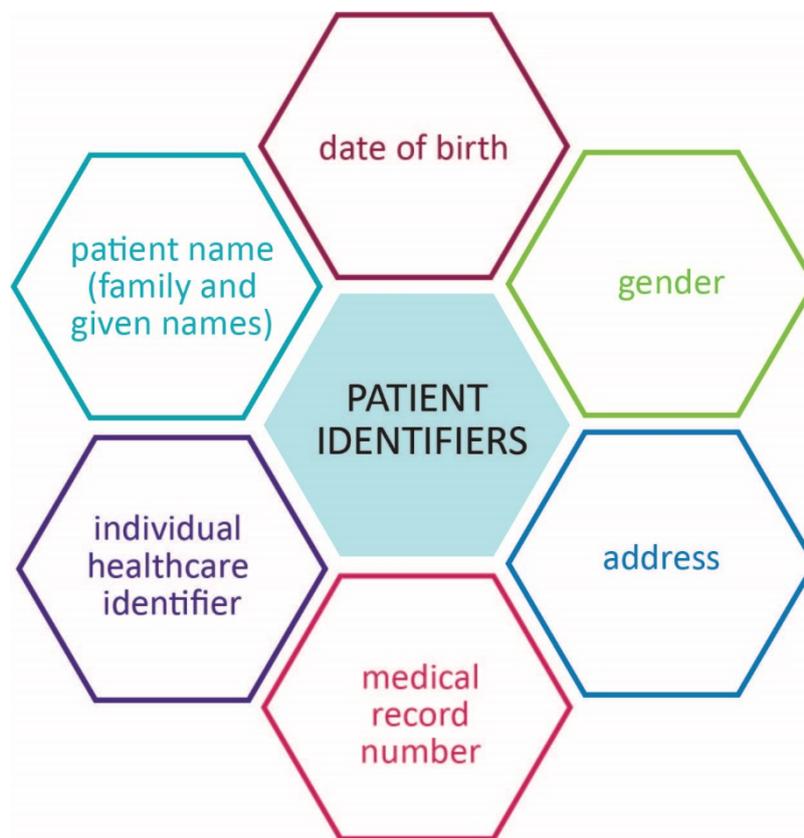


Figure 19: Approved patient identifiers

Health service organisations and clinicians are responsible for specifying the approved items for patient identification.

## 2.6 Communication in the workplace

A work team is a dynamic, constantly changing, and interesting group. The cohesion levels will fluctuate over time, with the ebbs and flows of stress, staff changes, and leadership. Your role is to ensure you maintain the principles of effective communication (respectful, polite, professional, maintaining privacy and confidentiality) within your work team, even when it is difficult.

To communicate effectively in your workplace, you need to have skills to be able to:

- Convey messages concisely and clearly
- Encourage reluctant team members to contribute to the team. Ask questions, give them time to consider and respond, engage with their responses.

- Stay objective and not be emotionally invested in work situations. You need to be able to explain a difficult situation while controlling emotion such as anger. It is important to state your needs, wants, or feelings without criticizing or blaming, and be open to others point of view on the situation.
- Verbalise that you need assistance, and what assistance you need
- Paraphrase to show understanding and that you have active listening skills. Refrain from interrupting someone who is speaking but do ask clarifying questions.
- Ask probing questions to elicit more detail about specific issues. If you don't understand an instruction, it is easier to clarify up front rather than do the task incorrectly and then redo it. In a new role, it is not unusual for it to take some time to understand your new manager and colleagues, including their communication style. If unsure, clarify! You can use words such as 'I want to be clear I understand what you are asking me to do, is it .....
- Request feedback and try to receive criticism without defensiveness. Consider the feedback as an opportunity to improve and build your skills. No one is expected to know everything and demonstrating to your manager that you are keen to learn from mistakes is a great way to prove yourself worthy of a promotion.
- Be positive and smile, especially when wearing a mask, as the smile will come through in your eyes and tone of voice.

Using steps to implement effective communication is easier said than done. As effective communication is a skill, it can be learned and requires practice to develop. This Module provides you with tips to practice, but to develop skills you need to have awareness of what you need to do, and then *practice* until you become proficient.



#### Activity 4: Written task – developing communication

Developing your communication skills will not only assist you in your current role but will also contribute to your development ready for a promotion.

To develop your communication skills, you need to practice. It can be effective to ask your manager to allow you to practice your skills in a particular area, for example can you take minutes at staff meetings, receiving feedback from your manager? Once you have developed this skill, see if you can create agendas and even chair meetings with your manager's support and feedback.

To help hold yourself to account, write down three ideas of how you can practice your communication skills in the practice environment.



End of activity

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## Summary

Medical receptionists have a key role in effective communication within a healthcare practice and set the tone of the relationship between the customer–patient and their family/carer, and the practice. Effective communication is a skill that can be enhanced and built on over time and can be considered lifelong learning.

The first impression of the healthcare practice is likely to be with the front desk staff, and it is important to demonstrate warmth and competence to leave a good first impression. Using small talk and asking questions are good tools to build rapport and provide a good first impression.

It is important to understand key legislative requirements regarding privacy and confidentiality in a healthcare practice, which will be covered in more detail in Module 3.

