

Midwives Insurance Scheme

Questions & Answers for Midwives

IMPORTANT

This document has been prepared to provide Eligible Midwives with important information about the Federal Government insurance Scheme for privately practising midwives.

It does not replace the Combined Financial Services Guide and Product Disclosure Statement for Eligible Midwives which is available at MIGA's website.

You should read that document carefully as it contains important information about the cover provided to Eligible Midwives. The Questions and Answers set out in this document must be read in conjunction with the Combined Financial Services Guide and Product Disclosure Statement and you should call MIGA if you would like more information about the cover available for Eligible Midwives.

1. How do I arrange insurance with MIGA?

- It's easy, just call one of our friendly Client Services Staff on 1800 777 156 and we can give you a quote over the phone which we can confirm in writing if you require
- The following staff are dedicated to help midwives with their enquiries:
 - Candice Brown
 - Shirley Lynott
 - Neil Rankine
 - Di Gillman
- If you would like to arrange insurance with us, just go to our website and download the Application Form or we can email it to you
- Once you have completed and returned the Application Form we will write to you confirming your insurance arrangements
- We will also confirm your insurance arrangements direct with the Nursing and Midwifery Board of Australia (NMBA) to help you meet your registration requirements
- MIGA has been appointed by the Federal Government as the sole provider of cover under the Scheme for privately practising midwives and we are here to help you with any queries you may have.

2. What does MIGA offer me?

MIGA's policy will meet the requirements of appropriate cover set by the Nursing and Midwifery Board

There are three layers of support that we provide to midwives who insure with us, as follows:

- Insurance cover for:
 - Claims against you for compensation and associated expenses arising from your practice of midwifery
 - Support and legal expenses incurred in defending you in a prosecution or responding to coronial inquests, inquiries, investigations or complaints against you arising from your practice of midwifery

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- Access to 24 hour emergency telephone advice and support across Australia
 - You can call us any time of the day or night for help with urgent situations where medico-legal advice is required in relation to issues which arise in your midwifery practice and which relate to women (and their babies) in your care
 - This includes circumstances where you may not be certain if your insurance cover will continue to apply (for example, if a woman to whom you are providing midwifery services asks you not to follow accepted clinical practice)
- Access to a package of valuable risk management education resources
 - We provide you with a free risk management education program - it offers you a discount on the cost of your insurance next year (if you fully complete it) and it assists you to comply with your Continuing Professional Development requirements
 - Access to Risk Resources – we offer you an on-line package of risk management tools, fact sheets and resources to help you in your day to day practice as a midwife.

Other benefits of MIGA's policy:

- Access to standard templates and forms to help you in your day to day practice
- Access to risk management education and resources
- Regular Bulletins with information about recent trends and claims and risk management issues
- Premium funding to help you spread payments across the year (by paying in instalments).

3. How much will it cost?

- We offer 2 levels of cover, as follows, for:
 - Midwives who provide intrapartum care in their private practice in addition to antenatal and postnatal care
 - Midwives who provide no intrapartum care (i.e. they only provide antenatal and postnatal care and do not provide any intrapartum care at all as part of their private practice)
- The maximum annual cost of insurance for a full time privately practising midwife is fixed by agreement with the Commonwealth of Australia at \$7,500.¹ This is reduced for midwives who work less than a full time caseload (i.e. fewer than 40 women per year)
- The cost of your particular cover will depend on which of the following options you select, as follows.

Number of women to whom (and to whose babies) you provide midwifery services during the Policy Period	Option A Annual premium including all statutory charges (if providing Intrapartum Care in your private practice)	Option B Annual premium including all statutory charges (if providing no Intrapartum Care at all in your private practice)
Full time (i.e. 40 women or more per year)	\$7,500	\$3,400
Between 30 and 39 women per year	\$6,500	\$3,000
Fewer than 30 women per year	\$5,000	\$2,250

- Each woman you see in a clinical context is counted only once per policy period for the purpose of determining your caseload, no matter how many times you see her in the policy period
- Full details of the options and cost are available from our Information Booklet on the website
- Midwives will have the opportunity to receive a 10% saving off their premium (excluding statutory charges) in the 2011/ 2012 and subsequent years by successfully completing MIGA's Risk Management Program for midwives
- Will the cost of cover be tax deductible?
 - You will need to seek advice from your accountant about your own particular tax position, but if the Australian Tax Office considers the cost of your cover to be a business expense, then it is likely to be treated as a legitimate deduction against taxable income received.

