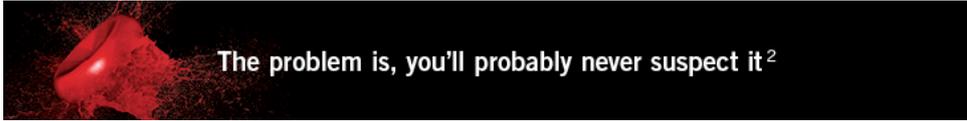


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A corporate's responsibility: how far should it go?

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Last month, Primary Health Care took a **bashing from a tribunal** examining the plight of a GP working at two of the corporate's clinics.

Primary was accused of failing to provide adequate supervision or mentorship for Dr Syeda Tausif to the point where public safety may have been at risk.

Her treatment of numerous patients, mostly with drug dependencies, was poor. She prescribed opioids at unsafe doses.

The concerns were such that the Medical Board of Australia intervened in 2012, banning her from prescribing Schedule 8 and 4 medications.

Then two years later came another complaint: Dr Tausif was ignoring the restrictions by obtaining a signed script from her husband — also a Primary GP — so she could prescribe an antibiotic. She was suspended by the board under its emergency powers.

When the ACT Civil and Administrative Tribunal looked at the case, it decided to examine whether Dr Tausif, who admitted professional misconduct, was the victim of the wider system in which she worked: the Primary system.

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It concluded her "professional problems" were "severely exacerbated by the lack of supervision and mentorship she experienced" at the Primary clinics.

This was not any fault of the lead doctors at those clinics, the tribunal said, but "appears to have been due in large part to failures of the leadership of Primary to engage properly in its governance arrangements with the requisite professional standards required for public protection and safety". Was this fair? Primary says no.

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First, although Dr Tausif trained in Bangladesh, she was not an IMG required to work under supervision. She had passed all her AMC exams. She had unconditional registration.

So Primary has questioned whether there is any legal or regulatory foundation of the tribunal's statement that Primary failed in its duties. The medical board, not Primary, exists to decide if doctors should work under supervision to practise competently.

At the heart of Primary's argument is that it is a service provider; the company doctors contract for administrative support (in return for a cut of the Medicare billings). This arrangement protects the principle underpinning medicine: doctor independence. Doctors can make clinical decisions without meddling by third parties, even if that freedom doesn't extend to billing practices.



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But of course the consequence of this freedom is that if things go wrong, the doctor takes the rap.

The tribunal argued Primary could not simply let GPs get on with it. It said there might be "arguments" that elements of the Primary system could breach the requirement for public protection and safety in section 18 of the **Health Professionals Act**. It specifically referred to the lack of any requirement in Primary's contracts for doctors to "give or receive" supervision or mentorship.

It said Dr Tausif felt that although she could not prescribe Schedule 4 or 8 medications, she had to try to keep working for Primary "otherwise there would be severe financial consequences as a result of her contract with that company". Again the tribunal said this could suggest that Primary's contract contravened the requirement for public protection and safety of the Health Professionals Act.

It is important to stress the tribunal didn't say there was a good argument that Primary had breached the Act. Beyond choosing its words carefully, the tribunal didn't even try to answer the question. It only left the insinuations hanging.

Looking at section 18, it seems to place the duty on health professionals to ensure they are fit to practise. Does it place obligations on corporates too? Primary said the tribunal's statements were without legal foundation.

Many GPs will feel there is a difference between a company's legal and regulatory duties to doctors, and its ethical responsibilities when a doctor's practice is falling to bits.

Before she joined Primary, Dr Tausif worked in a practice where she was supervised, and had her work and patient load vetted.

At Primary, the tribunal said, she received no direct clinical training nor supervision when she started. She saw 30,000 patients over the three years she was there, and it seems she spent much of her time unable to prescribe basic medications because of the medical board's prescribing ban.

It is difficult to understand how this could have worked in terms of good patient care. The tribunal said there was evidence that other doctors at the practices were not even aware of her prescribing restrictions.

Primary told *Australian Doctor* when this story broke that as a "service provider" it had taken significant steps in the past few years to "facilitate the highest quality clinical standards" among GPs.

It said RACGP clinical standards were "understood and disseminated" across the business. It has also made CME-accredited training available via its Primary Health Care Institute.

But this is about the company reinventing itself.

The debate over corporates and their responsibilities to doctors and patient care needs to continue.

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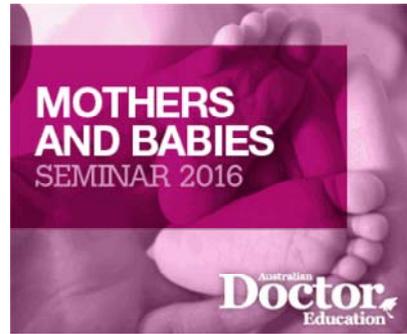


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