LA TROBE UNIVERSITY — THE COMMUNIQUÉS
Clinical, Residential Aged Care & Future Leaders

Controversies and medicolegal aspects of multidisciplinary teams in geriatric medicine.

Attend short course virtually or face-to-face

Friday 28 November 2025

Optimal clinical decision-making in geriatric medicine usually involves gathering, integrating and weighing the information and opinions from multiple disciplines.

An established and essential practice for addressing the complexity of clinical decision-making is through a Multidisciplinary Team (MDT). The MDT can help or hinder navigating the swirl of competing views around clinical care goals, psychosocial influences of family and patient beliefs, values and preferences, the health professionals' clinical and ethical views and finally the organisational pressures on healthcare resource use.

The Australian Centre for Evidence Based Aged Care is offering an important workshop—Controversies and medicolegal aspects of multidisciplinary teams in geriatric medicine—to be held on Friday 28th November 2025 from 9:00AM to 5:00PM at Level 2/360 Collins St, Melbourne VIC 3000. Learn from the wealth of knowledgeable and experienced speakers. Our legal experts include Dr. Ian Freckelton AO KC, Ms Melanie Harper and Ms Alice Robinson. Our expert clinician researchers in MDT include Associate Professor Bianca Devitt and Dr Julia Paxino. Our expert in healthcare ethics is Professor Justin Oakley.

The mode of learning is through didactic presentations and case-based discussions to share insights. This is an important workshop for medical specialists in Geriatric and General Medicine. It is relevant to clinicians, managers, leaders, and policy-makers who work in Victoria and across Australia. Attend in person or online. Places are limited to enhance the learning experience.

Our facilitators include senior, experienced legal and medical professionals, Dr Heather Wellington and Dr Alfie Obieta.

Limited number of places for Nursing and Allied Health free of charge

Please go to page 5 for details about conditions and how to apply.

WORKSHOP DETAILS

FACILITATOR

Convenors and Chair
Dr Heather Wellington
Prof JE Ibrahim
Ms A Grossi
Dr Alfiie Obieta
Ms Abi Embleton

An electronic information pack is included with the short course registration fee.

TARGET AUDIENCE

Consultant Physicians in Geriatric Medicine, General Medicine, Senior Health Service Executives and Managers, Heads of Clinical Units providing care to older people.

WHEN

Friday 28 November 2025
9:00am – 5:00pm

WHERE

La Trobe University City Campus
360 Collins Street, Level 2,
Room 2.11
Melbourne Victoria 3000

COST

$1250

ENQUIRIES TO

JE Ibrahim by email
J.Ibrahim@latrobe.edu.au

Online payment and registration https://pay.latrobe.edu.au/EvProvost/booking?e=PRO_EV326

Terms and Conditions: Refunds will only be given if cancellations are advised at least fourteen days before the event. Please note that a colleague is always welcome to attend in your place. Refund requests need to be received in writing a.grossi@latrobe.edu.au. Registration is finalised once you receive a registration confirmation email from the administrator. For the finance office, use only WBS 4.0101.29.25, ACEBAC cost centre 1346. GL Account 401356 Conference Revenue.

Program Outline (NB timing and order of the sessions may change)

Time	Topic	Speaker
0845	Registration	
0900	Welcome and learning outcomes	Joseph Ibrahim Dr Heather Wellington
0915	[S1T1] The meeting is a waste of my time: the anatomy of MDT meetings	Dr Chelsea Baird Grampians Health
1000	[S2T4] Juggling professions, personnel, personalities and processes: dynamics of the MDT	Dr Julia Paxino University of Melbourne
1045	Coffee	
1115	[S1T2] Learning from others: MDT practice in oncology.	A/Prof Bianca Devitt, Eastern Health
1200	[S2T3] A legal shield or a sword: hidden agendas of MDT	Ms Alice Robinson Polaris Lawyers
1245	Lunch	
1330	[S3T5] Recognising high risk situations and understanding the MDT's scope of practice.	Dr Ian Freckelton AO KC
1430	[S3T6] The veracity and value of the MDT documentation.	Ms Melanie Harper Peter MacCallum Cancer Centre
1500	Refreshment break	
1515	[S4T7] 'Everything about me without me': patient roles	Prof Justin Oakley Monash University
1600	[S4T8] Open Forum	Dr Heather Wellington & Dr Alfie Obieta
1645	Wrap-up, evaluation	Joseph Ibrahim
1655	Close	

Individual session details

Session 1

Topic 1.
Dr Chelsea Baird explores the topic of *'The anatomy of a Multidisciplinary Team Meetings'*

The MDT meeting – and the MDT culture more broadly – are so deeply embedded within clinical practice that they may be taken for granted. Breaking down the MDT meeting into its constituent element allows for critical reflection on how – and more importantly why – things are done.

