

Bulletin



August 2018

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What is support?

It's a good question and the answer largely depends on you. Support is a big concept and can mean different things at different times to different people, largely determined by our needs based on the situation we find ourselves in.

There are four key components of the support available to you from MIGA:



Emotional support is the offering of empathy, concern, acceptance, encouragement or caring. Providing emotional support can let the individual know that he or she is valued.



Tangible support is the provision of financial assistance or services. Also called instrumental support, this form of support encompasses the concrete, direct ways people assist others.



Informational support is the provision of advice, guidance, suggestions, or useful information to someone. This type of information has the potential to help others problem-solve.



Companionship support is the type of support that gives someone a sense of social belonging. This can be seen as the presence of colleagues and peers to engage in shared social and educational activities.

In our work at MIGA in any given situation the support we need to provide varies based entirely on your needs at the time. Faced with a similar situation, we find that one client may only need informational support to help them deal with the matter, where another client may also need emotional support in the form of empathy with their situation and encouragement in how they should progress, to help them take the necessary next steps.

We know that the value of the service we provide partly rests in our ability to assess each situation and support you in a way that best suits your needs. As you read through the articles in this issue we hope you can identify some ways that we may be able to assist you in your practice, either now or in the future and see the value this adds to the insurance you have with us.

Mandy Anderson

CEO & Managing Director



In this issue of the Bulletin we have assembled a range of articles which we hope you will find topical and interesting. We have also tried to highlight the ways in which MIGA can support you in your practice.

We are fortunate to have a really wonderful team who besides being knowledgeable and experienced in their field, are also totally committed to supporting you in your medical practice.

Reading through the articles you will find there are many ways that we can assist and support you via our services and advice from specialist staff. The old adage, "A problem shared, is a problem halved" rings very true for us. So when you have a problem or identify an issue in your practice that you want to address, we encourage you to contact us early, make the most of our expertise and let us share the load.

I hope you enjoy this issue.

Hallie Barron
Clinical Risk Coordinator

Queen's Birthday Honours

We would like to acknowledge the following members who received Queen's Birthday Honours and extend our congratulations to them.

Dr Timothy Henderson (AM)

Member of the Order of Australia

For significant service to medicine in the field of ophthalmology, and to Indigenous eye health in the Northern Territory.

Prof Jonathon Carapetis (AM)

Member of the Order of Australia

For significant service to medicine in the field of paediatrics, particularly the diagnosis, treatment and prevention of rheumatic heart disease.

Emeritus Prof David Sonnabend (AM)

Member of the Order of Australia

For significant service to medicine in the field of orthopaedics, as a clinician and administrator, and to medical education.

Dr Stephen Kinnear (OAM)

Medal of the Order of Australia

For service to medicine, particularly to anaesthesiology.

Dr Alan Bray (OAM)

Medal of the Order of Australia

For service to medicine, particularly to vascular surgery.

Clinical Assoc Prof Michael Cooper (OAM)

Medal of the Order of Australia

For service to medicine in the field of gynaecology.

Dr Desmond Hoffmann (OAM)

Medal of the Order of Australia

For service to medicine, particularly to colorectal surgery.

Dr Jeremy Raftos (OAM)

Medal of the Order of Australia

For service to medicine, particularly to paediatrics.

Dr Mary Sutherland (OAM)

Medal of the Order of Australia

For service to medicine, and to the community.



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28
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84
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It's quick and easy to join our Red25 group at: donateblood.com.au/red25/join-red25-group. Enter the group name 'MIGA'.

Don't forget to make an appointment and donate!



An opioid epidemic? Dealing with the implications of opioid prescription

Between 2011 and 2015, there were 2,616 deaths in Australia from opioid overdose, an increase from 1,364 deaths between 2001 and 2005. In 2015 alone there were 499 opioid deaths, as compared with 1,253 road accident deaths.

There has been significant professional and public debate about opioid use, both in Australia and overseas, including suggestions that the level of opioid use, including in Australia, constitutes an 'epidemic'.