## Lesson 3: Dealing with challenging communication



Challenging behaviours are difficult for everyone involved. Understanding more about “behaviours of concern”, what triggers them and the best techniques to de-escalate behaviours will give you a toolkit to use if you find yourself in a situation that requires it. Some of these concerning behaviours seen in the healthcare environment include verbal or physical aggression, disrespectful communication, shouting and intimidation. Familiarise yourself with the content in this Lesson so that you are prepared and can act more instinctively to de-escalate a situation early.

### 3.1 Behaviour of concern

Most of the patients accessing your healthcare practice will be polite, respectful, and courteous in their communication with you and other staff members. However, it is possible you will come across someone demonstrating aggression, anger, and/or inappropriate behaviour at some point in your career. This situation is confronting and stressful, activating your flight, fight or freeze response in which your brain reacts with a surge of adrenaline, and you may say or do something unintended.

It is useful to plan for scenarios where you or a team member are on the receiving end of aggression or violence and think carefully about how you will react so that your brain is less likely to respond primitively and more likely to respond rationally. Role playing with your colleagues can be useful to practice the most likely scenarios you will encounter.

As the front desk staff, managing behaviours of concern including aggression may be part of the job but it is not acceptable for staff to be hurt or placed under undue stress. Employers have a duty of care to do all things possible to prevent or minimise any harm that may occur because of behaviours of concern. This includes providing a means of communication for emergencies, an emergency response system, and procedures. Workers must follow reasonable instructions in managing behaviours of concern and protect the safety and health of themselves and others.



**A behaviour of concern** is any challenging behaviour which causes stress, worry, risk of or actual harm to the person or those around them.

The term 'behaviour of concern' generally replaces the term 'challenging behaviour' and is often used in the context of impairments (for example dementia or disability) or trauma creating a behaviour that is problematic in the healthcare practice.

A potential behaviour of concern in a healthcare practice is patient aggression and violence, which can be targeted at the medical receptionist. This includes a wide spectrum of behaviours and actions, including:

- verbal aggression such as yelling or swearing at someone
- intimidation and threats, which can be verbal or physical such as threatening/aggressive body language like standing over someone, clenched fists and gritted teeth while shouting at someone.
- abusive letters, phone calls or emails
- destruction of property or possessions, including throwing chairs or furniture, sweeping items off a table in anger
- online trolling, for example leaving poor or deliberately inaccurate reviews on internet sites that you cannot control
- assault or armed assault
- forcible confinement or false imprisonment, including blocking the exit so the staff member cannot leave
- acts of indecency
- sexual assault
- stalking or loitering.

We will now look at why some behaviours of concern occur, and strategies to identify and de-escalate these behaviours early.

## 3.2 People with complex needs

People with complex needs may have unmet needs and often find it difficult to express them. Unexpressed needs can result in a person being perceived as having challenging behaviour. People can then find themselves being labelled as unmotivated, antisocial, offensive, treatment resistant, having a borderline personality disorder, or being aggressive or passive aggressive.

Sometimes people who have a disability—including an ‘invisible’ disability, have behaviours of concern and you won’t know this until the behaviour presents. In addition, there are people who will visit your practice who do not have a defined impairment, but due to their history and the stress and anxiety they are experiencing, may react aggressively.

## 3.3 De-escalation techniques

### Early De-escalation

Any situation or feeling can act as a trigger for aggression or other challenging behaviour. Mostly of the time, behaviours of concern are predictable and can be avoided if you know how to identify the early signs. By identifying early signs of aggression and employing evidence-based de-escalation techniques, many episodes are de-escalated successfully. By now, you won’t be surprised to hear that Medical Receptionists are vital in the success or failure of early identification and de-escalation. A good receptionist will absolutely save the day!

*De-escalation is appropriate if you are not in immediate danger. If you are in immediate danger, activate the practice’s emergency response plan.*

The following guide to de-escalate aggressive patients<sup>11</sup> is provided in the table below.

Table 2: de-escalation techniques

Guide to de-escalating aggression	
Respectful communication	Some patients may not understand the system and feel powerless. Demonstrating empathy and understanding and explaining in a respectful manner (not speaking down to them) can make a big difference.
Keeping calm	Appearing calm and remaining respectful, controlled, and confident

<sup>11</sup> Royal Australian College of General Practitioners (RACGP), n.d. *Preventing and managing patient aggression and violence. A brief guide for general practices following tips*, URL: <https://www.racgp.org.au/FSDEDEV/media/documents/Running%20a%20practice/Practice%20management/Preventing-and-managing-patient-aggression-and-violence.pdf> Retrieved 18 September 2021

Guide to de-escalating aggression	
Using reflective questioning	Demonstrate that you are listening by confirming the message is right (e.g., 'You need to see a GP as soon as possible, is that correct?')
Being clear and direct in your language	Clearly and simply explaining your intentions – complex questions or concepts may increase anxiety
Monitoring your body language	Avoiding acts like crossing your arms and intense eye contact – these can be perceived as threatening
Offer assurance	Assuring the patient your actions are in their best interest
Engaging the patient	By asking questions that are likely to elicit a 'yes'. The most effective way is to briefly summarise the patient's perceptions and views as you understand them, with questions at the end such as 'Have I got that right?' or 'Is that what you mean?' A sequence of five or six questions where the patient is answering 'yes' is a powerful way to increase the likelihood that an aggressive patient will see you as being on their side, even if they remain angry about the issue
Maintaining a solution focus	Ask the patient to solve the problem they are concerned about by identifying as many solutions as they can think of to address the problem. Repeat these back to them rather than arguing about the pros and cons of each option. This may lead to compromise between parties and avoid a 'black and white' or 'us and them' situation.