¹ Excluding the additional cost of any premium funding arrangement you enter into

Questions & Answers for Midwives - continued

4. How does the MIGA policy differ to the Vero policy?

- The eligibility criteria differ for each policy – see question 13 for details of MIGA's criteria
- In the following table we have summarised some of the major differences in cover between the two policies²

Areas where we believe that MIGA's policy cover is broader are highlighted in blue

	MIGA	Vero
Limit of cover per claim	Unlimited The limit of liability of MIGA's policy will be \$2m per claim with midwives covered for eligible claims above \$2m to an unlimited amount by the Commonwealth of Australia	\$1m, \$2m or \$5m depending on the limit you select
Is there an excess (i.e. an uninsured amount you must pay if you notify a claim)	No	Yes - \$2,500 Per claim inclusive of costs and expenses
Cover for inquiry costs	Yes	May be covered, if the insurer considers it reasonable to do so
Limit of cover for inquiry costs	There is no lower limit	\$100,000 in total for the period of insurance
Will the policy entitle me to access the Federal Government Run Off Cover Scheme?	Yes	No
Cover for emergency Intrapartum Care	Yes - subject to certain conditions (see question 18)	No

5. Why is it important that cover is for an unlimited amount?

- Claims involving babies are often resolved for large sums mainly because of the long-term care costs that are required (it is not uncommon for claims to be resolved for between around \$3m to \$6m with the highest reported amount awarded against a health practitioner in a birth related case in Australia being in excess of \$11m)
- Having cover with MIGA and the Federal Government for an unlimited amount gives you excellent protection and it means that you don't have to worry about being personally exposed to a claim that exceeds your policy limit
- MIGA's policy does not require you to choose between different amounts of cover.

² Comparison based on the Professional Indemnity Policy for Midwives issued by Vero Insurance Limited dated 1 March 2010 and Midwife Professional Indemnity Application prepared by Medisure Indemnity Australia Pty Ltd as corporate authorised representative of Insurance Marketing Group of Australia Pty Ltd

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6. What is run-off cover?

- Professional indemnity insurance is provided on a claims made basis – this means your policy will only cover you for claims that are made and reported to MIGA while you have a current insurance policy with us
- If, in the future, you no longer need the insurance because you have ceased private midwifery practice, you may require insurance to cover your prior practice. This type of cover is called 'run-off cover'
- Run-off cover insures you for claims made in the future which relate to incidents that occurred in your prior practice
- You need to maintain run-off cover for the whole time that you have ceased practice in order to be protected against claims that may arise in the future.

7. What are the benefits of the Run-Off Cover Scheme?

- The Run-Off Cover Scheme (ROCS) is a Federal Government Scheme providing Eligible Midwives with access to free and unlimited run-off cover when you:
 - reach 65 years of age or more and have retired permanently from private practice as an Eligible Midwife
 - cease practice as an Eligible Midwife because of permanent disability
 - are under 65 years of age and have not engaged in private practice as an Eligible Midwife for at least 3 years (whether practising solely as an indemnified employee or no longer practising at all)
 - cease practice (temporarily or permanently) as an Eligible Midwife because of maternity, or
 - are deceased (in which case cover is provided to your legal personal representative)
- By way of example, this means if you go on maternity leave or become permanently disabled, you don't have to worry about paying for run-off cover as you will be eligible for ROCS
- ROCS is funded by a charge on your insurance with MIGA (10% of the premium) which is payable to the Commonwealth Government to fund the benefit
- Access to this benefit is only available via the policy from MIGA.