MIGA's experience in opioid matters

Our claims solicitors regularly provide advice and assistance to our members and clients on medico-legal issues in relation to opioids including around evolving and limited clinical guidance, doctor-shopping, managing aggressive or difficult patients, stolen prescription pads and difficulties in accessing specialist services.

Issues around opioid prescription are frequently seen in disciplinary matters which have been increasing. We are aware of more than 100 published disciplinary decisions involving opioid prescription since 2010 alone. Such cases can have very significant impacts on the doctors involved, both personally and for their practice.

Given what we have been seeing on behalf of our members and clients, particularly the challenges they face in managing chronic pain patients, and what is happening more broadly in Australia, MIGA has initiated significant advocacy and education efforts around opioid issues.

In the last 12 months we actively engaged with our members, clients and with medical stakeholders to both highlight issues and advance discussion.

MIGA advocacy - boardroom dinners

In recent months MIGA held a series of boardroom dinners with key stakeholders, including representatives from governments and the medical profession, addressing opioid use.

Our CEO and Managing Director, Mandy Anderson, presented and led discussion on the human and claims costs associated with opioid use, both here and overseas, examining how these are being managed and what can be done through stakeholders working together to improve the situation.

MIGA advocacy - parliamentary and government inquiries and consultations

MIGA has recently made detailed submissions to a number of inquiries and consultations addressing opioid prescription, including:

- Therapeutic Goods Administration consultation on strong opioid use and misuse
- Victorian parliamentary inquiry into prescription medication misuse
- Victorian Health Department consultation on real-time prescribing.

In these forums and more broadly, MIGA has been advocating for:

- A national real-time prescription monitoring system – we have identified problems around obligations on doctors and integration with existing systems
- Enhancement of the Medicare Prescription Shopping Program
- Further education on evolving opioid clinical guidance, prescribing requirements, opioid alternatives, potential patient misuse and available services and resources
- Initiatives to improve access to pain management services, both outpatient and advisory
- Harmonising Schedule 8 prescribing regimes across Australia.

We oppose restricting opioid prescription to particular prescribers or classes of patients. Instead we believe the better approach is to provide the right tools for doctors to make appropriate treatment decisions, including access to patient information, specialist advice and education.

Pleasingly the Victorian Parliament supported further clinical guidance and both professional and community education on opioid prescription, endorsed progress towards real-time prescription monitoring and recommended improved access to specialist treatment services.

We await the outcome of the other consultations.

MIGA education initiatives

Over the last year, MIGA ran interactive hypothetical sessions entitled "Who dunnit? – A Poisonous Pill", a mock coronial inquest exploring prescribing challenges and risks of harm from prescription drug toxicity. It covered potential for medication misuse, addictive medications and complex patient presentations. Many of our members participated in these sessions, which were highly valued.

Through MIGA's new REO online learning system, we are launching new interactive education modules on opioids and medication prescription, which include a range of videos, polls, quizzes and case studies with expert commentary and guidance. We encourage you to consider undertaking these modules. More details are available at www.miga.com.au/education.

In the coming years, we hope to see clear professional and community understanding of the role of opioids in pain management, improved access to and resourcing of specialist services, harmonised regulatory regimes and less punitive regulatory approaches, focusing on education and remediation, not discipline. We are hopeful that through governments, the profession and community working together we can achieve positive progress and improved patient outcomes.

Resources

Australia's Annual Overdose Report (August 2017)

www.penington.org.au/australias-annual-overdose-report-2017/

MIGA's submission to the TGA consultation on strong opioid use and misuse

www.tga.gov.au/sites/default/files/submissions-received-prescription-strong-schedule-8-opioid-use-and-misuse-in-australia-mig.pdf

MIGA's submission to the Victorian parliamentary inquiry into prescription medication misuse

www.parliament.vic.gov.au/images/stories/committees/Irrcsc/Drugs/_Submissions/202_2017.03.20_-_MIGA_-_submission.pdf

Timothy Bowen

Senior Solicitor – Advocacy, Claims & Education



Case Study

Legal support What can you expect from MIGA?



