

Bulletin



April 2021

**What's the fuss?
Tell me what's happening...**

**"I have received a letter
from a patient's solicitor.
What happens next?"**

**Not 'just' COVID-19?
Pulling back the curtain on
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**COVID-19 Vaccinations
Managing the risks**

Renewal 2021 Securing your personal information via our new Client Portal

We are well into 2021 and at MIGA we are busily preparing for the implementation of our new insurance system.

Importantly for you, our clients, your 2021 insurance renewal will be issued from the new system. As a result, there will be some changes in the way your renewal is delivered to you and how you access your policy documentation with MIGA.

These changes are largely driven by our desire to secure your personal information in an environment where there are increasingly sophisticated cyber-attacks and email infiltration.

For doctors and midwives insured with MIGA whose renewals are due from 1 July 2021, you will soon receive an email from MIGA providing a link to our new Client Portal.

Clicking through the link will take you to the Client Portal where you will be required to create your account (this is a one-time only action).

As part of setting up your account and password you will also be asked to nominate a mobile device, which the Portal will use each time you log-in, to verify your identity.

When you log-in to the Portal and use your password, you will also be required to enter a 6 digit 'code' which the system will send to you via SMS or

phone call (as nominated by you when you set up your account). This is called '2 factor authentication' and provides you with an additional layer of security.

Transacting your renewal in this way eliminates us sending your personal information via email and as the Portal uses '2 factor authentication' it affords you extra security should your password somehow fall into the wrong hands.

Once your login is set up, you will receive notification of your renewal from us.

Via the Client Portal you will be able to access all of your renewal documentation (Certificate of Insurance, Policy Schedule, Tax Invoice), make payments, change your details, seek advice and support or notify an incident.

Logging into the Client Portal won't make renewing your insurance any more difficult, but it will significantly enhance the security of your personal information.

More detailed instructions will be provided in the email with your renewal notification. If you encounter any difficulty we encourage you to contact our Client Services staff who will be available during office hours to assist you.

Mandy Anderson
CEO and Managing Director



Welcome to the April edition of the Bulletin. As the COVID-19 vaccine roll out gathers momentum, we provide an outline of the issues you need to consider and whether or not you or your business/practice are involved in administration of the vaccine to patients.

While addressing matters to do with COVID-19 has taken a significant amount of our time across the last year, there has still been a lot of "business as usual" work and advocacy by MIGA on other important issues. We provide a round-up to keep you updated on the issues important to you and your business/practice.

With a growing awareness of opioid dependency, our Risk Management team provide some tips for managing chronic pain patients, particularly where you may need to de-prescribe.

Finally, as renewal approaches for doctors and midwives insured with us, please remember that my colleagues and I are here to assist you, so please don't hesitate to call or email us.

I hope you enjoy this issue.

Kasia Lysakowski
Client Services Officer

Farewell Associate Professor Peter Cundy

After many years of service to MIGA, Associate Professor Peter Cundy is leaving our Boards on 30 June 2021. Peter has been a Director since 1 July 2012 and Chairman of our Claims Committee since 23 November 2016.

Peter has brought a wealth of knowledge and experience to our Boards. He is greatly respected by all of us at MIGA as he is by his medical colleagues. His professional expertise, clear thinking and personality have been hallmarks of his contribution to MIGA across the years. Peter is leaving the Boards to comply with our corporate governance policies, which require directors to step down after a maximum term.

Peter has contributed so much to MIGA over his years on our Boards and we will miss him enormously.

On behalf of our members, his fellow Directors and the staff at MIGA we thank Peter, wish him all the best for the future and look forward to his ongoing friendship and support.

New appointment to the Boards of Medical Insurance Australia and MDASA

We are pleased to welcome Associate Professor Susan Neuhaus AM CSC as a new member of the Board of Medical Insurance Australia Pty Ltd to fill the vacancy to be created by Associate Professor Peter Cundy's departure.

Susan is a Fellow of the Royal Australasian College of Surgeons and has over three decades of experience in public hospital, defence and veteran health and medical research. Her broad experience as a Director across defence, commercial and not-for-profit sectors has been recognised in her election as President of the South Australian and Northern Territory Division of the Australian Institute of Company Directors.

Susan's appointment to the Board of Medical Insurance Australia will take effect from 1 May 2021 and to the Board of MDASA from 1 July 2021 (as per Article 51 of the Constitution). In accordance with our Constitution, Susan will stand for re-election at the next AGM in November 2021.

