

Before confirming a care-plan booking

GPCCMP in Practice: Care Plans, MyMedicare and Allied Health Coordination

1. Establish the pathway

Use authorised identity, MyMedicare and relevant care-history checks. Record what is known and what remains unresolved.

2. Coordinate the service

Arrange the required GP involvement and preparation. Verify applicable item and mode requirements before a benefit promise.

3. Close the handover

Name the reviewer, obtain acceptance, agree the patient update and record actual service events.

A useful way to write it

"The history is incomplete. The practice manager and GP are resolving the pathway. I will explain the confirmed appointment arrangements and fees before we proceed."

Watch for this mistake

No item in a limited display does not prove there was never a plan. A later plan does not establish eligibility for an earlier service.

Use with your local procedure. Examples and figures are made-up. This aid supports the course; it does not replace

current technical guidance, clinical decisions or local authorisation.

Open the related lesson and its source links

Give the owner a useful weekly update

From Senior Receptionist to Practice Manager: Your First 90 Days

1. State a comparable fact

Name the period and source. Separate appointments, billings, cash, outstanding amounts and costs.

2. Show the uncertainty

A billing increase does not establish higher profit. Explain missing information without inventing a cause.

3. Request one decision

Name the evidence to gather, its owner and when the finding will return. Check staffing capacity before delegating.

A useful way to write it

"Billings rose 10%; cash fell \$1,000 and overtime rose eight hours. Finance will reconcile receipts; I will check workload before recommending roster changes."

Watch for this mistake

Do not count a supervisor as fully available while they are teaching. A sent task is not an accepted delegation.

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Trace an accreditation gap to a tested repair

Accreditation in Everyday Practice: Evidence, Team Readiness and Quality Improvement

1. Write the precise finding

Say what the sample shows and what evidence is missing. Avoid claiming that an unverified event definitely happened.

2. Separate care from evidence work

The appropriate clinical or technical lead handles current safety issues. The manager coordinates ownership and the process repair.

3. Test the repair

Observe the changed process and inspect a suitable sample. Record limits, remaining gaps and the next owner.

A useful way to write it

"The message was sent, but accepted ownership and clinical closure were not evidenced. The duty GP will review unresolved care; the manager will test the absence pathway."

Watch for this mistake

A training certificate cannot correct a software rule that closes tasks prematurely. Learning and system performance need separate evidence.

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Make a cleaning task card people can use

Infection Prevention, Clinical Waste and Reprocessing Readiness

1. Identify the task

Name the item and approved method/product. Obtain technical approval, including compatibility and manufacturer instructions.

2. Make ownership explicit

Specify trained owner, backup, schedule, contamination response and where supplies and instructions are kept.

3. Record the actual outcome

Check that the required process was achieved. Report deviations and keep the item out of use until the approved process permits return.

A useful way to write it

"The approved made-up method requires two minutes of wet contact. The surface dried at 30 seconds: requirement not achieved. Complete the approved process before return to use."

Watch for this mistake

Do not invent dilution, contact time, cleaning frequency or clinical precautions. A course certificate does not authorise instrument release.

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Keep follow-up work attached to its purpose

Results, Recalls and Referrals: From Task Creation to Confirmed Follow-up

1. Classify the task

Routine reminder, clinician-directed recall and failed referral need different outcome rules.

2. Follow the actual direction

Keep the required action, timeframe and accepted clinical owner visible. Clarify vague or conflicting instructions.

3. Close on evidence

A call attempt, opened message or resent referral is not automatically completed care. Use the authorised closure decision.

A useful way to write it

"Call at 10:15 rang out; no message left and no care outcome. Returned to the duty clinician today under the supplied direction; task remains open."

Watch for this mistake

A timeframe supplied in an exercise is not a universal recall rule. In an audit, include open tasks and show the denominator.

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Respond to a disputed fee without prejudging it

Complaints, Aggression and Difficult Conversations in General Practice

1. Listen and separate issues

Record the person's account. Use the clinical escalation route promptly if they also raise a clinical concern.

2. State facts and limits

Explain what the account shows, what still needs checking and who can decide. Do not promise an unauthorised waiver.

3. Agree the next contact

Use the approved dispute and hardship pathways. Agree an update time and safe contact method, then record the handover.

A useful way to write it

"You have told me you cancelled by phone. I will record the time and ask the practice manager to check. I cannot change the fee myself; we will agree your update."