Key issue

Legal matters can take on a life of their own and occur over an extended period.

Key takeaway

Your insurance with MIGA provides you with access to expert assistance and support which encompasses dealing with the matter itself, but also supporting you through what can be an emotional rollercoaster.

Mark Helier

Solicitor – Claims & Legal Services

It's a normal working day, or so you think! Seemingly out of the blue you receive a request from the police for a coronial statement. These can be requested at any time following the death of your patient. It could be within weeks of the death, or years afterwards.

Suddenly your stress and anxiety levels start to rise. It has been years since the death and you struggle to even recall the patient to whom the request relates.

A good first step is to call MIGA. We receive many calls from our members about coronial matters and understand that being involved in any legal matter can be very stressful, especially where your professional competence and reputation may be called into question.

When you call us we will take an understanding and supportive approach, meaning that our aims are twofold:

- To gather information from you so that we can understand the situation, your perspective and gauge how you are feeling, and
- Support you by providing advice relevant to your particular situation, help you manage the immediate priorities, map out the next steps and possible outcomes and reassure you that the situation is in hand.

Back to the request for the Coronial statement

Your immediate first thought might be, 'how do I write this statement?' When you speak with one of our claim solicitors they will seek to ascertain the nature of the request and any information you may have about the patient in question. We will guide you through the preparation of the statement, liaising with the police when necessary, obtaining the medical records and reviewing your drafts. At this initial stage it is vital that the statement is correct and

we will be working with you to achieve that outcome. In the majority of Coronial matters that may be the end of your involvement in the matter.

Unfortunately, in your case the matter progresses and you subsequently receive a request from the Coroner to attend an Inquest at which you are required to give evidence. You gave your coronial statement 3 years ago and the death was years prior to that!

You call MIGA for assistance and our claim solicitor swings into action

After reviewing the request from the coroner and the actions taken 3 years prior, we will brief one of our expert panel solicitors to assist you. Prior to the Inquest, you and your legal team (your MIGA claim solicitor and the external panel solicitor) will put in a significant amount of work preparing for the Inquest. This will involve you meeting with your legal team, obtaining the coroners brief of evidence, reviewing any expert reports the coroner has obtained, seeking our own expert report(s) in response when needed and briefing counsel. You will be actively involved and guided step-by-step throughout the process.

These situations can be incredibly stressful, but your legal team understand this and will put in as much time as is needed to prepare you for giving evidence so you can feel as comfortable as possible. This will involve meeting you to go through your statement, dissecting any expert report obtained by the coroner and any reports we have obtained in response, to assist in the preparation of your evidence.

You will receive notice of a time to attend the Coroner's Court to give evidence and on the day of giving evidence you will meet with the claim solicitor, panel solicitor and counsel before the hearing. Court proceedings can be unpredictable and for a variety of reasons the timing of giving your evidence may change. You may find it comforting to have your claim solicitor wait with you until being called in and we are very happy to support you in this way.

Some coronial matters attract the attention of the media. This can be challenging and confronting. When there is media interest we will advise you on how to deal with them when they are waiting outside the court. Our insurance policy also includes cover to meet the cost of engaging a public relations consultant to help you manage your public profile, should that be necessary.

Noting that these matters can be stressful in their own right, when they are combined with the pressure of your normal daily practice, they can become overwhelming. Your health and well-being throughout the proceedings is extremely important. Where this becomes a concern, we can also offer you access to our Practitioners' Support Service which provides peer and professional support, giving you someone to talk to who has 'walked in your shoes' or who can provide coping strategies to help you through the situation. Where you access this service MIGA meets the cost of professional fees (up to \$5,000).

Unfortunately, we can't take away all the stress and anxiety, but many doctors comment after giving evidence that the assistance they received from MIGA made the entire process easier to bear than it might have otherwise been.

This is a valuable service MIGA provides as part of your insurance to protect and support you. So if you find yourself in need of help, call us early. We are here for you.