We congratulate and welcome A/Prof Susan Neuhaus to our Boards.

Dr Andrew Pesce
Chairman of the Boards



Associate Prof. Peter Cundy Former Board Member



Associate Prof. Susan Neuhaus Incoming Board Member

COVID-19 Vaccinations

Managing the risks

The COVID-19 vaccination program which is underway in Australia has not been without its challenges, particularly given the concerns that have emerged with the AstraZeneca vaccine.

COVID-19 vaccinations are not only an issue for the practices and hospitals delivering the vaccines. GPs and specialists will be asked questions by their patients or immunisers about eligibility and suitability, particularly following the change of advice on 9 April 2021 relating to the use of the AstraZeneca vaccine in patients aged under 50.

The key challenge – keeping on top of information

As a practice, keeping on top of information and updates is key. Regular updates on COVID-19 vaccination come from a range of sources, including Government, regulators and peak bodies.

As a practice, you might want to consider:

- Making one person responsible for receiving and regularly checking for updated information
- Keeping key documents in one central place where all staff in the practice can access it
- Sharing short updates with staff about new or updated requirements.

To help you with this, MIGA continues to regularly update its Q&A on COVID-19 vaccinations and other pandemic issues – www.miga.com.au/coronavirus. Further resources are listed below.

Key resources

- **Australian Government** Information for COVID-19 vaccination providers
- **TGA** COVID-19 vaccinations
- **Healthdirect** COVID-19 vaccination
- **NCIRS** COVID-19 vaccines: Frequently asked questions
- **Medicare**
 - COVID-19 Vaccine GP assessment item numbers and explanatory notes
 - COVID-19 Vaccine Suitability Assessment Service factsheet
- **Fair Work Australia** COVID-19 vaccinations and the workplace
- **Safe Work Australia** Healthcare care > Vaccination

If there's something you remain uncertain about, MIGA's lawyers in the Legal Services department are here to help.

Timothy Bowen

Manager – Advocacy & Legal Services



COVID-19 Vaccination roll-out – Q&A

At MIGA's recent webinar on the COVID-19 vaccination rollout, one of the insured Eligible Midwives asked the panel a series of questions to assist her with providing care and advice to women during the rollout. The complexities of the vaccination and the evolving nature of information has created a whirlwind of uncertainty.

Here is a summary of the questions posed and the answers provided by the panel, supported by the Australian Government's COVID-19 Vaccination Guide

What are the current recommendations for pregnant and breastfeeding women, including with health conditions that make them more vulnerable to more serious COVID-19 disease?

Although the available data do not indicate any safety concern or harm to pregnancy, there is insufficient evidence to recommend routine use of COVID-19 vaccines during pregnancy. However, it may be considered if the potential benefits of vaccination outweigh any potential risks. So, if a woman has medical risk factors for severe COVID-19 or is at high risk of exposure the decision to vaccinate should be made in consultation with the health team.

RANZCOG Guidelines are that the most likely relevant groups of medical conditions are:

- Significant pre-existing medical conditions e.g. diabetes
- Solid organ transplant recipients
- Those with chronic respiratory conditions including cystic fibrosis and severe asthma
- Those who have homozygous sickle cell disease
- Those receiving immunosuppression therapies sufficient to significantly increase risk of infection
- Those receiving dialysis or with advanced chronic kidney disease
- Those with significant congenital or acquired heart disease.

Will it be safe for baby and will it provide protection to baby as well as mother?

This is still unknown and there is currently no advice on this.

Is the vaccination recommended for breastfeeding women and is it safe and potentially beneficial for the breastfed babies?

Breastfeeding women can safely receive almost all other vaccines. Comirnaty (Pfizer, Australia) is not a live vaccine. Although it has not been specifically tested in breastfeeding, there are no concerns about its safety to women or their babies. There is no need to stop breastfeeding before or after vaccination. The mRNA in Comirnaty is rapidly broken down in the body and not thought to pass into breastmilk. However, even if it did, it would be quickly destroyed in the baby's gut and is therefore extremely unlikely to have any effect.

When do you expect pregnant women to be included in vaccination programs?

This is still unknown. While the risk of community transmission is so low in Australia, the recommendation of no routine vaccination will remain.