Questions to consider for participants

a. How do your MDT meetings operate? Who is present? What is the room set-up? Who (if anyone) chairs the meeting? How is the order of proceedings determined? How are cases referred? Who (if anyone) writes minutes? How are disagreements addressed? Imagine you are explaining what to expect of your MDT meeting to someone who has never attended before. Be as specific as possible.
b. What are the culture factors or 'invisible rules' that shape your MDT? How do these differ from other teams you have previously worked in?

Session 1

Topic 2:
Dr Julia Paxino explores the topic of *'Juggling professions, personnel, personalities and processes: dynamics of the MDT.'*

MDTs comprise a multitude of individuals each with their own unique personalities, life experiences, professional disciplines and career aspirations. Senior medical staff in these situations need to be cognisant and able to navigate how to question and challenge the clinical assessments and conclusions of the different MDT staff.

Questions to consider for participants

a. How does your MDT orientate new staff, as well as monitor the rules of engagement for optimal performance?
b. How could the MDT case discussion be more robust? What is in place to ensure discussions are in-depth and do not become too superficial or too overheated? For example, how should one approach an individual MDT member to ask them to substantiate their clinical assessment of a patient? What provisions does the MDT have to ensure the senior medical practitioner's personality does not dominate the discussion and decisions?
c. How prepared is the MDT for when individuals leave the team (e.g., change in allied health staff, new senior medical staff)—what are the change management processes?

Session 2

Topic 3:
A/Prof Bianca Devitt, explores the topic of *'Learning from others: MDT practice in oncology.'*

Much of the research literature formally reporting on MDTs focuses on other specialties, such as oncology. In this session participants are invited to extrapolate learnings from MDTs across clinical contexts. The session is ideal for those facing comments like *'Thanks for the suggestion but we are just fine, we have always done it this way because it works!'*

Questions to consider for participants

a. How does your MDT performance compare to other geriatric medicine practices? Are you the same or better? How do you know?
b. How do other clinical specialities conduct their MDT? What are the MDT structures, processes and outcomes?
c. What are the benefits and hazards of transferring processes and practices from another setting or another clinical discipline?

Session 2

Topic 4:
Ms Alice Robinson explores the topic of *'A legal shield or a sword: hidden agendas of a MDT'*.

The MDT in geriatric medicine is usually considered a safety net for the patient because its purpose is to integrate multiple sources or information, clinical expertise and ensure a holistic approach to care. At times the MDT is a shield for the health professionals by providing protection for decisions leading to high-risk situation that may cause serious harm or a fatal patient outcome—a diffusion of responsibility. On other occasions the MDT is used as a sword—a way to obtain adherence to clinical advice that overwhelms a patient and their families.

Questions to consider for participants

a. Who is accountable for MDT decisions especially the controversial ones when there are discordant opinions between team members?
b. How much responsibility does each MDT member bear for collective decisions especially those that are based on the specialised knowledge and expertise of one discipline?

Individual session details continued

Session 3

Topic 5:
Dr Ian Freckelton AO KC explores the topic of *'Recognising high risk situations and understanding the MDT's scope of practice.'*

Contemporary geriatric practice involves understanding and managing particularly sensitive situations including abuse, family violence affecting a person with dementia, carer burnout, self-neglect, living alone at home in squalor, and end-of-life care. In these situations, the boundaries between professional expertise and personal opinion may become blurred. Appropriately handling such situations requires practitioners to demonstrate a high level of situational awareness, as well as a thorough understanding of the MDT's scope of practice.

Questions to consider for participants

a. How does the MDT know when it is out of its depth and needs to ask for help? To whom should the MDT refer or escalate the care of a very complex patient? What are the structures that exist to support an escalation process?
b. What happens when the MDT is deadlocked within its membership? What happens when the patient and their MDT are deadlocked about how to progress with the next stage of medical treatment or accommodation or lifestyle matters?
c. How much responsibility (liability) is being placed by society / courts on decisions by an MDT versus decisions by individuals (who may or may not be part of that MDT) on the 'outcomes' of healthcare encounters.
d. What happens when a decision is made without MDT involvement or involvement of other members of an MDT? How much responsibility / liability does the group / team leader bear? What is the 'share' of each member?
e. How do changes in group / team composition have a bearing on responsibility / liability? What about non-fully-qualified members? Students? Observers? How much is their 'share'?

Session 3

Topic 6:
Ms Melanie Harper explores the topic of *'The veracity and value of the MDT documentation.'*

The documentation of the MDT takes multiple forms and may often be frustratingly inconsistent. There are the individual clinician's notes using their own discipline style and format, there is the MDT official meeting records and then there are the informal notes each member takes that may or may not make it into the official clinical record. This begs the questions of 'who looks at the notes from the MDT meeting? and 'what is useful information to document?'

