

Bulletin



Saving the lives of Australians

COVID-19 has brought with it many challenges, the consequences of which reach far beyond public health. The lockdown in Victoria has resulted in another economic setback and has shown how quickly the virus can get the upper hand. We have all had to be mentally prepared for further outbreaks and the disruption this brings to our daily lives.

The changes that the healthcare profession has been dealing with over the last 5 months have been nothing short of monumental and we have seen the concern and distress arising from changes to practice, cessation of elective surgery, telehealth implementation, not to mention information overload and concern for personal safety.

While the situation has been financially and emotionally stressful, we have been impressed by the level of proactivity shown by our members and clients in preparing for and implementing change, and seeking out up to date information. We appreciate that in such a health crisis it is you the population turns to as a source of truth, knowledge and 'voice of reason'. The importance of practitioners as leaders in their local communities has never been more evident. Apart from some initial supermarket panic buying, on the whole, the Australian public has been very attentive and followed the medical advice. As a result, we have fared much better than many countries. This is testament to the trust and faith the Australian public has in the advice of the medical and healthcare professions.

At MIGA we have been doing our best 'to do our bit'. Our service to you is of the highest importance and we have been busy providing medico-legal support

and risk management advice, providing FAQ's on our website to keep you abreast of changes, promoting doctors' health and supporting members and clients experiencing financial hardship. We also acted to protect our staff and help control the spread of the virus by moving all of our staff to working remotely from late March. By our internal measures, this did not impact our service to you, but I sincerely hope your experience of MIGA has been consistent.

While this has been challenging for our organisation, supporting you has kept us focused, aligned and built a stronger sense of 'team'. Challenges not only highlight what is important, they also tend to bring out the best in people. We hope you have found this too.

Ongoing change is a certainty; please remember that we are always here to support you. So if you have questions or need advice relating to changes in your practice, compliance with COVID-19 measures in your State, or interactions with your patients, please don't hesitate to contact our Legal Services and Risk Management teams. If you change your practice and this has implications for your insurance with us, please contact our Client Services Team. They will be able to provide you with advice and amend your coverage accordingly.

We are all in this together, and together we will work a path out. We encourage you to keep up the great work you are doing in your community – they need you.

Thank you for your continued support of MIGA and we look forward to supporting you into the future.

Mandy Anderson
CEO and Managing Director

August 2020

The scene on the frontline

Telehealth

What you should know

COVID-19 and Privacy

Advocacy in unusual times

COVID-19 – An opportunity to improve your well-being



We are living in challenging times and our thoughts are particularly with our members and clients in Victoria. Dr Stephen Parnis provides a perspective from the frontline (opposite) and our greatest hope is that the community get behind your efforts and the restrictions to bring this outbreak under control.

In this issue of the Bulletin we provide some tips on privacy and confidentiality relating to COVID-19 infection notifications and discuss some important considerations in relation to the provision of Telehealth services.

Rapid change due to COVID-19 restrictions and infection control have created much stress for healthcare workers and medical practitioners. We look at some things that you may be able to introduce to your daily routine that could help you to manage your stress and reframe your thinking.

Our team are here to answer your questions whether medico-legal or risk management related, so if you need help, please make use of their expertise by giving us a call.

I hope you enjoy this issue.

Kerry-Ann Klop
Risk Management Event Co-ordinator

Advocacy in unusual times

The COVID-19 pandemic has dominated our work and personal lives. It has significantly changed healthcare. The level of reform in just days and weeks is something which normally takes months and years.

An insight into the volume of change is in our COVID-19 medico-legal and insurance Q&A – www.miga.com.au/coronavirus. This started in early March and has continued to expand and evolve frequently.

'Whole of population' Medicare telehealth, using protective equipment, changing scopes of practice, digital image prescribing, elective surgery, testing and treatment restrictions, and evolving certification needs are just some of the key changes we have seen for healthcare.

Throughout MIGA has been working closely with governments, regulators and professional organisations to ensure:

- Change is sensible, practical and fair for frontline clinicians dealing with the day-to-day realities of healthcare during a pandemic
- Improvements to healthcare delivery can continue.¹

Key issues and what they mean for you

Telehealth

MIGA believes the COVID-19 pandemic showed how telehealth can be used well. It supports a broader Medicare telehealth model continuing into the future, for use where:

- The profession considers it clinically appropriate
- Patients are comfortable with it
- It offers the same standard of care as a face-to-face consultation
- Continuity of care is ensured, including ability to see the doctor or their colleague when needed.