8. How do I protect myself if I need run-off cover before I am eligible for ROCS?

- If you cease your private practice as a midwife prior to being eligible to access ROCS, then you will need standard run-off cover
- If you cease private practice whilst insured with MIGA, your cover with us will automatically revert to run-off until the end of the period of insurance
- After this, run-off cover will be offered to you on an annually renewable basis and you will need to pay a run-off premium for each year's cover (to a maximum of 3 years until you become eligible for ROCS)
- More details about run-off cover are provided in MIGA's Combined Product Disclosure Statement and Financial Services Guide which is available at our website.

9. How do I pay my premium?

- You have a number of options with MIGA – you can pay direct via B-Pay, cheque or credit card
- Alternatively we offer premium funding which gives you an option to spread the cost of your insurance across the year in 10 instalments. There is a small additional fee for this service
- We will provide details of this option for your consideration when we confirm your insurance.

Questions & Answers for Midwives - continued

10. Will all privately practising midwives need to have this insurance cover?

- All privately practising midwives who wish to provide private midwifery services in NSW, QLD, Vic, SA, NT the ACT and Tasmania will need appropriate insurance cover from 1 July 2010
- This is because the legislation governing requirements for registration under the new National Registration and Accreditation Scheme (NRAS) will be in effect in those jurisdictions from 1 July 2010
- For WA which has not yet passed the legislation, the pre-existing registration requirements will continue until such time as the legislation is passed in that jurisdiction. While insurance is not a registration requirement, you can still arrange the insurance with MIGA and benefit from the protection it offers.

11. What am I covered for?

All of the policy terms and conditions are important. You should read the Product Disclosure Statement and the Policy Wording and contact us if you have any questions.

Some key conditions that you need to note are:

- Insurance cover will only be available to eligible registered privately practising midwives who meet the requirements set out in the Product Disclosure Statement and the Policy Wording
- Cover will not be provided for intrapartum care for planned home births – Under Option A, cover for intrapartum care will only apply where it is at a Hospital which has the facilities to provide appropriate intrapartum care for women in pregnancy, unless an emergency makes timely access to a Hospital impossible
- If you select Option B (cover for antenatal care and postnatal care only) it is important you understand that:
 - you will not be covered for antenatal care, postnatal care or intrapartum care, if at any time you provide intrapartum care as part of your private practice, except in an unforeseen emergency situation where timely access to a Hospital was not possible and where you make no request for payment or reward and where you provide no ongoing intrapartum care after the emergency situation has passed
 - if you intend to provide intrapartum care then you must immediately advise us and pay any additional premium prior to you providing any such care
- Cover is only for care that is provided as part of, and in accordance with the terms of, a Collaborative Arrangement with a doctor or a Care Plan communicated to a public Hospital providing obstetric services (see details at questions 21 and 22)
- Cover is only for the treatment of private patients
- No cover is provided for any work undertaken by you, or for care which women receive from you, outside of Australia
- No cover is provided for midwifery services that are provided by you in the course of your employment other than where you are employed (full or part time) by a company that is owned solely by you, or that is owned solely by practising midwives including you, where the only directors of that company are you and other practising midwives
- No cover is provided for midwifery services provided before 1 July 2010 or the date you first take out insurance, whichever is the later
- No cover is provided for midwifery services provided by you that do not comply with the Australian College of Midwives' (ACM) National Midwifery Guidelines for Consultation and Referral (Sept 2008 or as amended) (the Guidelines) or, if working in collaboration with an obstetrician, either the ACM Guidelines or the guidelines of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, in particular in relation to discussion, consultation and referral
- No cover is provided in relation to prescribing where you were not suitably qualified and authorised (as determined by the NMBA) to prescribe at the time of the incident.

This is a summary only and your cover will be governed by the policy terms and conditions, and not this summary.