### 3.4 Emergency response

If early de-escalation is unsuccessful, it is important to activate the practice emergency response policy. To activate the policy, you must know it. Remember, in the moment your brain will not be thinking clearly and calmly, so it is very important to make your responses as automatic as you can, by really learning and practicing the roles. Some likely actions from the practice policy include using an installed duress alarm, understanding what happens once the alarm is pressed, retreating to a safe location, ensuring other staff and patients in the practice are safe, alerting other people on site to the risk and that the practice policy has been activated, and calling 000 to request police assistance.

### Activity 5: Scenarios- Rehearse team responses

To ensure you and your team know their roles and responsibilities during an episode of a behaviour of concern, ask your team to brainstorm and role play the following typical scenarios in a healthcare practice:

- Scenario 1: You are the medical receptionist, and a patient is shouting at you on the phone as they are angry, they can't get a COVID vaccine soon enough. They are a registered but infrequent patient of your Practice.
- Scenario 2: Mr Jones is a long-time patient of your practice. Now in his 80's, he has dementia and becomes agitated if he is required to wait for any length of time for the doctor. The doctor is running late unexpectedly, and Mr Jones is beginning to pace around the waiting room.
- Scenario 3: a child with autism is waiting for their 4-year-old health check. The unfamiliar clinical environment is escalating their behaviours of concern.
- Scenario 4: a mother is waiting longer than expected with her newborn and toddler, as the doctor is running late. She is clearly stressed and looks to be on the verge of tears.

End of activity

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### 3.5 Follow Up

If an incident does occur in your practice, it is important that the team is debriefed appropriately. If you are involved in an incident, either directly or on the periphery, don't underestimate the long-term effects it may have on you. It is very important that you debrief appropriately and receive ongoing support if needed.

Additionally, the practice should have a process to report any incidences, and to actively investigate why an incidence occurred and what can be changed to prevent it from happening again. This process will be led by the practice manager or your team leader. As a medical receptionist, it is important to follow the delegated lines of reporting detailed in the practice policies.

### Summary

This Lesson has explored challenging communication in terms of behaviours of concern including aggression and/or violence. A good understanding of early signs of aggression and the implementation of de-escalation techniques is a vital skill for medical receptionists, as well as knowing when and how to implement the practice emergency procedures and policy. Role playing various scenarios is useful to ensure everyone in the team knows their expected role and response to each scenario.

Ideally, using effective communication techniques such as empathy, active listening, and building rapport will prevent situations from escalating. It is important to consistently demonstrate the principles of communication in a healthcare practice including being respectful, polite, professional, and maintaining privacy and confidentiality at all times.

## Lesson 4: Diversity and cultural safety



Communication with people from diverse backgrounds adds another level of complexity in a healthcare practice. This Lesson introduces concepts to communicate effectively with people from diverse backgrounds. It is important to understand why cultural competence helps to provide a culturally safe healthcare practice, ultimately improving the health outcomes for people from diverse and disadvantaged backgrounds.

Health literacy is a tool for improving health outcomes for patients and their families, and some strategies are provided for medical receptionists to help patients improve their health literacy.

## 4.1 Diversity in a healthcare practice

Diversity in the workplace means that the healthcare practice employs individuals with a variety of different characteristics. Different characteristics could be people of varying:

- race
- ethnicity
- religion
- age
- gender
- sexual orientation
- abilities and disabilities
- political beliefs
- education
- socioeconomic background
- geographical location
- language
- culture.

There are plenty of benefits to diversity in the workplace, including a variety of perspectives, skills, and experiences. This leads to greater creativity and better decision-making in the business. Having people with a variety of characteristics in your workplace creates a more accepting healthcare practice culture. In turn, patients with diverse backgrounds will feel more comfortable accessing healthcare at the practice, which improves their health outcomes.

The next sections introduce the concepts of cultural safety, implicit bias, and health literacy. These concepts are important to understand to ensure you are contributing to a culturally safe healthcare environment for both staff and patients.

## 4.2 Cultural safety

Communication with people from diverse backgrounds can add a level of complexity to effective communication, particularly if there are language barriers to overcome. Additionally, emotional expression varies significantly across different cultures, and if you don't understand these emotions when communicating with someone from a different culture, it can be a communication minefield.

However, effective communication with people who are from different groups to yourself – including cultural groups, gender, identity, mental illness, disability, pregnancy – is critical in providing a culturally safe healthcare practice. This includes understanding someone's culture or what can be called 'cultural competency', which involves a person having the attitude, knowledge and skills that are needed to function respectfully and effectively to work with and treat people of different cultural backgrounds.

Examples of understanding someone's culture and providing culturally appropriate healthcare may be someone requesting a female doctor, bringing multiple family members to appointments, requiring

an interpreter, or requiring transport and assistance from an Aboriginal Health Worker to attend their appointment.

Cultural safety focuses on the patient experience to define and improve the quality of care. In a culturally safe environment, the patient will feel safe, connected to culture, and their identity will be respected. When they feel safe and respected, they will build relationships with the practice team including medical receptionists and will have improved access to healthcare. This in turn provides better health outcomes for disadvantaged groups.