We have also emphasised the need for privacy / security expectations on the profession, particularly around video platforms, to be realistic, and clarity in sometimes confusing and complex Medicare telehealth items.

Digital image prescribing

From late March, Australian Governments began to introduce digital image prescribing, allowing an image of a prescription to be sent to a pharmacist directly. This was an important initiative, but with significant implementation issues. After it was announced, there were delays in introducing regulation to legalise it. This caused potential confusion and medico-legal risks for the profession.

MIGA has been advocating to ensure no doctor faces regulatory action for using this new model in good faith before it was legal in their state / territory.

It is pleasing to see South Australia and Queensland have retrospectively legalised these prescriptions.

Over the coming months, we will also see the introduction of electronic prescribing, using digital tokens / QR codes and 'active script lists'.²

Remembering COVID-19 pressures in medico-legal processes

MIGA has been emphasising the need for regulators to recognise the realities of the pandemic. A doctor attempting to provide the best care they could in difficult circumstances, under significant personal and professional pressure, should not be judged by unfair standards of best practice in ideal circumstances. Importantly the Medical Board and AHPRA have recognised this issue, and we are advocating for it to be acknowledged in Medicare and other complaint / regulatory processes.

Timothy Bowen

Senior Solicitor – Advocacy, Claims & Education

¹ For more information on various COVID-19 advocacy issues across the country, you can read MIGA's submissions to the Senate COVID-19 inquiry and to parliamentary inquiries in South Australia (select COVID-19 Response Committee / Submissions) and Queensland

² More information on these models is available from the Australian Digital Health Agency



The scene on the frontline

It is the 20th of July and like surf approaching a beach from the distance, the Second Wave of COVID-19 has been approaching my home city of Melbourne for some time now. After the enormous relief of suppressing the First Wave, the continual increase in cases each day since June has been a cause of increasing worry for us all.

Now, hundreds of patients have tested positive for COVID-19 every day for the last two weeks, and as the total case numbers climb, the inevitable is happening. COVID-19 cases are presenting to my emergency departments. Every day. In increasing numbers and severity.

As a doctor and emergency specialist, I have closely followed the evolving medical knowledge about the SARS-CoV-2 virus and the disease it causes, COVID-19. I and my colleagues have had four to five months to learn from the experience of the rest of the world, and to prepare our health system for a challenge that has not been seen here for a century.

We dodged a bullet in March and April, but any sense of relief has been wiped away in the last couple of weeks.

There are profound differences with the second wave. The cases are coming from multiple community clusters, not overseas. Many of my nursing, medical and supporting colleagues are either having to isolate as close contacts or testing positive for COVID-19 themselves. The pressure on rosters is significant and widespread. Some hospitals have struggled to keep accepting their usual caseloads.

But the biggest difference has been in the patients coming through the ambulance bay doors. With the first wave, positive cases were noteworthy for being infrequent and surprising. Now, we are seeing multiple cases every day, and many more of them require hospital admission. My most confronting case has been a man aged 69 with dangerously low oxygen levels and severe COVID-19 pneumonia. He required immediate resuscitation, the use of a ventilator, and transfer to Intensive Care. His life hangs in the balance.

The pandemic has affected every aspect of healthcare in the community and hospital sectors. Waiting areas cannot be allowed to become crowded. Visitors are only allowed in times of absolute necessity. Telehealth has become the default form of service provision for so many. Personal protective equipment and hand hygiene have become central to every aspect of clinical work, multiple times per hour, every hour of every shift. Even tea rooms and change rooms – a place to relax and debrief in normal times – require time limits and physical distancing to minimize the risk of virus transmission.

Emergency work has also radically changed. The first question in every presentation must be “Could this be COVID-19?” Short Stay units have become COVID-19 and SCOVID-19 (suspected COVID-19) zones, not to be entered without full PPE, and a thorough knowledge of safety protocols. The importance and professionalism of our cleaning staff has never been more appreciated and respected.

The anxiety among my colleagues, and all the patients I see is palpable. I have no doubt that in 28 years as a doctor, this is the most stressful period I have ever encountered. It is because we face enormous uncertainty in the days and months ahead. Questions range from the capacity of our health system to handle the surge in cases, through to our own individual abilities to cope with the increased risks we accept.