All health advice should be patient-centred and consider each individual's personal preferences. In the absence of evidence on the safety or efficacy of the COVID-19 vaccines in pregnant women, the decision to receive vaccination rests solely with the pregnant woman following informed consultation with her midwife and/or doctor.

Liz Fitzgerald

National Manager – Risk Services



Case Study

What's the fuss? Tell me what's happening...

Cheryl McDonald
National Manager – Legal Services



Members and clients will be aware the Legal Services Department has solicitors in our Adelaide and Sydney offices and the team supports member and clients nationally. Like you, we are not at risk of running out of things to do!

The total number of matters reported to us for the 2019/2020 year was in excess of 5,700 and we are on track to exceed that for the 2020/2021 year. The vast majority of the matters we assist members and clients with are those we call advisory where help and advice is needed. Many of these will not lead to a claim. We are conscious however of the stress, uncertainty and frustration they can cause.

Last year these comprised about 85% of the work and we manage this in-house. This is double the number of matters dealt with only eight years ago. This is not surprising given our growing client base and we hope is a testament to the service we offer as the word spreads about the value of contacting us.

Never be afraid to give us a call, email or lodge a query through our website to discuss an enquiry you have of a medico-legal nature arising from your practice. That is what we are here for and we want to help. We are dedicated to ensuring you receive prompt and accurate advice.



Apart from the need to have medical indemnity insurance to meet registration requirements (!) why else would you have this insurance? Most members and clients would respond "because I need it in case I get sued".

The reality is this is quite unlikely. That said, we have noticed an increase in frequency of notifications in two key areas:

- Claims for compensation, and
- Legal expenses cover for Medicare matters and industrial/workplace disputes.

We are analysing the data around the increase in claims. In the last two years we have noticed an increase in frequency and also the cost of claims. We are analysing why, however a few reasons spring to mind:

- Patient expectations are higher now than ever before
- Demands by the community on medical practitioners are increasing
- Damages awards in the Courts are on the rise
- Legal costs are on the rise.

We also see a number of reasons for the increase in legal expenses in the areas of Medicare compliance processes and industrial/workplace disputes.

Medicare has undoubtedly increased its compliance activities to ensure it is only paying for what it considers MBS item numbers permit. This has a flow-on effect of notifications from members who have had Medicare knocking on their door (or who have received an unwelcome letter at the end of a long day).

Employer/employee relations and disputes over workplace issues also have noticeably increased. MIGA's medical indemnity insurance and healthcare professional indemnity policies provide cover for expenses across a range of workplace disputes. These can include bullying and harassment, discrimination and allegations of breach of employment/contractual conditions which are more common now than ever before.

Members and clients are encouraged to contact us if there are any issues arising from your practice of medicine where we can help.

We are always by your side.
If in doubt give us a call.

Benefit from our experience

As a member of MIGA you have access to our dedicated and expert staff providing a range of services designed to support you in practice

Broad insurance cover



Risk education



Medico-legal support



Advocacy





Case Study

“I have received a letter from a patient’s solicitor. What happens next?”

Nicole Harris
Solicitor – Legal Services



Receiving a letter from a solicitor acting for one of your patients can be a stressful and uncertain experience. Sometimes this letter is a request for information relevant to some legal issue involving your patient. Sometimes that legal issue may be an enquiry about your role in the care and treatment of the patient. MIGA’s inhouse claim solicitors will ensure you receive the advice and support you need.

A letter from a solicitor might enclose court documents about a patient’s claim against you for compensation. If so, it is important to notify one of MIGA’s claim solicitors as soon as possible so that we can manage the matter for you and ensure that the deadlines associated with the court proceedings are met.

A letter from a solicitor might comprise a formal or informal notification that a claim for compensation will be made. Again, it is important to notify one of MIGA’s claim solicitors so that we can ensure that deadlines are complied with.

A letter from a solicitor might simply be a request for access to your clinical records for the patient. You should still contact one of us when you receive a letter like this because it might mean that the patient is investigating a possible claim for compensation from you.

Contact with the inhouse legal team at MIGA is easy; pick up the phone, send an email, lodge a website query or fax us. We are here to help.

We use our experience and expertise to determine whether to manage your enquiry ourselves or whether it might be best to engage an external panel solicitor. MIGA’s panel solicitors

are experts in the field of medical liability as well.

If we engage a panel solicitor then they will have the day to day management of the matter. MIGA will remain closely involved, particularly to provide the instructions and direction on the matter and support you every step of the way.