There is always a small number of staff who continue their deliberations in an informal setting outside the MDT meetings which influences the outcomes. All clinicians recall decisions being made and changed in the corridors or a ward, in the physiotherapy gym or at the nurses' station.

Questions to consider for participants

a. How was the format for the MDT meeting notes established at your organisation and is it still relevant to current practice?
b. Who writes the MDT notes and who determines whether these are a genuine reflection or record of the meeting? How well do the MDT notes assist with continuity within team and enable productive review of patient progress?
c. How robust is the documentation and would it stand scrutiny if required by VCAT, the Coroners Court or in a civil action?
d. How do privacy and confidentiality requirements influence what is or is not documented?

Session 4

Topic 7:
Prof Justin Oakley explores the topic of *'Everything about me without me': patient roles in MDT'*.

The raison d'être of geriatric medicine is a holistic, team-based approach, with a focus on the will and preferences of the older persons and addressing the psychosocial aspects of aging. This is incongruent with how most MDT meetings operate in health services where the older person is not present at the clinical discussion formulating a care plan. There are substantial and well-meaning efforts to include the patient in their care prior to and after an MDT meeting. Strategies to ensure there are clear lines of communication include appointing an MDT member to be the key contact person liaising between the team and the patient.

Questions to consider for participants

a. Who communicates MDT outcomes to patients in your service and how well do they represent the MDT process and the decision that were made? What training does the key contact person need and receive to fulfil this role? How does the MDT determine if their representative has the sufficient skills to communicate with patients with dementia or culturally and linguistically diverse patients? How does the MDT select their representative for the individual patient?
b. What are the barriers and facilitators for including patients in a meeting with MDT?
c. If the patient was privy to the details of the discussions had at MDT how would this alter their views or the MDT, of their care and their right to decide their accommodation and lifestyle choices? For example, would patients be more aware of their legal rights in the health care setting? On the other hand, would this harm the therapeutic relationship?

Individual session details continued

Session 4

Topic 8:
Open discussion with participants.

Improving the health care system one MDT meeting at a time involves reflecting on our own practice, considering what our peers are doing as well as learning from other clinical disciplines. This session will draw on the experience of the participants who are invited to share their perspectives.

Rather than focus on evaluation or audit, which is a traditional approach involving measuring against a standard, it would be preferable to experiment—seek to improve. Decide on a topic that is of value to patient care and that staff are willing to engage to change.

Places for Nursing and Allied Health

A small number of places in which the registration fee is waived are available for nursing and allied health professionals to ensure a multidisciplinary presence. To apply for one of these places we ask the medical practitioners who have paid a registration to nominate a colleague. This nursing or allied health colleague will need to contact Prof Joseph Ibrahim at J.Ibrahim@latrobe.edu.au with their AHPRA number and participate in a short interview.

Biographies (in alphabetical order)

Speakers

Dr Chelsea Baird, BMed(Sci), MBBS, FRACP is a senior geriatrician at Grampians Health Services who has considerable clinical experience across the acute, subacute and community sectors in regional and metropolitan settings. Chelsea experience as a leader and member of multidisciplinary teams in each of those sectors and settings gives her a unique perspective to compare and contrast MDT practice. Chelsea has also been led and published research in academic peer review journals into the impact of cognitive impairment on self-management in chronic diseases.

Associate Professor Bianca Devitt MBBS PhD FRACP is a medical oncologist at Eastern Health where she focuses on the care of people with breast and lung cancer. Her PhD examined complex health interventions, and in particular, focused on the function of cancer multidisciplinary team meetings. Her current research interests include understanding the toxicity and functional outcomes of older people diagnosed with cancer, health literacy and developing methods to improve treatment planning and decision making in multidisciplinary team meetings.

Dr Ian Freckelton AO KC PhD LLD BA (Hons) LLB is an experienced barrister with a broad national practice in diverse aspects of health law, ranging from criminal, to personal injury, disciplinary and medical negligence law. As well as being a King's Counsel, he is a Professor of Law and Professorial Fellow in Psychiatry at the University of Melbourne, where he is a co-director of the postgraduate Health and Medical Law programme, and an Honorary Professor of Forensic Medicine at Monash University. He is the Editor of the *Journal of Law and Medicine*, the founding editor of *Psychiatry, Psychology and Law* and an elected Fellow of the Australian Academies of Law, Health and Medical Sciences, and Social Sciences. Ian is the author and editor of 50 books and over 750 articles and chapters of books. In 2021 Ian was appointed an Officer of the Order of Australia (AO) for "distinguished service to the law and the legal profession across fields including health, medicine and technology" and in 2024 he received the highest honour bestowed by the International Academy of Law and Mental Health, the Prix Philippe Pinel.