*Cultural safety can only be defined by those receiving the care.*

Respect is at the heart of cultural competence and therefore cultural safety. Patients who feel their healthcare provider and the practice staff respect their beliefs, customs, values, language, and traditions are more likely to communicate freely and honestly, which can, in turn, reduce disparities in healthcare and improve patient outcomes. The medical receptionist has a role in treating everyone as an individual, being respectful and curious about their background and experiences, and applying the same communication strategies outlined in this Module to people from diverse backgrounds.

To provide a respectful and culturally safe healthcare environment, it is important that all employees in the practice understand bias and how this influences interactions with individuals from diverse backgrounds.

### 4.3 Understanding bias

A key step in understanding and promoting diversity in a healthcare setting is understanding bias. Bias is classified as implicit or explicit.



An **implicit bias** refers to attitudes and beliefs that occur outside of our conscious awareness and control.



An **explicit bias** is one of which we are aware on a conscious level.

In this Module, we focus on implicit bias because once you are aware of a bias, you can take steps to manage it differently. This is the first step towards change. Understanding your implicit bias provides you with the opportunity to reflect on the way you are communicating with people from diverse backgrounds.

#### Implicit Bias

Implicit bias is a natural way for the brain to instantaneously make sense of the huge quantity of information presented to it every moment. Without an internal prioritisation and filing system, we would be overwhelmed with too much information for our brain to process, resulting in the brain not processing information well or even at all. We therefore use stereotypes instantaneously and unconsciously to make sense of, and 'sort', the world.

Unconscious stereotypes – implicit biases, are common. Individuals naturally have an affinity for people who are like themselves. The similar group could be related to ethnicity, age, gender, or identity, and the group will change depending on the situation. Stereotypes naturally exist in society,

and we internalise the stereotypes without really being consciously aware of them. These distorted perceptions can lead to behaviours that can cause discrimination, which in turn impact health outcomes for different groups of people.

It is important to understand your implicit biases so that you can consciously ensure your communication, both verbal and nonverbal, is appropriate and respectful to everyone you come across. It can also be useful to understand your practice's policy if you are faced with a patient who is demonstrating bias by requesting a particular health practitioner, for example a doctor of a particular ethnicity.

## 4.4 Health literacy

For a healthcare practice to be culturally safe, it must also be accessible to people from disadvantaged and diverse groups. A key component of improving access to healthcare is to improve the health literacy of target groups.



**Health literacy:** the capacity to obtain, process and understand basic health information and services in order to make informed and appropriate health decisions.<sup>12</sup>

The definition above, should not be interpreted as a problem of the patient or consumer. Health systems tend to be complicated to navigate, and like a foreign language to those not used to the setting or health terminology. Your role as a medical receptionist includes assisting patients in navigating the system, for example understanding Medicare and/or billing options, what the gap payment will be and why, avoiding the use of abbreviations and medical jargon and using plain language. Encourage people to ask questions if they don't understand why something is occurring and be careful not to make them feel 'uneducated' for not understanding a part of the system.

The reason health literacy is so important is due to the strong link between health literacy and health status.

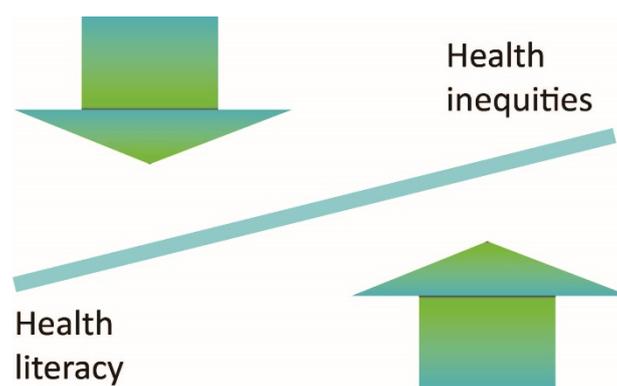


Figure 20: Relationship between health inequities and health literacy

To successfully navigate the healthcare system and advocate for themselves and their families, consumers need to build their health and 'system' knowledge. By building their health literacy, consumers become more independent and less reliant on health professionals to access information and resources.

<sup>12</sup> Ministry of Health, 2015. *Health literacy*, URL: <https://www.health.govt.nz/our-work/making-services-better-users/health-literacy>  
Retrieved 15 October 2021

## Summary

People from diverse backgrounds contribute different perspectives, ideas and solutions, and it is important to treat everyone with respect. Each person you encounter has a story and experiences you may not know or understand. Be curious and use communication techniques to build rapport over time. Explore your own implicit bias, as this is an important step in bringing biases to your consciousness. Everyone in the healthcare practice has a role in providing a culturally safe environment where staff and patients feel accepted and safe.

## Conclusion

As a Medical Receptionist, you have a broad and busy role. It is vitally important that you use your strong communication skills to support the brand and reputation of the practice, and to comply with legal requirements around privacy and confidentiality. The front desk staff are the first and last contact point for patients, and often have the power to turn around a patient's experience into something positive.

This Module provided specific strategies for effective communication, including the importance of consistently demonstrating the key principles of communication of being respectful, polite, professional, and maintaining privacy and confidentiality. These principles apply regardless of who you are talking to within your work role, and to all types of communication (verbal, non-verbal, written). Communication is a skill that can be developed, and as such it is useful to practice skills such as active listening, building rapport, writing emails, and taking minutes. This is a good way to work towards a promotion.

An uncomfortable part of communication in a healthcare practice can be managing behaviours of concern, such as patient aggression and/or violence. Understanding that aggression usually has early warning signs enables you to identify the warning signs and de-escalate a situation. It is, however, important to understand the practice policy and enact emergency procedures if needed.