Meeting with the panel solicitor

Your MIGA claim solicitor will arrange a meeting between you and the panel solicitor to talk about the matter. The panel solicitor will take detailed instructions from you and review your records so that they can advise you on defending the matter.

The panel solicitor will correspond with the patient’s solicitor and prepare any necessary court documents. They will represent you in dealings with the patient’s solicitor, so you don’t have to worry about direct contact from them.

Independent experts

As part of defending a claim for compensation, the panel solicitor might engage independent experts with a view to obtaining a report from them in support of your management of the patient and/or to demonstrate that your management of the patient was not causative of the alleged injury.

Another reason the panel solicitor might engage an independent expert is to advise on the value of the patient’s claim for compensation by assessing the nature of the alleged injury and the impact on the patient.

Settlement conferences and mediations

The vast majority of claims for compensation are resolved before trial. If supportive evidence is obtained for the doctor then often the resolution is on the basis the claim is discontinued, sometimes with a judgment in favour of the member or client. Sometimes however the resolution takes the form of a

negotiated confidential settlement of the claim. For our members and clients resolution often brings with it great relief. Getting to a trial is extremely stressful, time consuming and can sometimes take years from notification to judgement. Inevitably, the outcome is uncertain.

For this reason, it is usually advisable to attempt to negotiate a resolution at an early stage, and any resolution will reflect the assessment of the strengths and weaknesses of the claim based on the available evidence.

In many cases the parties are required by the court to attend a settlement conference or mediation before the matter proceeds to a trial.

Mediations involve the appointment of a mediator agreed by the legal representatives. Often they are a retired judge, senior barrister or a solicitor, inevitably with considerable experience in mediating medical liability matters. The parties meet over the course of hours to see if resolution of the claim can be achieved. Our members and clients do not normally attend but the MIGA claim solicitor will always attend and be closely involved. The mediator will guide the parties through a structured negotiation process and will assist the parties to identify and assess options to resolve the claim. The parties are obligated to keep the negotiations and any outcomes confidential.

The MIGA claim solicitor and the panel solicitor will liaise with you throughout the conduct of a claim to discuss what might occur and how they plan to approach negotiations. Your input is a very important part of this process.

Our panel solicitors and your MIGA claim solicitor will manage the settlement discussions.

Rest assured

The key take-away message is if you receive a letter from a patient’s solicitor, call one of our MIGA claim solicitors for advice and assistance.

You are in excellent hands with us.

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Managing chronic pain



Managing chronic pain is a challenge for patients and their treating doctors. The focus on reducing the use of opioids as a first line treatment in emergency department settings and for long term pain management puts additional pressure on clinicians in responding to patients seeking immediate pain relief. Opioids might provide immediate, short term relief but they have a lot of serious downsides including addiction, overdose and in some cases even death.

What are the alternatives?

A recent NSW trial has demonstrated a 24% reduction in opioid prescribing for patients with acute back pain in emergency departments. 300 clinicians were trained to assess, manage and refer patients presenting with acute back pain without necessarily prescribing opioids and to provide alternatives such as other medications and heat wraps. A key to the success of this trial was patient

education and clear communication as well as a process for enabling fast track referrals to outpatient services including physiotherapy, primary care and specialist back clinics when required. Overall, the feedback was positive. The ED team embraced the trial as they could see positive results immediately and the patients were pleased to receive focussed care. The results of this trial have been published in *BMJ Quality and Safety*.

MIGA ran a claims hypothetical – “Who dunnit? – the poisonous pill” as part of the 2017/2018 Risk Management Program. It was based on a Coronial investigation into the death of a young mother and sports person from prescription overdose. Sadly, it is estimated, each day, three people die from drug-induced deaths involving opioids, the majority related to prescription overdose¹. We followed this hypothetical with an online module on Opioids and a recent Webinar on the TGA and PBS legislative changes in relation to opioid prescribing. MIGA doctors can access the module and the webinar recording by logging into REO from the website or directly at reo.miga.com.au. Both activities attract 5 MIGA Points each².

It is apparent from doctors attending the hypothetical and the webinar that assistance is needed in understanding what safe and effective treatments (medical and non-medical) are available, how to communicate to patients a clear treatment strategy and how to manage the process of deprescribing patients away from opioids.