Case Study

HealthEngine controversy Data sharing with third party providers – Privacy issues



Key issue

Use of third party services and security of patient information.

Key takeaway

When inviting your patients to use third party services it is important you understand your patient's expectations and how their data will be used by the service.

Anthony Mennillo

Manager – Claims & Legal Services

The recent spotlight on Australia's largest online health booking service, HealthEngine, regarding the use of personal information it obtained from patients, has created significant debate throughout the medical profession and broader community.

It has been alleged in the media that HealthEngine shared information with third parties, including personal injury lawyers, without patients realising this. Those third parties then made direct contact with patients marketing their products or services. Issues have been raised about whether this was within patient expectations and how it fits with privacy regimes.

HealthEngine has responded publically stating that, while referral arrangements are in place with a range of industry partners, including government, not-for-profit, medical research, private health insurance and other health providers, this is done on an 'opt-in' basis. This involved a 'pop-up form' appearing as part of the booking process which allows a patient to complete their details and indicate their consent to share that information, following which a referral is made to a third party provider. HealthEngine states that users are able to continue to use the booking services even if they do not provide their express consent to being contacted by a referral partner through the pop-up form.

The Federal Government has asked the Office of the Australian Information Commissioner and the Australian Digital Health Agency to inquire into the use of personal information by HealthEngine, a move supported by the AMA.

Irrespective of whether consent has been obtained from an individual, the discovery of HealthEngine's partnership with third parties and apparent disclosure of patient information to those third parties has caused considerable disquiet amongst patients, medical practitioners and the community.

Whether that disquiet flows on to medical practices using HealthEngine remains to be seen.

There has already been criticism from some patients of medical practices that use HealthEngine for appointment bookings. Patients have enquired whether the medical practice has shared personal information with HealthEngine, or whether the practice was aware that HealthEngine was disclosing their personal information to third parties.

One consumer group felt it was the responsibility of "doctors who contract with HealthEngine to ensure patients are protected from unrelated business overtures"¹.

MIGA understands that from the medical practice's perspective, no patient information is shared by the medical practice with HealthEngine that has been disclosed to third parties. That would suggest that any privacy issues are related to the actions of HealthEngine, rather than the individual medical practice.

From a legal point of view it appears that the medical practice will not have committed any breach of patient privacy. However, it is important for practices to review their terms of agreement with any third party provider, including HealthEngine, to ascertain how patient information may be used by the third party provider. If it is not clear from the agreement then, in MIGA's view, it would be reasonable to enquire of the third party provider how they intend to use the information they obtain from individuals and whether there is any risk that it might be shared with others.

If in the medical practice's opinion, use of personal information by third parties is made without patient consent, or is otherwise concerning, the practice should review its relationship with that service.

There are medical practices that have stopped using the HealthEngine appointment booking service because of concerns the practice had about the use made by HealthEngine of patient information. It is not MIGA's role to recommend such action, but we do recommend practices review their agreements with third party providers to ensure that patients' privacy is safeguarded.

This situation is a good reminder about keeping in mind patient expectations around their health information. Having in place an up-to-date privacy policy is a must. Consider what your patients would reasonably expect you to do with their health information. Think about when you should seek consent in clear and unambiguous terms about certain uses or disclosure of patient information. MIGA's privacy resource provides more information about questions you should be thinking about.

"Trust takes years to build, seconds to break, and forever to repair"
(unknown source)

¹ Consumer Health Forum. The Medical Republic "HealthEngine feels the heat over data sharing" 27 June 2018 <http://medicalrepublic.com.au/healthengine-feels-heat-data-sharing/15370>





AGM and election of Directors

MIGA's Annual General Meeting is scheduled for Saturday, 24 November 2018. It will be held in conjunction with a Risk Management Conference in Adelaide at the Hilton Hotel, Adelaide.

The business of the Annual General Meeting includes the election of Directors to the Board of MDASA, the parent company of the Group.

As per Article 46 of the Constitution of MDASA, the number nearest one third of medical Directors must retire by rotation. This means that Dr Andrew Pesce and Associate Professor Peter Cundy will both retire by rotation at the AGM and both offer themselves for re-election.