Diversity in the workplace and amongst patients adds value to a healthcare practice and working with the practice team to build a practice of cultural safety is important. One aspect of cultural safety is effective communication with people from diverse backgrounds, such as non-English speaking and / or people with poor health literacy. Providing a culturally safe practice improves access for disadvantaged groups of the population, and therefore improves their health outcomes.

## Module 3: Understanding risk and compliance

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.<sup>13</sup>*

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.

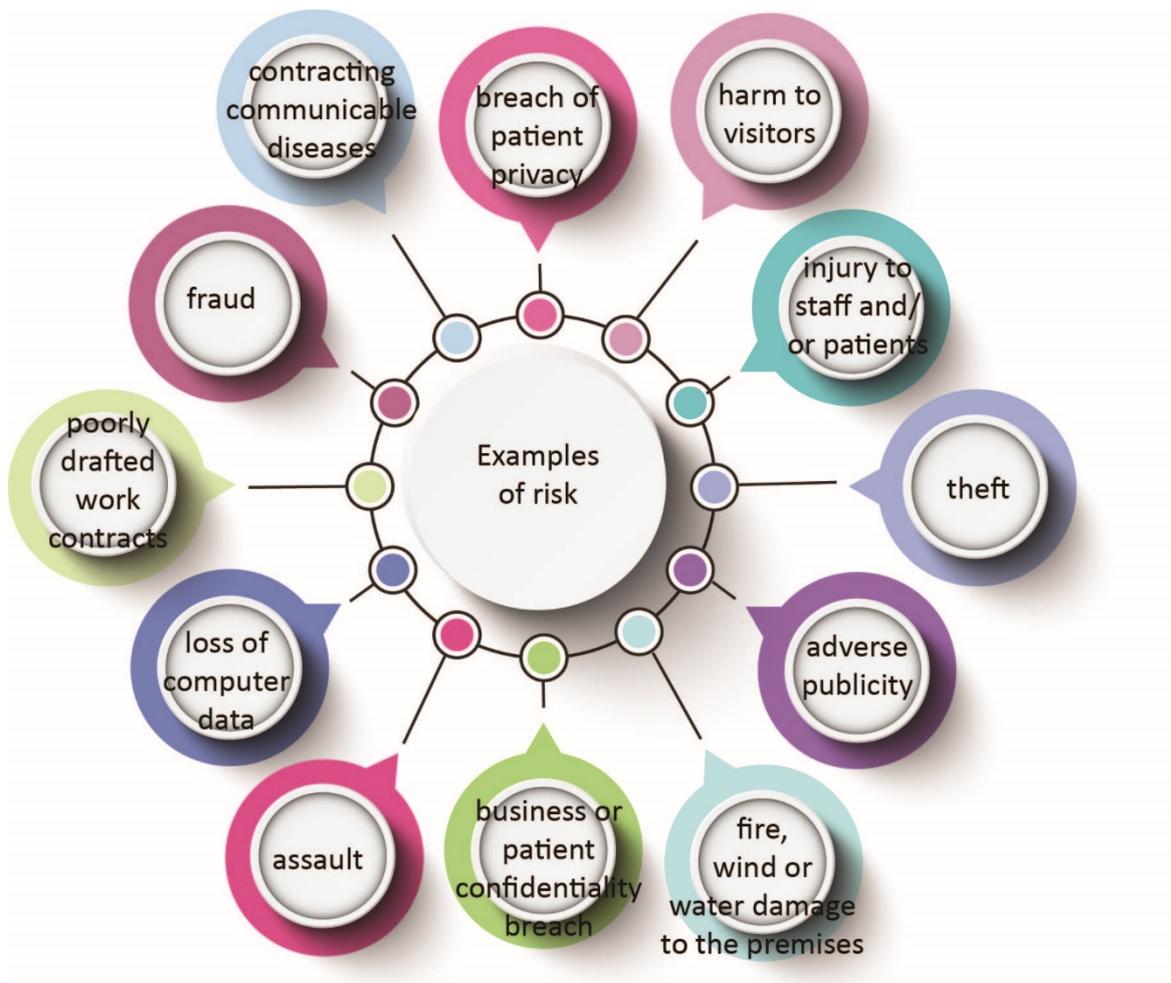


Figure 21: Examples of risk

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

<sup>13</sup> 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.