Resources to help you

MIGA will be hosting a follow up webinar later this year on the pragmatics of managing chronic pain and de-prescribing.

In the meantime, there are some excellent resources available to clinicians and their patients. Here are some of them:

- The ACI Pain Management Network which has resources for patients and clinicians
- Pain Australia
- Reach for the facts
- Choosing wisely Australia
- NPS: Opioids, chronic pain and the bigger picture
- The opioid calculator app – when does a patient reach the danger zone
- The Brainman series of videos explaining pain

These can be useful in enabling patients to self-educate on the topic, making them more aware of the implications of their treatment, promoting healthy discussion and potentially increasing motivation to try alternatives.

A more complete list of useful resources on opioid prescribing and the alternatives (including available modules, guidelines and legislative changes) can be found in the education section of the website on Prescription medications.

If you require further information and advice, please contact our Legal Services team on 1800 839 280.

Keryn Hendrick

Risk Education Manager

¹ The Pennington Institute Final Report March 2020
² 10 MIGA Points earned in a risk Management Program year attract a 10% premium discount on insurance renewal. Terms and conditions apply. For further information visit <https://www.miga.com.au/education>

Starting in Private Practice?

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* 50,000 bonus Qantas Points offer only available to registered Australian medical practitioners, who are commencing private practice for the first time, or are transferring to MIGA from another insurer's first time in private practice arrangement and first insure with MIGA under MIGA's Starting out in Private Practice Package for cover commencing between now and 30 June 2022. MIGA Terms and Conditions for bonus Qantas Points for Starting out in Private Practice are available at: www.miga.com.au/qantas-bonus-tc-sipp





Not 'just' COVID-19?

Pulling back the curtain on advocacy during COVID-19

The COVID-19 pandemic has dominated our lives over the last year but lots of work has continued behind the scenes by MIGA in the advocacy space.

Lots of COVID-19 advocacy...

Over recent months, much time has been spent in discussion to ensure the roll-out of COVID-19 vaccines has been sensible, practical and fair for the profession. We have been working closely with the Federal Government, regulators and key stakeholders on the issues of insurance, consent, follow-up and Medicare issues. This work continues...

Emerging, complementary and unconventional medicine – a different approach?

Before the pandemic MIGA contributed to a Medical Board consultation on emerging, complementary and unconventional medicine.

We support clear guidance for doctors practising in these areas and were concerned about potential for confusion and uncertainty through wide ranging guidelines covering a diverse range of both conventional and non-conventional practices. These would have covered both those providing such treatments and those caring for patients who were seeking these treatments elsewhere. We argued for separate complementary and unconventional medicine guidelines first, with 'emerging' medicine (including off-label prescribing and evolving conventional practices) requiring a different approach.

Last month, the Medical Board announced it would not go ahead with broad guidelines as originally proposed. Medical Board Chair, Dr Anne Tonkin, indicated "... the solution we had proposed did not match the problem we were trying to solve and the labels we used – complementary and unconventional medicine and emerging treatments – were not helpful in defining the level of risk posed to patients." The Board identified a "persisting issue of patients being offered high-risk treatments that did not have an evidence base of safety and efficacy [including] vulnerable patients not being provided with the information they would need to give genuinely informed consent."

We anticipate more work and consultation by the Board around these issues.

Privacy regulation – advocating for a healthcare specific regime

In late 2018, the Australian Competition & Consumer Commission (ACCC) inquiry into digital platforms made preliminary recommendations for extensive, economy-wide changes to privacy regulation. This would impact most aspects of healthcare outside the public hospital system, including new obligations around collecting healthcare information, permitting certain patient requests to erase information and introducing new rights of legal action and penalties for privacy breaches.

We are concerned these will have an inappropriate and disproportionate impact on healthcare. In submissions to the ACCC and Federal Treasury, MIGA argued the inquiry had not revealed any concerns about healthcare and the proposals were neither warranted nor appropriate for healthcare and some were more likely to impede rather than enhance healthcare.¹

The Federal Government opted against making the proposed changes (at least for now), embarking instead on a Privacy Act review. MIGA's recent contribution to this latest review advocated for a separate, tailored healthcare privacy regime, one which is harmonised with existing confidentiality obligations, supports necessary exchange of information amongst healthcare providers and which is clear, simpler and easily navigable by all involved.²

We look forward to further contributions to this review.