Watch for this mistake

A sent policy does not settle every disputed fee. Keep staff safety and support separate from investigating the account.

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Observe readiness for one local task

Recruitment, Rostering and Performance Conversations for Practice Managers

1. Define the behaviour

Demonstrate the current approved task, authority limits and backup route. Give supported practice.

2. Observe a different example

Record the specific step achieved or missed. Use a suitable assessor; clinical competency needs appropriate clinical assessment.

3. Set the work boundary

Record feedback, reassessment and permitted supervision or scope. Arrange real cover until the person is ready.

A useful way to write it

"Message recorded accurately; receiving-owner acceptance missed. Practise the backup route, then repeat observation with the first recipient unavailable. Supervised handovers continue meanwhile."

Watch for this mistake

For registered clinical roles, verify current official registration and relevant conditions; separately assess scope and local authority. Interview performance is not credential clearance.

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Receive vaccine stock without guessing its history

Vaccine Storage, Cold Chain and Clinic Readiness

1. Obtain the trained receiver

Use the approved delivery pathway and accepted cover. Reception must not improvise technical handling or clearance.

2. Preserve the evidence

Record arrival, product/batch/quantity/expiry, observed packaging and monitoring evidence, gaps and custody.

3. Keep the decision separate

Affected stock stays unavailable for use under the approved monitored process until appropriate advice and an authorised disposition decision.

A useful way to write it

"Arrived 10:05 at +5°C. Transport evidence unavailable after 08:00; carton damaged. Exposure in the gap is unknown. Trained receiver owns the program/manufacture advice request."

Watch for this mistake

A current reading or a cool carton cannot reconstruct missing history. Do not automatically release or discard affected stock.

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Test an AI proposal before real patient data

Privacy Systems, Records Requests and Responsible AI Use

1. Map the information

Understand input, storage, access, subcontractors, retention/deletion and training use. Obtain evidence and appropriate approval.

2. Test failures with test data

Include incorrect output, outage, urgent help, unavailable reviewer, language/access needs and a request to stop recording.

3. Prove the human route

Name the reviewer with time and authority, accepted cover and a safe fallback. Explain recording/AI and choices; meet applicable consent and law requirements.

A useful way to write it

"The tool invented a booking during an outage. Approval remains open: require a verified fix, retest and a working human fallback."

Watch for this mistake

Training opt-out does not resolve every privacy question. "Human oversight" does not work when nobody is available to do it.

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Separate ledger totals from collectible debt

Unpaid Accounts, Reconciliation and Payment Disputes: Practical Activities

1. Reconcile the ledger

Opening balance + charges - allocated receipts - posted authorised credits = closing ledger balance.

2. Keep exceptions separate

Report unallocated receipts, disputes, uncertain payers, rejected/pending claims and proposed adjustments with their evidence gaps.

3. Assign the next action

Name owner, authority required, review time and closure evidence. Check a possible payment match before another demand.

A useful way to write it

"\$600 + \$400 - \$250 - \$50 = \$700 closing ledger. A \$100 receipt remains unallocated. Collectability still depends on agreement, payer and dispute checks."

Watch for this mistake

Do not subtract an unallocated receipt twice or treat a rejected claim as proof that the patient owes the amount.

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Current checks for the desk

Records access and new reports

Treat access to existing records separately from a request for a new opinion report. Verify identity, authority, scope and destination. The Commonwealth benchmark is a reasonable period, generally within 30 calendar days; it is not a universal statutory deadline. The practice manager checks any concurrent state or territory requirements. A valid request made on the patient's behalf is not automatically excluded.

Official source

Fees and GST

Reports and charged record copies are generally taxable when the supplier is GST-registered, but exemptions depend on the service and supply arrangements. Who pays alone does not determine GST. Use the accountant-approved fee schedule. A blanket payment-first rule must not override records-access or court obligations.

Official source

DVA claims and cover

DVA currently requires claims within two years of service. It has announced a one-year limit from 1 July 2027; check transition details before applying the change. Do not substitute the Medicare limit. A White or Specific Conditions card does not automatically establish mental-health cover: verify individual eligibility and cover.

Official source

TIS National

Medical Practitioner Priority Line: 1300 131 450, available 24 hours. Each practitioner has a unique client code; support staff assisting that practitioner use the same code for eligible services. Confirm the practitioner and code when arranging support.

Official source