Therefore, there are two Board vacancies this year and nominations for election to the Board are now invited. Other nominations for election must be proposed and seconded by members of MDASA and received at our Adelaide Head Office on or before 5.00pm (CST) Friday, 14 September 2018 and marked to the attention of the CEO.

Nominations must be made on the official Nomination Form and be accompanied by a brief and relevant statement (up to 300 words) about the nominee, which will be circulated to members of MDASA prior to the Annual General Meeting.

Nomination Forms are available from our Head Office. If you have any queries concerning the Annual General Meeting, please contact Mandy Anderson CEO on 1800 777 156 or at mandy.anderson@miga.com.au.

Details about the Annual General Meeting and nominee statements, if applicable, will be distributed with the October Bulletin.



Case Study

Consider leaving your 'Professional Status' at the door

Dr Roger Sexton

Medical Director, Doctors' Health SA
& MIGA Board member



A medical career does not offer protection from illness or disease. In fact, the opposite is true. Occupational health and safety risks in medical workplaces abound and include unhealthy workplaces and work-practices, unsafe hours and fatigue. Doctors have easy access to drugs and self-prescribing, investigation and referral is legal in most jurisdictions. Doctors experience poorer health outcomes as a patient in the health system through over or under-treatment.

Unfortunately, clinical knowledge often discourages early presentations of illness and the competitiveness of medicine encourages self-reliance and avoidance of disclosure of symptoms of illness.

Like the general population, doctors are healthier if they have their own doctor. However, an effective doctor-patient relationship faces some hurdles. If you are a treating doctor, or a doctor-patient, considering the impact of your professional status on the consultation will likely be beneficial in terms of health outcomes.

Once in the consulting room, doctor-patients may use their clinical skill to unwittingly corrupt, or knowingly manipulate, the consultation. Equally, the treating-doctor may forgo their usual standard of professional care by avoiding awkward areas of enquiry and allow the intrusion of social content into the consultation at the expense of the clinical.

The process of completing a detailed medical history questionnaire as part of the assessment is enlightening for many doctors who may have never completed one, but on completion can see 'at a glance' where some of their risks actually lie buried in their family history, lifestyle choices and work habits.

The completed health questionnaire also gives permission for the treating doctor to explore areas of potential discomfort such as mental health, sexuality, prescribing for self and family, medico-legal duress, needle-stick injury management and domestic violence.

Our experience over the last 6 years at the Doctors' Health SA after-hours clinic is that a consultation with a doctor-patient is a most satisfying experience, but it's not usually a 'standard' medical examination. It requires adherence to professional practice, additional time in order to build rapport and trust, and patience to unravel the patient context and extent of blended self-care.

It is our experience that the majority of doctors practise a 'blended' mix of formal and informal health care in order to minimise disclosure and medico-legal risk and maximise control, privacy and convenience.

Delivered effectively, the doctor-patient check-up offers a non-stigmatising platform to enable a more detailed exploration of the personal and professional risks facing the doctor at that time and the opportunity to identify, quantify and mitigate physical, mental, lifestyle and professional risk in the setting of an unhurried, professional, empathetic consultation.

Career transitions represent an important point at which personal risk increases and health checks can be particularly valuable. Career transitions are associated with doctors carrying an increasing **burden** of clinical, academic and medico-legal responsibility, yet being expected to work flawlessly under duress in often unhealthy, unsafe and under-resourced workplaces.

Transitions represent periods when doctors are even more inclined to avoid disclosure and privately self-manage their distress, denying themselves the benefit of a skilled and independent GP to advocate for them in the health system and connect them with any additional assistance they may need.

Doctors have overt and covert risks derived from their family history, lifestyle choices, social life and their work. A periodical review of these in the setting of transitioning across a most demanding career is entirely appropriate.

The opportunity exists to encourage all doctors, particularly those undergoing career transitions to voluntarily undergo a confidential risk assessment and health check-up with their GP prior to starting work. This enables the patient to leverage the benefit derived from the GP connecting the patient with the wider health system, using their unique advocacy and more appropriate referral networks.