My Health Record – making it more useful for the profession and their patients

MIGA believes My Health Record has inherent limitations but can make certain important clinical information more easily available, offering potential to be more useful over time.

Over the second half of 2020, MIGA was involved in a review of My Health Record regulation. We were pleased that the review supported a range of proposals we made to clarify how doctors and other health professionals can use My Health Record across a wide range of clinical situations.³ This covers use for children, verifying records,

emergency access, data breach obligations, reports/certificates, deceased patients and defending damages claims. We see this as an important part of removing barriers towards its wider use and utility.

We are hopeful the Federal Government will accept and implement these important proposals.

What's ahead?

The coming months will involve much National Board/Ahpra related advocacy work.

The Commonwealth Senate has just announced a new inquiry into the National Boards/Ahpra. This follows a similar inquiry four years ago which led to a range of important recommendations and subsequent improvements to the professional regulatory system, ones which MIGA advocated for strongly. These covered vexatious complaints, more clinical input into complaints and different ways of managing them. MIGA looks forward to contributing to this latest inquiry.

The National Boards and Ahpra are also consulting on revised regulatory principles, which follow directions from Australian Health Ministers to place greater emphasis on public protection, deterrence and public confidence in regulatory and disciplinary decisions. MIGA has been working closely with the Medical Board/Ahpra over the past year on these issues, with a focus on ensuring processes are fair, rather than punitive.

There is also more in the pipeline on professional regulatory issues, including a wide range of changes to the regulatory framework and implementation of the Medical Board's Professional Performance Framework. Stay tuned for updates on MIGA's work.

Members and clients who want to discuss these and broader advocacy issues are welcome to contact us.

Timothy Bowen

Manager – Advocacy & Legal Services

- 1 MIGA's submissions are available at www.accc.gov.au/focus-areas/inquiries-finalised/digital-platforms-inquiry-0/preliminary-report-submissions-and-consult.treasury.gov.au/structural-reform-division/digital-platforms-inquiry/consultation/published_select_respondent?_b_index=0
- 2 MIGA's submission is available at www.ag.gov.au/sites/default/files/2021-01/miga.PDF
- 3 Final report of the Review of the My Health Records legislation (December 2020, released 11 February 2021) - www.health.gov.au/resources/collections/review-of-the-my-health-records-legislation

International Women's Day

On the 8th of March 2021, we recognised International Women's Day and our support for our female members through their journey from students, through clinical training and throughout their professional careers.

On the day and during the week following, through our social media channels, we celebrated three young women in medicine and their achievements. All were recent recipients of MIGA Doctors in Training Grants, Dr Maeve Barlow, Dr Rebecca Kelly and Dr Adele Storch each forging their own path in medicine.

Medicine is a challenging and demanding career, physically, mentally and emotionally. Our grant recipients shared their words of advice for other women pursuing careers in medicine. You can read more about each of these young doctors' training adventures by accessing their grant reports on our website.

Jacinda Gillespie

Marketing Specialist - Digital



"Being a woman in medicine carries challenges in addition to the steep learning curve, the uncertainty and the huge expectations that encompass being a doctor.

Having sat the first part of the Physician's exam very recently, my key advice to female medical professionals is to back yourself. Treat yourself as if you were your own biggest fan. To believe in my own resilience and determination has helped me to undertake all the wonderful opportunities medicine has given me, from working in Central Australia to studying tropical medicine abroad. However, more importantly, this mentality has come from the wisdom and role modelling of the female doctors I truly respect, so surround yourself with women who embolden and embrace the values you hold close."

Dr Maeve Barlow

"I had always been worried about choosing and finishing my specialty training as soon as possible.

More recently, I have realised that slowing down and taking longer is okay too. I might not be a consultant by the time I am thirty but I will have been locuming across Australia, on road trips and overseas adventures, and finished a masters and PhD. I think that the skills and qualifications that I have gained doing these "other" things will save me time in choosing and entering a specialty and advancing my career in the future. So, remember that it's okay to slow down."

Dr Rebecca Kelly

"I want each woman in medicine to feel confident to forge her own unique career path.

That may include taking time away from the traditional training pathway to pursue research, travel or to have children as I have recently done. Becoming a new mother has again reminded me of the incredible creative power of women that needs to be celebrated every day. This creativity is taking medicine in new and generative directions and is something to be encouraged and embraced."

Dr Adele Storch



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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.

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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.



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