Questions & Answers for Midwives - continued

12. What is the monetary limit of the policy?

- The coverage provided jointly by MIGA and the Commonwealth effectively means Eligible Midwives have an unlimited amount of protection
- MIGA's policy exposure limit will be \$2m, with midwives covered for claims above \$2m by the Federal Government (effectively providing an unlimited amount of cover for Eligible Midwives).

13. What are the rules regarding eligibility?

- The eligibility requirements for the insurance are set out in the *Midwife Professional Indemnity (Commonwealth Contribution) Act 2010* and related Rules
- The requirements are that a midwife:
 - (a) is licensed, registered or authorised to practise midwifery by or under a law of the Commonwealth, a State or a Territory with no restrictions on practice
 - (b) has completed at least three years of post-registration practice across the continuum of midwifery care, within the previous 5 years
 - (c) has successfully completed an approved professional review program for midwives working across the continuum of midwifery care, or that you will complete such a program by not later than 31 October 2010
 - (d) completes 20 additional hours per year of continuing professional development relating to the continuum of midwifery care
 - (e) has successfully completed or provided a formal undertaking to the Board that you will complete within 18 months of recognition as an Eligible Midwife
 - (i) an accredited and approved program of study determined by the NMBA to develop midwives' knowledge and skills in prescribing, or
 - (ii) a program that is substantially equivalent to such an approved program of study, as determined by the NMBA

Contact the NMBA for more information (www.nursingmidwiferyboard.gov.au).

14. If I am employed, can I buy the cover?

- In some situations you can be employed and still be eligible to buy the cover
- The cover is not available for midwifery services that are provided by you in the course of your employment other than where:
 - you are employed (full or part time) by a company that is owned solely by you, or
 - you are employed (full or part time) by a company that is owned solely by practising midwives including you
 and where the only directors of that company are you and other practising midwives
- Other than the above, or as set out in question 15, if you are employed, whether in the public and/or private sector you cannot buy this cover for midwifery services that you provide in the course of your employment and you should ensure that you are covered by your employer's insurance arrangements.

15. I am employed as a midwife by a Hospital, but I also want to develop a private practice by providing care to some private patients of my own. Do I need to buy the cover?

- Yes. You will need to be an Eligible Midwife and have your own professional indemnity insurance in place to cover the services you provide to your private patients. You will need to ensure that you continue to be covered by your employer for the work you do as an employee
- The key point is that when you are working as an employee of a Hospital you need to ensure that you are covered by your employer's insurance arrangements. When you are treating your own private patients, you are operating a business and like any other business you need to be qualified to provide those services and you need professional indemnity cover for the services that you provide.

Questions & Answers for Midwives - continued

16. Am I covered for intrapartum services for planned homebirths?

- No. Under the Commonwealth-supported insurance product from MIGA you will not be covered for claims relating to the provision of intrapartum services for planned homebirths.

17. Will providing private midwifery services in connection with a homebirth be in breach of registration requirements from 1 July 2010?

- No. Because of the two-year exemption in relation to the provision of intrapartum care for planned homebirths by private midwives agreed under the National Registration and Accreditation Scheme (NRAS)
- What is the two-year exemption all about?
 - Under NRAS, health practitioners must not practise unless appropriate professional indemnity insurance arrangements are in force in relation to their practice
 - However, there is a two year exemption from this requirement for private midwives who provide intrapartum services for planned homebirths (publicly funded homebirths under state based current arrangements will be able to continue - midwives who are working under these arrangements should ensure that they are protected by their employers' insurance arrangements)
 - This exemption will run from 1 July 2010 to 30 June 2012
- Check the NMBA website for information on the exemption guidelines at www.nursingmidwiferyboard.gov.au
- Privately practising midwives will still need appropriate insurance to provide antenatal and post natal care, regardless of the planned location of the birth

18. Why are homebirths excluded from the insurance for privately practising midwives?

- The Federal Government has excluded homebirths by private midwives from these insurance arrangements
- MIGA supports this decision as we believe that homebirths can potentially involve a higher level of clinical risk in some home-based circumstances, and cover is not able to be provided within the existing funding framework.