Your health is important. To help you achieve a beneficial consultation with your GP we encourage you to download our Health Assessment which was prepared in conjunction with Doctors' Health SA. It includes a Pre-consultation Medical History Questionnaire, Examination Guidelines for your GP and a Certificate of Assessment which enables you to claim Points as part of MIGA's Risk Management Program. You can access the Health Assessment at www.miga.com.au/doctors-health-assessment



Go to REO to upload your Certificate of Assessment

Supporting education, life balance, charity

Many enter medicine driven by a desire to help others. The ability to help and heal represent truly special gifts. The act of helping someone else is not only a gift to the receiver, but it often returns a gift to the giver and perhaps this is the ultimate definition of 'fulfilment'. That indescribable feeling that lifts your spirits when you know you have made a significant difference to someone else, even by a seemingly small act.

Each year through our Grants Programs we support a small band of medical students and doctors to achieve their dreams of using their knowledge, gaining new knowledge and experiencing the world. Each sets out with a desire to use the knowledge and experience gained to make themselves a better doctor for their communities.

The reports provided to us about their placement experiences often reveal the achievement of these dreams but also the unexpected gift of 'fulfilment', found in the act of giving their medical gifts to others.

This is best demonstrated in the words of Emily Rayers, an Elective Grant recipient from Griffith University:

"When I am feeling tired and unmotivated in the middle of a night shift in a buzzing hospital, I need only imagine the chorus of children's voices cheering me on my way to work at Kiunga Hospital (Western Province, New Guinea) and I am reminded what a grand privilege it is to be bestowed with the skills and knowledge to make some positive difference in the lives of others."

It is interesting to reflect on the personal benefits we can derive from giving to others which can include: energy, drive, passion, purpose, fulfilment, contentment, confidence, pride and importantly, perspective in our own lives.

Beyond the grant recipients themselves, the team at MIGA also take great delight in the achievements of the individual recipients and of the Grants Programs in delivering benefits across a wide spectrum. Our staff feel a great sense of pride in the organisation's support of educational opportunities for the grant recipients. The reports provided by the recipients often present a human face and sometimes alternative perspectives to what we might see on the TV news. But their reports always remind us just how much needs to be done, how lucky and sheltered we are in Australia and gives some perspective to our perceived problems.

In a materialistic and increasingly self-centred world we need reminders that we all have gifts to give, that those gifts are often free to give, and that in those small selfless acts there lies a number of gifts for us – and perhaps some healing too!

Resources

Reports of Elective Grant recipients
www.miga.com.au/elective-grants-reports

Reports of Doctors in Training Grant recipients
www.miga.com.au/dit-grants-reports

Adam Hughes
Marketing Manager



A rare quiet moment on the maternity ward with three of the delivery nurses



An ambulance trip to a satellite health centre in a small village to collect an unwell patient requiring admission



Supporting your practice and its staff

Health services are often provided in a highly charged and stressful environment and despite the very best of efforts complications arise, errors of judgement are made and workplace conflicts and disputes will occur. This can lead to claims being made against the practice and its staff.

At times, the challenges with the non-clinical side of managing a practice, both large and small, can feel like running the gauntlet. We are here to support you through those times.

When things go wrong

Your MIGA Healthcare insurance policy offers more than peace of mind when something goes wrong. It also provides access to legal advice, one-on-one risk education, tools and resources for your practice, its doctors and staff. We have a team of experienced

solicitors available to you when you need them who will listen and guide you through those first crucial steps and ensure that your interests are protected until things are resolved.

We also offer specialised, in-house support to deal with issues that arise in the workplace whether they specifically relate to patients or workplace conflicts generally.

We also know that you might need our help outside of office hours so, if it's an emergency, help is available around the clock 24 hours a day – 7 days a week.