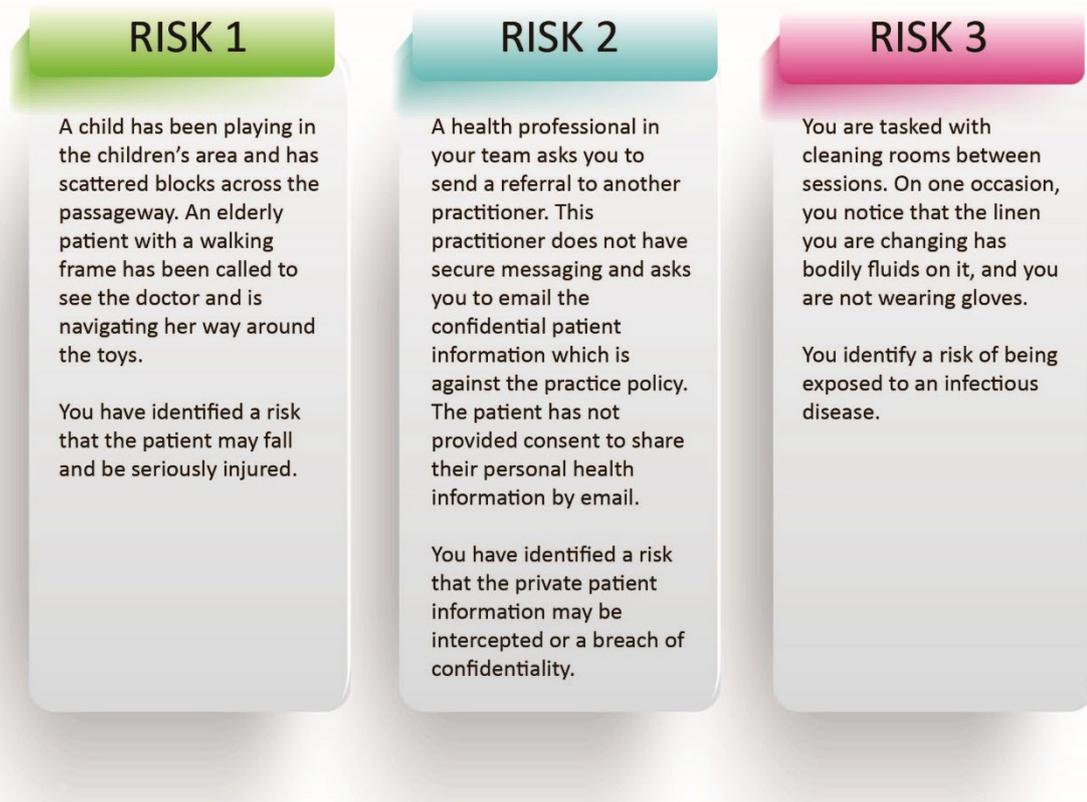


Figure 22: Three risk examples

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 Guidelines<sup>14</sup>. 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

<sup>14</sup> 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

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*<sup>15</sup>. 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 2: 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*<sup>16</sup> 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.

<sup>15</sup> 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

<sup>16</sup> 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

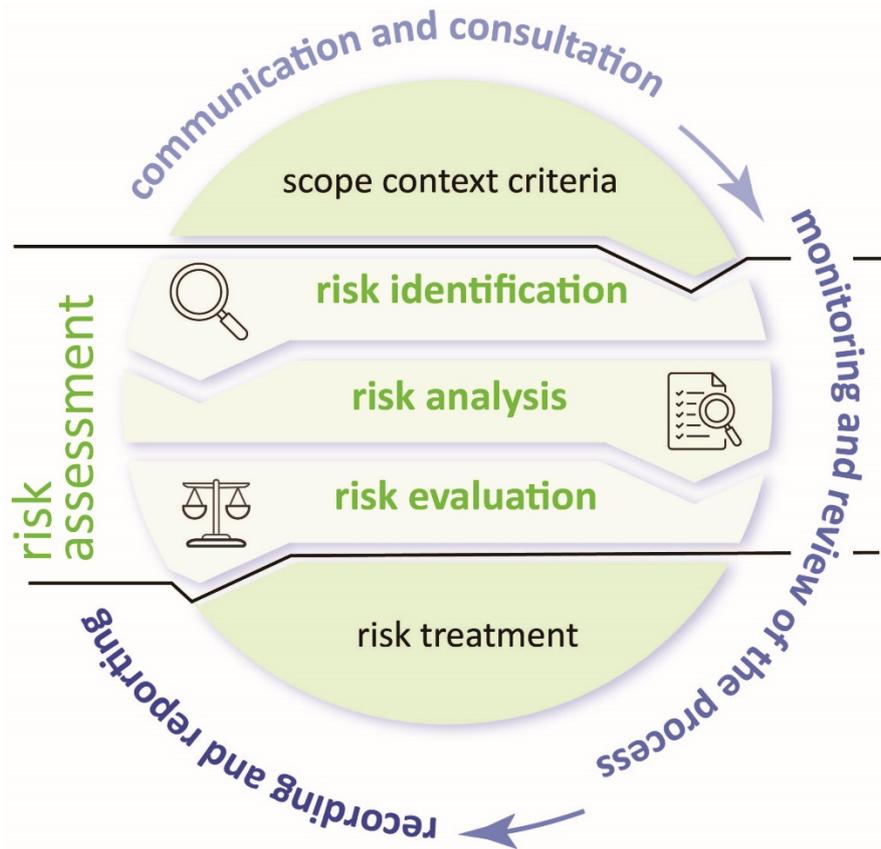


Figure 23: ISO Risk management process<sup>17</sup>

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.

<sup>17</sup> 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 3: 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 4: 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 5: 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 24: 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 25: 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 26: 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 27: 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)

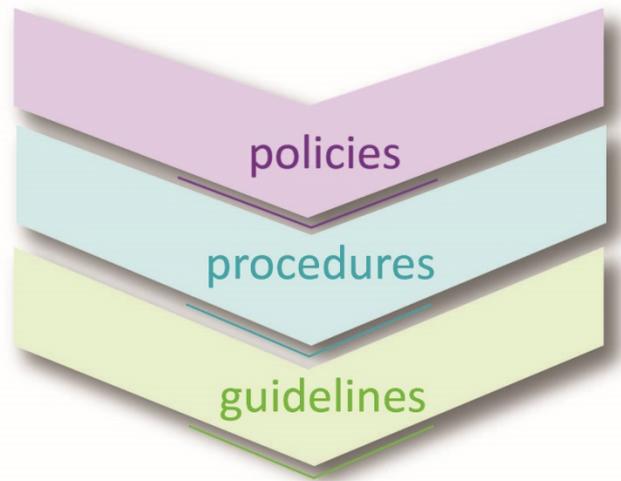
The body that manages and controls the development and release of all Standards in Australia is Standards Australia, although some Standards are international, such as the ISO 31000:2018 Risk Management Guidelines.