19. Am I covered for care of a woman who gives birth before arrival at a Hospital?

- In certain situations, Yes
 - We understand this may happen at times and you need to ensure the health and welfare of the woman and baby
- Whilst the policy only provides cover for Intrapartum Care provided in a Hospital the following emergency situations are covered:
 - If you select Option A (antenatal care, Intrapartum Care and postnatal care) then you are covered for Intrapartum Care provided during an unforeseen emergency situation where timely access to a Hospital was not possible
 - If you select Option B (antenatal care and postnatal care only and no Intrapartum Care) then you are covered for Intrapartum Care provided during an unforeseen emergency situation where:
 - timely access to a Hospital was not possible
 - you make no request for payment or reward for the Intrapartum Care provided, and
 - you provide no ongoing Intrapartum Care after the emergency situation has passed.

Questions & Answers for Midwives - continued

20. What are the requirements in terms of Collaborative Arrangements and Care Plans?

- Collaboration with other health professionals is an important element of the work of privately practising midwives
- As an insurer of health professionals over a very long period of time, MIGA understands that teamwork is an important factor in ensuring that the best possible care is available to your clients at all times
- You can meet your requirements under the policy by having in place:
 - A Collaborative Arrangement with a doctor or Hospital, or
 - A Care Plan communicated to a public Hospital providing obstetric services
- It is important that you ensure that these arrangements provide for prompt and timely referrals and your written records will need to demonstrate this
- You should ensure such arrangements are in place from the commencement of care, in order to ensure you are covered throughout the course of care.

21. I am interested in securing formal Collaborative Arrangements, but I don't think I can obtain an obstetrician's or a Hospital's agreement to collaborate. Can I still be covered by the MIGA insurance?

- Yes. If you are unable to obtain a Collaborative Arrangement for a particular woman, you will still be covered if you communicate a maternity Care Plan for that woman to a public Hospital that provides obstetric services
- The maternity Care Plan needs to cover arrangements for consultation, referral and transfer of the woman's care to the Hospital, should these become necessary
- You will need to keep comprehensive records of the information provided to the public Hospital, including a record that the maternity Care Plan has been sent to, and acknowledged by, the Hospital. (The acknowledgement can either be in writing from the Hospital or it could be a record in your notes of an oral acknowledgement).

22. Can I get help from MIGA with the development of guidelines and templates?

- Yes
- We understand it is difficult and time consuming for midwives to develop their own standard templates and guidelines to help them with their day to day practice
- In conjunction with the Australian College of Midwives and the Australian Private Midwives Association we have started work on the development of a range of forms and templates that will be available to midwives via our website
- These will be progressively released over the next few months.

23. What happens if a woman does not want me to follow the Guidelines?

- If a woman indicates to you that she does not want you to follow all or part of the Guidelines, you are required to comply with the requirements of Appendix A of the Guidelines (which deals with *"When a woman chooses outside the recommended ACM National Midwifery Guidelines for consultation and referral"*)

In this situation, if you continue to provide midwifery services to the woman you must:

- have a written agreement with the medical practitioner or obstetrician with whom you have a Collaborative Arrangement in relation to the ongoing care of the woman with a mutually agreed clinical pathway in relation to that woman's ongoing care by you, or
- include in your clinical notes the details of discussions that you have undertaken with the medical practitioner or obstetrician with whom you have a Collaborative Arrangement in relation to the

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- ongoing care of the woman, or
- if you do not have a Collaborative Arrangement for a particular woman but instead you have communicated a Care Plan for that woman to a public Hospital, you have a record in your clinical notes of the details of discussions that you have undertaken with the public Hospital in relation to the ongoing care of the woman.