I'm proud to say that we are coping with the situation, despite all the challenges we face.

We turn to our training. I have worked in many countries, and I'm proud to say that Australian health professionals are among the world's best.

We turn to each other. In each of my hospitals, I know I work with people who care deeply for me, as I do for them. We support each other through ups and downs, usually with good humour, and always with great generosity.

And we turn to the Victorian and wider Australian community. Only they can drive down the numbers of COVID-19 cases, by observing physical distancing, staying home, wearing masks, and maintaining vigilance for even the mildest of symptoms. They have done so once, and we are counting on them to do it again.

It's a very big ask, but the stakes could not be higher

Dr Stephen Parnis

Emergency Physician and MIGA Board Member

The status of the COVID-19 pandemic in Australia at the date of the article and immediately prior to production of the Bulletin is as follows: *In the relatively short period between the writing of this article and finalising the August Bulletin for production (5 Aug), case numbers in Victoria have risen from 5,942 to 13,035, an average of 443 new cases each day over the 17 day period. Our thoughts are with our members and clients in Victoria as they work to manage the rapid increase in patient load, and with those healthcare workers who have themselves contracted the virus. Despite the workplace and personal challenges you continue to provide healthcare at a standard that leads the world. Your commitment, determination and compassion is inspiring.*



Case Study

COVID-19 and Privacy

Carmelina Parisi
Solicitor – Legal Services



Patient confidentiality is a cornerstone of medical practice and is a fundamental legal right. Upholding confidentiality is an essential part of clinical consultations and healthcare professionals have ethical, professional and legal obligations to respect a patient's right to privacy and confidentiality.

With the spread of COVID-19 we have seen an increase in privacy enquiries from our members. Not only are our members and clients seeking advice relating to the rights of their patients but they are also seeking advice in relation to their own right to confidentiality in circumstances where they have been diagnosed with COVID-19.

The obligations of privacy and confidentiality

The obligations of privacy and confidentiality continue to operate for patients with suspected or confirmed COVID-19. Healthcare professionals are of course entitled to the same privacy. Disclosing a patient's health information to a third party without lawful cause would constitute a breach of confidentiality and could potentially expose the healthcare professional to the threat of litigation and/or regulatory action.

Duty to notify

COVID-19 is a notifiable disease to State and Territory health departments. This is **not** a breach of privacy or confidentiality and is a legal requirement. Failure to disclose this information can result in serious penalties.

Exceptions to confidentiality

Healthcare providers have important obligations to maintain a safe work place for staff and visitors and to handle health information appropriately. This has proven to be a challenge in recent times due to the spread of COVID-19.

There may be situations where it is necessary to disclose the occurrence of COVID-19. The Courts, the Australian Privacy Principles and the Privacy Act 1988 (Cth) all recognise exceptions to the duty of confidentiality where disclosure is in the public interest and/or to avoid public harm. Sharing information with close contacts of a patient or healthcare professional that has tested positive to COVID-19 may fall within this exception. Healthcare professionals should take the time to carefully consider what information and how much information is necessary to disclose in order to lessen or prevent serious harm to another person or to the public. The consent of the patient should first be sought unless it is unreasonable or impracticable to do so.

In the case of a patient or staff member of a healthcare professional who has tested positive for COVID-19, it is appropriate to inform staff who have been in close contact with the person. Depending on the circumstances, it may not be necessary to reveal the name of the individual in order to prevent or manage COVID-19, or the disclosure of the name of the individual may be restricted to a limited number of people on a 'need-to-know basis'. We encourage our members and clients to seek advice from the Department of Health if faced with this situation.

Recent experience

One of our members recently contacted the Legal Services team at MIGA for advice in relation to a situation where the media had reported his positive COVID-19 result. Although his name was not disclosed, details of the practices where he consulted were released.

Our member was concerned that he could be identified by this information and was seeking advice as to whether there had been a breach of his privacy and whether he had any recourse.

This is an example of a situation where an individual's right to privacy can conflict with a public health authority's need to respond to a rapidly-changing public health emergency. It is important in these situations to remember that, despite the COVID-19 pandemic, personal information (especially health information) must only be used or disclosed in circumstances permitted by the law.