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 28: 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 6: 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"> <li>• the collection, use and disclosure of personal information</li> <li>• an organisation or agency’s governance and accountability</li> <li>• integrity and correction of personal information</li> <li>• the rights of individuals to access their personal information</li> </ul> <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="403 1290 1305 2002"> <thead> <tr> <th>Principle</th> <th>Title</th> </tr> </thead> <tbody> <tr> <td><a href="#">APP 1</a></td> <td>Open and transparent management of personal information</td> </tr> <tr> <td><a href="#">APP 2</a></td> <td>Anonymity and pseudonymity</td> </tr> <tr> <td><a href="#">APP 3</a></td> <td>Collection of solicited personal information</td> </tr> <tr> <td><a href="#">APP 4</a></td> <td>Dealing with unsolicited personal information</td> </tr> <tr> <td><a href="#">APP 5</a></td> <td>Notification of the collection of personal information</td> </tr> <tr> <td><a href="#">APP 6</a></td> <td>Use or disclosure of personal information</td> </tr> <tr> <td><a href="#">APP 7</a></td> <td>Direct marketing</td> </tr> <tr> <td><a href="#">APP 8</a></td> <td>Cross-border disclosure of personal information</td> </tr> <tr> <td><a href="#">APP 9</a></td> <td>Adoption, use or disclosure of government related identifiers</td> </tr> <tr> <td><a href="#">APP 10</a></td> <td>Quality of personal information</td> </tr> <tr> <td><a href="#">APP 11</a></td> <td>Security of personal information</td> </tr> <tr> <td><a href="#">APP 12</a></td> <td>Access to personal information</td> </tr> </tbody> </table>	Principle	Title	<a href="#">APP 1</a>	Open and transparent management of personal information	<a href="#">APP 2</a>	Anonymity and pseudonymity	<a href="#">APP 3</a>	Collection of solicited personal information	<a href="#">APP 4</a>	Dealing with unsolicited personal information	<a href="#">APP 5</a>	Notification of the collection of personal information	<a href="#">APP 6</a>	Use or disclosure of personal information	<a href="#">APP 7</a>	Direct marketing	<a href="#">APP 8</a>	Cross-border disclosure of personal information	<a href="#">APP 9</a>	Adoption, use or disclosure of government related identifiers	<a href="#">APP 10</a>	Quality of personal information	<a href="#">APP 11</a>	Security of personal information	<a href="#">APP 12</a>	Access to personal information
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	<b>APP 13</b> 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"> <li>• Provide a complainant with access to an open and responsive complaints-handling process.</li> <li>• Enhance the ability of the organisation to identify trends and eliminate causes of complaints, and improve the organisation’s operations</li> <li>• Help an organisation create a customer-focused approach to resolving complaints and encourage personnel to improve their skills in working with customers.</li> <li>• Provide a basis for continual review and analysis of the complaints-handling process, the resolution of complaints and process improvements made.</li> </ul>
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 29: 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*<sup>18</sup>

## 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.

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<sup>18</sup> 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](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 30: 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*<sup>19</sup>. 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

<sup>19</sup> 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.<sup>20</sup>*

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*

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<sup>20</sup> 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).*<sup>21</sup>

### 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?

<sup>21</sup> 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.