Risk Assessments and Reviews

Recently we have seen an increase in enquiries from practice managers and staff wanting help and advice from our Risk Management Team. Nothing has actually gone wrong but they are worried that there may be gaps in their systems or some vulnerabilities with the day-to-day running of the practice.

In particular, concerns arise with responsibilities and obligations in the following areas:

- Privacy and confidentiality
- Advertising
- Social media.

If you have a Healthcare policy with MIGA, you have access to the expertise of our Risk Education Advisor, Megan Sheldon. She can assist you with practical risk management tips and advice for your practice.

These support services form an integral part of the overall service we provide to our clients who have an Insurance for Healthcare Companies policy. When you insure your practice with MIGA the difference is that we provide a package of ongoing advice, education and protection that supports you, your practice and your staff that is not available from commercial insurers.

Simon Landrigan
Underwriting Manager – Healthcare



Midwives snapshot

Dealing with domestic violence – What are your obligations?

Dealing with cases of suspected or actual domestic violence can be challenging for even the most experienced practitioners.

A commonly asked question in these situations is “do I have any mandatory reporting obligations around domestic violence?”

There are a number of excellent resources available for health practitioners to help with this question.

Resources

Australian Institute of Family Studies
Domestic and family violence in pregnancy
aifs.gov.au/cfca/publications/domestic-and-family-violence-pregnancy-and-early-parenthood

ACM - We stand together against domestic and family violence
midwives.org.au/news/we-stand-together-against-domestic-and-family-violence

NSW Health Domestic Violence Safety Assessment Tool Guide
health.nsw.gov.au/kidsfamilies/protection/Pages/default.aspx

In summary, the answer to this question depends on two main factors:

1. **Where you are practising** – it is only in the Northern Territory that there is a mandatory reporting obligation for any person aware of domestic violence
2. **Whether children are involved** – there may be requirements to make a mandatory report where children are exposed to domestic violence, or if they face risks which meet the thresholds under general child protection mandatory reporting obligations.

Mandatory reports – Northern Territory

In the Northern Territory, any person (not just health practitioners) must inform the police as soon as practicable when they have reasonable grounds to believe:

- Another person has caused, or is likely to cause, harm to someone else (the victim) with whom the other person is in a domestic relationship and/or
- The life or safety of another person (also the victim) is under serious or imminent threat because domestic violence has been, is being or is about to be committed.

Mandatory reports – where children are exposed to violence

An obligation to make a report in cases of domestic violence where children are involved can be part of a specific obligation, or may be a circumstance which warrants a report under general child protection mandatory reporting obligations.

In the Northern Territory, reasonable belief of exposure of a child to physical violence, such as witnessing violence between their parents, is grounds for making a child protection mandatory report.

In other States, there may be an obligation to make a report if the child's exposure to domestic violence meets the criteria for making a child protection mandatory report.

Records

It is important to keep good records when dealing with situations of domestic violence, particularly information disclosed by the woman, counselling, referrals made, advice sought and any decision-making around disclosures.

When in doubt about what to do

It may be appropriate, as a first step, to provide information of support contacts, including police and 1800 RESPECT, the 24 hour National Sexual Assault, Family & Domestic Violence Counselling Line, or local support services.

It is advisable not to make a decision before seeking guidance from professional colleagues and specialist services.

It can be best to seek assistance from others in dealing with suspected domestic violence. If you need advice we encourage you to contact our medico-legal team who are available to help at any time.

Liz Fitzgerald

National Manager – Risk Services

Always the
first choice for
your Medical
Indemnity
Insurance and
protection



miga
ALWAYS

General Enquiries and Client Service

Free Call 1800 777 156
Facsimile 1800 839 284

Claims and Legal Services

(Office hrs and 24hr emergency legal support)

Free Call 1800 839 280
Facsimile 1800 839 281

miga@miga.com.au
www.miga.com.au

Letters to the Editor

We encourage clients to contact us with their views by email to mandy.anderson@miga.com.au or follow the links on our website at miga.com.au.

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Information in this Bulletin does not constitute legal or professional advice. Call us if you need advice on any of the issues covered in this Bulletin.