Understanding your privacy obligations to your staff

In order to manage COVID-19 while respecting privacy the Office of the Australian Information Commissioner has offered the following tips:

- Personal information should be used or disclosed only on a 'need-to-know' basis
- Only the minimum amount of personal information reasonably necessary to prevent or manage COVID-19 should be collected, used or disclosed
- Consider taking steps now to notify staff of how their personal information will be handled in responding to any potential or confirmed case of COVID-19 in the workplace
- Ensure reasonable steps are in place to keep personal information secure, including where employees are working remotely.

If you have any questions in relation to matters of privacy and confidentiality our Legal Services team would be happy to discuss these with you. For further information and guidance, we recommend that you visit the MIGA website and also websites of the OAIC and the Department of Health.



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

Telehealth What you should know

Maurie Corsini
National Manager – Underwriting



MIGA has over recent months received many queries from members and clients concerned about whether they are covered for claims arising from telehealth consultations, which have increased significantly during the COVID-19 pandemic.

Telehealth is essentially the use of digital technologies to provide health care services and is a well-recognised way of providing care in a wide variety of situations which can include consultations via a wide range of video platforms and telephone.

MIGA's insurance policies do not stipulate how care must be provided, e.g. there is no requirement that it must be via a physical face-to-face consultation.

If you are confident that a reliable, secure telehealth system will allow you to provide the same level of care and advice as you can in a face-to-face consultation with a patient, and you have appropriate arrangements to see the patient face-to-face if necessary, telehealth is an appropriate alternative approach to face-to-face consultations. You must ensure your healthcare is provided appropriately, in accordance with any applicable published guidelines, within the scope of practice cover, and within the terms of your insurance.

In providing telehealth services there are a few things members and clients should note:

1) What type of telecommunication solution can be used?

The only requirements are that telecommunication solutions support clinical requirements and also satisfy privacy laws. AHPRA and the National Boards advise that telehealth services can be provided through telephone and video calling

apps and software platforms such as Skype, FaceTime etc, however, they caution that non-commercial free versions of many applications may not meet applicable laws for security and privacy. For further information refer to the Privacy Checklist for Telehealth Services available at mbsonline.gov.au.

2) How are telehealth services charged?

For the purposes of cover it doesn't matter how the telehealth service is billed whether via professional fee or Medicare. But if billed via Medicare, please note that Medicare has introduced hundreds of telehealth items during the COVID-19 pandemic.

These items extend to all Medicare eligible Australians, so long as the requirements for individual item numbers are met and the practitioner and their patient are in Australia.

We have received several enquiries where the practitioner is outside Australia. It is important to understand that in these situations Medicare telehealth items cannot be used, however, the practitioner is free to charge professional fees for such services.

3) Do Medicare have any specific requirements?

Yes – in determining whether telehealth is deemed appropriate Medicare requires the practitioner to:

- have the capacity to provide the full service: this means safely and in accordance with professional standards
- be satisfied that it is clinically appropriate to provide the service to the patient
- maintain a visual and audio link (or audio only for telephone) with the patient
- be satisfied that the software and hardware used to deliver the service meets the applicable laws for security and privacy
- only use telephone if video cannot be used

Online chat, messaging and email cannot be used for Medicare telehealth items.

From 20 July 2020, GPs will only be able to claim COVID-19 telehealth items if they, or a doctor at the same practice, have seen the patient for a face-to-face consultation in the last 12 months.

We have also received enquiries from practitioners as to whether practitioners' Medicare provider numbers can be used to bill telehealth consultations undertaken by other practitioners in the same practice.

A Medicare provider number can only be used by the practitioner for telehealth consultations undertaken by the practitioner. The practitioner is solely responsible for meeting Medicare billing requirements for an item billed using their provider number.

If incorrectly or inappropriately billed for services provided by another, the practitioner would be responsible for meeting any repayment to Medicare, and could also face Medicare restrictions or professional disciplinary action.

MIGA provides a significant amount of key information, including in relation to telehealth, to support our members and clients about our response to the challenges posed by the COVID-19 Pandemic. Please visit our website at www.miga.com.au/coronavirus for further information.