24. What if I am part way through the care of a woman who is pregnant?

- It is very important for any woman that you ensure you put in place a Care Plan or a Collaborative Arrangement as soon as you take out the insurance with MIGA, if you have not already done so
- If you do not have a Collaborative Arrangement in place, this is as simple as ensuring your Care Plan for each woman is sent to and acknowledged by the public Hospital (the acknowledgement can either be in writing from the Hospital or it could be a record in your notes of an oral acknowledgement).
- Yes, you need to read the conditions set out in the Policy carefully

25. Are there any other conditions of the insurance I need to be aware of?

- In addition to the requirements detailed in question 11:
 - You are required to enrol in and complete MIGA's Risk Management Program for midwives
 - Doing this is easy and we will send information about this to you with your confirmation of insurance (see details at question 16)
 - Completion of this program will attract Continuing Professional Development points
 - You will need to comply with the Australian College of Midwives' *National Midwifery Guidelines for Consultation and Referral (September 2008)* (the Guidelines) or, if working in collaboration with an obstetrician, either the ACM Guidelines or the guidelines of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, in particular in relation to discussion, consultation and referral.
- MIGA tendered for and was successful in being selected as the sole provider of insurance in Australia for

26. What is the arrangement between MIGA and the Federal Government?

the Midwives Insurance Scheme

- MIGA will receive an annual administration fee for operating the Scheme on behalf of the Commonwealth.

27. How will claims be managed?

- MIGA will manage all claims covered by the policy, irrespective of the amount of the claim, providing Eligible Midwives with continuity of claims management and support.

28. Who is MIGA and what can they offer me?

- MIGA is a specialist insurer offering a range of medical indemnity insurance products and associated services to the health care profession across Australia
- The Group's Head Office is in Adelaide and our branch offices are located in Brisbane, Melbourne and Sydney
- We have been supporting and protecting the medical profession for over 100 years
- Medical indemnity is our core business – it is a highly specialised area of insurance and we have significant long-term experience in it

- We have extensive knowledge of obstetric and midwifery issues through our insurance of doctors working in the area of obstetrics and paediatrics, which will be invaluable in our management of claims for midwives
- Our staff have qualifications in all key areas relevant to the Scheme, including insurance, law, risk management, midwifery, nursing, marketing and finance
- You can find out a lot more information about us by visiting our website at www.miga.com.au.

29. What service does MIGA offer to midwives?

- At MIGA we pride ourselves on offering more than just insurance. We are committed to delivering high quality insurance products and service to all of our policy holders
- Key services we offer midwives include:
 - Access to a free risk management education program – it offers midwives an opportunity to participate in risk management activities and to take an active role in the control of claims costs in the future
 - Access to 24 hour emergency telephone advice and support across Australia
 - On-line access to all information about the insurance arrangements for midwives – which makes arranging your insurance with MIGA much easier and more convenient
 - Access to Risk Resources – an on-line package of risk management tools and support for midwives
- Free bi-monthly Bulletins – providing everyone insured with MIGA with information about current issues and trends in insurance
- Access to Premium funding – an option to spread your insurance premium across the year via a third party funding arrangement. Some midwives will find that this will help with cash-flow issues through the premium year.

30. How will MIGA help me with risk management?

- We understand the importance of providing a framework to assist midwives plan and undertake appropriate risk management training to enhance the safety and quality of the care they provide.
- As a condition of the insurance you will be required to enrol in and complete MIGA's risk management education program for midwives (which we call our Interactive Risk Management (IRM) Program) the key features of which are:
 - You will be automatically enrolled in the IRM Program when you insure with us
 - You will have access to a range of risk management activities which in the first year you will be able to complete from July 2010 to March 2011
 - Completion of the activities will enable you to earn MIGA IRM points which will entitle you to a premium discount in the following year upon renewal of your insurance with us
- More details about the Risk Management Program will be provided in the soon to be released Information Booklet for Midwives.

31. How can I find out more about this new Scheme?

- You can call MIGA and we will be pleased to help you. Freecall 1800 777 156.

32. Who can help me with enquiries about registration?

- Refer to the following websites for up to date information
 - Australian College of Midwives - www.midwives.org.au
 - Nursing and Midwifery Board of Australia – www.nursingmidwiferyboard.gov.au .

Contacting MIGA

National Free Call:
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