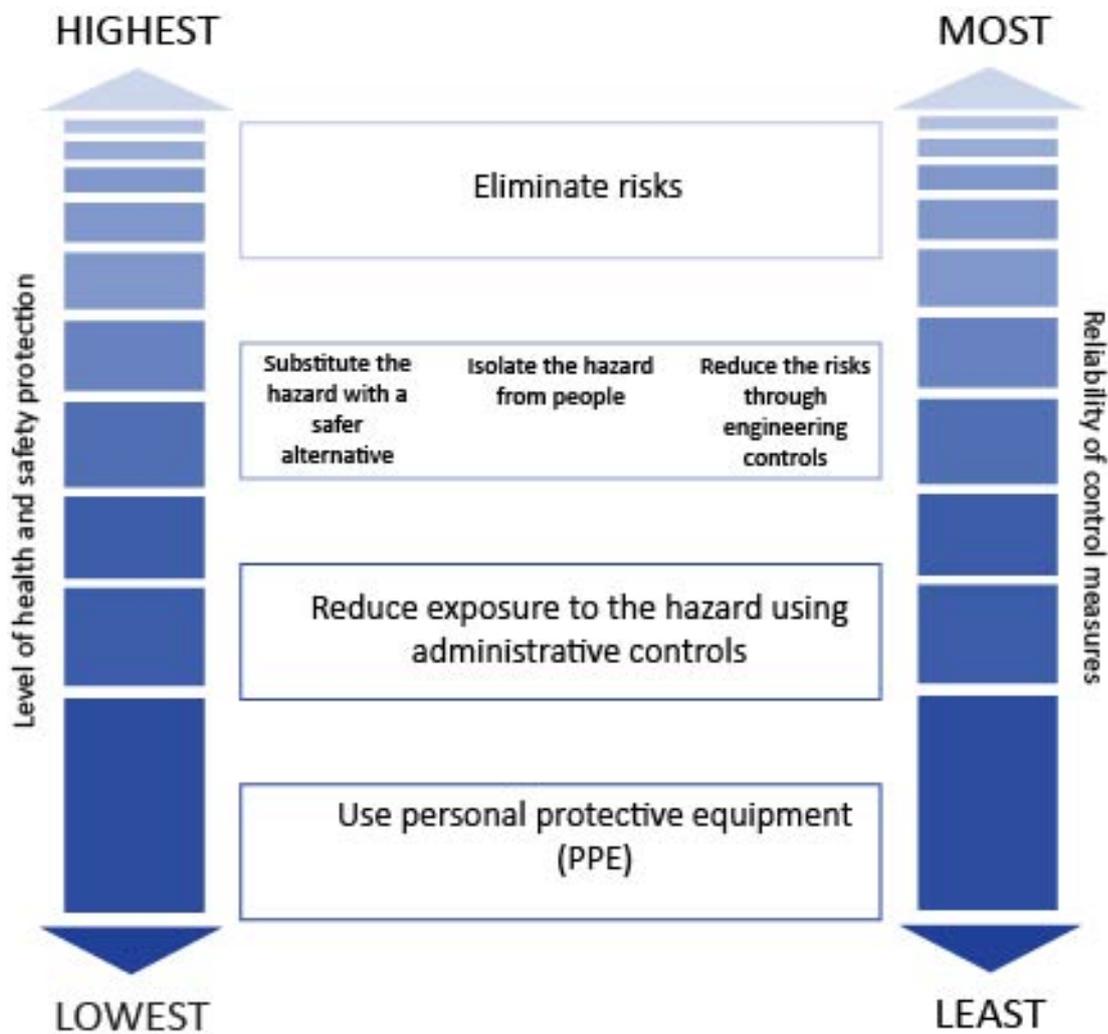


Figure 31: Protection and control measures

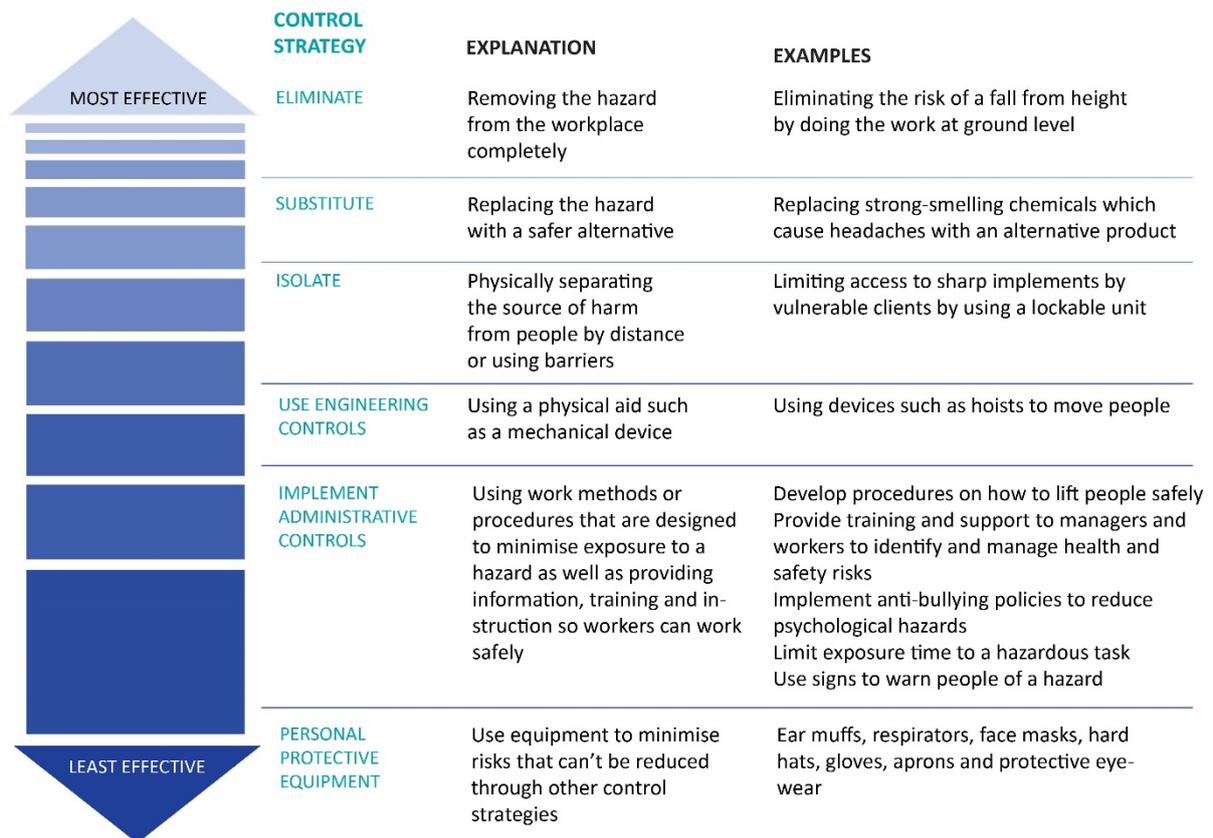


Figure 32: Examples of control strategies in risk management

### 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.