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The latest insights from our Health Law team.

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Learn more about Russell Kennedy's expertise in the Health sector [here](#).

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[Victoria deploys SafeScript to reduce drug overdoses](#)

Victoria has rolled out its real time prescription monitoring system - "SafeScript" on 1 April 2019.

The SafeScript program allows doctors and pharmacists to access a central database of prescription records. SafeScript monitors the prescription and dispensing of all controlled (Schedule 8) medicines such as morphine and oxycodones, as well as other high risk medicines including codeine and diazepam, and also connects pharmacy and GP software to streamline workflow.

SafeScript is designed to help doctors and pharmacists make safer decisions when it comes to prescribing and dispensing high-risk prescription medicines, and help identify patients who are developing signs of dependence.

People that can help



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If the system detects that a patient has gone to multiple providers for the same medicines over a short period of time, or they are using a risky combination of medicines that elevates the risk of overdose, it will automatically raise an alert.

From April 2020, it will be mandatory for all medical practitioners and pharmacists in Victoria to access SafeScript before they dispense or prescribe the monitored medicines.

Read more about the roll out of SafeScript [here](#)

NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023

The NSW Government has introduced a five year plan to improve access and quality of care for people of culturally and linguistically diverse backgrounds. With nearly 30% of Australians born overseas and over 20% from non-English speaking countries, NSW Health has recognised that poor language skills, lack of information, isolation and cultural stigmas can contribute to culturally and linguistically diverse Australians being vulnerable to poor health and poor access to health services.

The implementation plan is outcome based. The first outcome is aimed at developing policies around multicultural health and the second outcome is aimed at connecting multicultural health services. The third outcome is focused on the development of champions of cultural awareness within institutions to, ultimately, increase staff cultural responsiveness and understanding. The fourth outcome is focused on the collection of data to inform the design and implementation of the plan moving forward.

For more information on the plan, please see [here](#).

GSK-Pfizer healthcare deal wins approval from ACCC

GlaxoSmithKline (GSK) and Pfizer Inc are proposing a new global joint venture for their consumer healthcare business dealing in over-the-counter (OTC) pharmaceuticals.

Earlier this month, the Australian Competition and Consumer Commission (ACCC) advised that it did not oppose the proposed acquisition of Pfizer by GSK in the Australian market. Both companies market pain management medications – GSK supplies Panadol and Voltaren; Pfizer produces Advil. This represents a large portion of the OTC pain medication market. Other competitors include Reckitt Benckiser (Nurofen) and generic brands.

In reaching its conclusion, the ACCC considered the effects on the market for OTC pain management, cold and flu, and gastrointestinal products at a wholesale and retail level. It determined that Pfizer's Advil currently has a low market share in Australia which was unlikely to grow in the medium term. Due to the market strength of Nurofen and its brand awareness, as well as the lower prices of generic products, market participants would not be significantly impacted by GSK's acquisition of Pfizer.

The ACCC considered that the acquisition was "unlikely to substantially lessen competition in the wholesale or retail supply of gastrointestinal, or cold and flu products".

Read the ACCC announcement [here](#).

New Guidelines on sexual boundaries between doctors and patients

The AMA has released updated guidelines for doctors on maintaining clear sexual boundaries with patients. The new Guidelines combine two documents: the AMA's Patient Examination Guidelines and the Position Statement on Sexual Boundaries Between Doctors and Their Patients

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The Guidelines expressly state that doctors have an ethical and legal duty to maintain appropriate professional boundaries with patients and to report other registered healthcare professionals who engage in sexual misconduct.

The Guidelines acknowledge that power imbalances between doctors and patients, physical examinations and requests for highly personal and sensitive information of sick, injured, anxious or distressed patients may cause them to feel vulnerable and exposed. The Guidelines therefore emphasise the importance of strict adherence to professional boundaries to ensure that patients feel confident and safe when seeking medical care.

Under the new Guidelines, professional boundaries apply not only to current and former patients but also to their carers, guardians and relatives. They cover not only face-to-face consultations but also the use of social media and other forms of electronic communication such as emails, text messages and telehealth.

For more information on the new Guidelines, click [here](#) and [here](#) or read the full Position Statement [here](#).

[RACGP has updated its Social Media Guide for general practice](#)

The Royal Australian College of General Practitioners (RACGP) has refreshed its Social media in general practice guide (Guide) which provides recommendations to GPs and general practice staff on the use of social media in general practice settings.

The updated Guide is targeted at practices that are new to social media, but also provides general information, which could be beneficial for use by existing social media users. The Guide also outlines the advantages and disadvantages for individual practices in engaging in social media.

The Guide sets out some of the key issues to consider when engaging in social media, such as online conduct, when to use disclaimers, publishing testimonials, privacy and security and staff training. The Guide also provides tips for general practices when using common social media platforms such as Facebook, Instagram and Twitter.

Find out more and access the RACGP Guide [here](#).

[Medium and long-term pressures on the system: the changing demographics and dynamics of aged care](#)

In light of the Royal Commission into Aged Care Quality and Safety, Dr David Cullen and the Office of the Royal Commission have published a paper that outlines how demographic, social and economic pressures will affect aged care in Australia.

The base premise of the paper is that ageing affects everyone in a uniquely individual way and at different points in their lifespan. It explores changing demographics, with respect to Australia's ageing population that is now living longer. For instance, in the last 40 years, the number of Australians aged 85 years and over has increased significantly, constituting approximately 2.0% of the Australian population. This means the demand for aged care will continue to grow, which will challenge long-term funding and the provision of care for older people.

The paper also recognises that elderly people within Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) demographics require an aged care system that better meets their specific needs. One of the challenges facing the aged care system is the changing make-up of the overseas born population. In the post-war era, migration from Europe was most predominant, whereas now, migration from parts of Asia is growing. Tailored care for these people is therefore becoming increasingly important.

Changes in the patterns of disease and dependency will also greatly

influence the provision of aged care services. Older people will likely continue to have more than one health condition as their life expectancy increases. Moreover, disorders of memory, understanding, behaviour,

motor and sensory function, mobility and balance are likely to become more widespread, demonstrating a need for multi-faceted care of a higher level.

For more information, read the paper [here](#).

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15 Feb 2024

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