Ms Melanie Harper BA LLB is the General Counsel for the Peter MacCallum Cancer Centre. She is an experienced health and commercial lawyer and is committed to the lawful, ethical, and compassionate delivery of public healthcare. Melanie previously served as Senior Legal Counsel at Eastern Health and prior to that enjoyed a substantial career in private practice. Melanie provides legal advice to all areas of Peter Mac and its related entities. Melanie is also a member of the Committee of Management for Banksia Palliative Care, a community-based, not-for-profit palliative care service based in Heidelberg.

Biographies (in alphabetical order)

Speakers continued

Professor Justin Oakley BA, PhD (Philosophy) is Deputy Director of Monash Bioethics Centre, at Monash University. He is the author of *Morality and the Emotions* and *Virtue Ethics and Professional Roles* (with Dean Cocking) and is editor of *Informed Consent and Clinician Accountability: The ethics of report cards on surgeon performance* (with Steve Clarke) and Bioethics. He has published articles on a variety of topics in ethics, applied ethics, and moral psychology, including virtue ethics, virtue attribution, shame, role-based evildoing, hope in healthcare, informed consent, surgeon report cards, the ethics of clinical trials, surrogate motherhood, and the ethics of pharmaceutical advertising. Justin teaches clinicians and other professionals in the Master of Bioethics course at Monash. He is currently working on a book-length project on policy applications of virtue ethics in professional practice.

Dr Julia Paxino BPhty (Hons) PhD is a researcher and educator specialising in interprofessional communication and collaborative practice. With a background in physiotherapy, she has extensive experience working in interprofessional teams, fuelling her passion for enhancing collaborative communication and team dynamics. She holds a PhD in interprofessional communication and has expertise in qualitative and participatory research methodologies. As a Research Fellow working in the Consumer-Led Research Partnership, Julia is dedicated to advancing inclusive and impactful research. Her work focuses on amplifying consumer voices and ensuring that diverse perspectives help shape healthcare innovations. She is committed to fostering meaningful research partnerships that uphold the values of collaboration, respect, and integrity.

Ms Alice Robinson BA LLB has been a personal injury lawyer for more than 15 years and is passionate about guiding her clients through their claims with empathy and kindness. Alice is an expert in medical negligence and public liability claims, with a special interest in birth injuries, spinal injuries, plastic surgery and brain injury claims. Before joining the team at Polaris, Alice was the Practice Leader of the Medical Law Department at one of Australia's largest personal injury firms. Over her career, Alice has had the privilege of acting for many clients from all walks of life. More recently, Alice has immensely enjoyed supporting and mentoring our junior lawyers, to help them do their best for their clients.

Facilitators (alphabetical order)

Ms Abi Embleton BBioMedSc, LLB(Hons) Abi is a research Officer with Monash University and University of New South Wales, on projects which investigate the intersection of domestic and family violence, supportive and substituted decision-making, informal caregiving, and childhood sexual abuse.

Ms Amelia Grossi LLB(Hons) BBiomedSc graduated from Monash University with a Bachelor of Laws (Hons) and Biomedical Science and has been admitted as a lawyer in the Supreme Court of Victoria. Amelia has collaborated with Professor Ibrahim to investigate capacity and consent issues impacting the quality of life of older people in aged care.

Professor Joseph Ibrahim MBBS, GradCertHE, PhD, FAFPHM, FRACP is an actively practicing geriatrician and academic researcher at Australian Centre for Evidence-Based Aged Care and a Professor at La Trobe University. Joseph's research aims to protect residents from abuse and poor practices and ensure proper clinical and medical care standards are maintained and practiced. This work has informed the Australian Law Reform Commission into Elder Abuse, the Commonwealth Senate, House of Representatives Inquiries, the Royal Commission into Aged Care, and the United Nations. Joseph is the inaugural and current editor of the Residential Aged Care Communiqué.

Dr Alfredo Obieta MD, FRACP, GCertClinTeach, JD is a senior practising geriatrician who completed his Juris Doctor of Law in 2023 at Deakin University. He has extensive experience in public hospital inpatient and ambulatory based clinical practise in geriatric medicine including having been a Clinical Associate with the Severe Behaviour Response Team.

Dr Heather Wellington MBBS, LLB FAICD is a medical practitioner and lawyer with a background in hospital management, health policy, governance and law. Heather was formerly Director of Medical Services at The Geelong Hospital, Assistant Director, Acute Health, in the Victorian Department of Human Services, Chairman of Peter MacCallum Cancer Centre and member of the Australian Council on Safety and Quality in Health Care. She has a longstanding professional interest in health care safety, quality and clinical governance. She was the principal author of the National Standard for Credentialing and Defining Scope of Clinical Practice.