Resources

AHPRA Telehealth guidance for practitioners

www.ahpra.gov.au/News/COVID-19/Workforce-resources/Telehealth-guidance-for-practitioners.aspx

Commonwealth Health Department, Privacy Checklist for Telehealth Services

www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TelehealthPrivChecklist

MBS Online – COVID-19 Temporary MBS Telehealth Services

www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-TempBB

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COVID-19 an opportunity to improve your well-being

MIGA was pleased to recently support a Breakthrough Mental Health Research Foundation CrazySocks4Docs webinar focusing on Doctors' mental health. Dr Roger Sexton, Medical Director Doctors' Health SA and MIGA Deputy Chairman, participated in the panel discussion.

The Beyond Blue Doctors' Health Survey, first completed in 2013, has highlighted the high risk of burnout amongst doctors, with suicide rates higher than the general population (double the general population amongst female doctors) and the imbalance between work and family as the main cause of stress for doctors.

The webinar panellists discussed the additional impact of COVID-19 as doctors have navigated their way through the health and economic implications. Unsurprisingly, COVID-19 has added another health and safety issue to the long list already in the medical workplace, with doctors concerned about the safety of themselves and their families, particularly when PPE was in short supply.

Doctors have also been struggling with information overload, the need for rapid adaptation of workplaces and work practices, such as the implementation of telehealth consultations for their patients and even cessation of practice altogether.

Training programs have been put on hold and exams delayed. Doctors have certainly not been immune to uncertainty, feelings of isolation and loneliness.

However, there are two sides to every coin and the news is not all bad.

For some doctors, COVID-19 has provided time and the opportunity to slow down, step back and reassess what could change and what is important in their lives. It has been something of an enforced pause (a 'mini gap year') that has given doctors permission to fulfil their non-medical roles and reinvigorate personal interests.

If you have been focusing on the challenges and feeling the pressure of these, perhaps you can also benefit from taking a step back and looking for the opportunities for yourself.

Opposite are some tips to get you started thinking about ways you can make the most of the current situation to improve your overall well-being.

View the recorded webinar at

www.youtube.com/watch?v=woS6cgUyG10&feature=youtu.be
(Running time 41 minutes).



Dr Roger Sexton
Medical Director Doctors' Health SA and NT
MIGA Deputy Chairman
Chair, Australasian Doctors' Health Network



Stop and take stock

Perhaps COVID-19 has given you permission to take a break from work, the sabbatical that you have long dreamt of!

Do you really miss your hectic lifestyle, attending meetings and dinners etc?

What have you set aside that you can now recommit to – family life, the garden, your creative pursuits, quiet time in nature, reading and writing, music, food chemistry (cooking)?



Get good advice

It is a very good time to see your GP for a thorough medical, including immunisations and all relevant age-appropriate health screening.

Look impartially at your own family history and lifestyle habits to see what is lurking therein and work with your GP to take evasive action.



Focus on the basics

Nutrition – modest amounts of good food that is wholesome, good home cooking.

Be mindful of your alcohol consumption, especially the night before a working day.

Making time for physical activity. 2.5 hours each week of moderate intensity walking is a good start.

Sleep – quantity and quality. Caffeine after midday and alcohol are well known to corrupt sleep.



Relationships

Reaffirm these with family and friends, in person (where you can) or online/virtually.

Life is richer when we fulfil our other roles in life as a partner/husband /wife, sibling, son/daughter and our broader community roles.



Rediscover non-medical interests

Escape the constraints of our highly regulated profession and indulge your free-wheeling, creative passions – music, art, exercise, writing, cooking.



Focus on workplaces and work practices

WH&S risks do impact upon doctors!

Look for signs of distress amongst colleagues and offer support to them and employees who may be feeling overwhelmed, anxious and uncertain.

Risk Management Program 2020/21

When we started planning the events for the 2020/2021 Risk Management Program back in November, we could not have predicted the situation we currently find ourselves in.

This year, as you would expect, we are not offering any face-to-face events. While we know that many of you will miss these informative and entertaining events, it has allowed us to focus on the online activities in our online learning platform - REO.

There are now over 10 different online workshops topics on offer. The workshops will still feature the presenters you know and trust, and provide the same great interaction and information you are used to. Along with the new workshop topics, the team has been busy working on two new modules. These are now available in REO and more are scheduled for release as the year progresses.

We also understand how demanding the last few months have been on you. There are several doctor's health resources available to you. There is no better time to take care of yourself. These include:

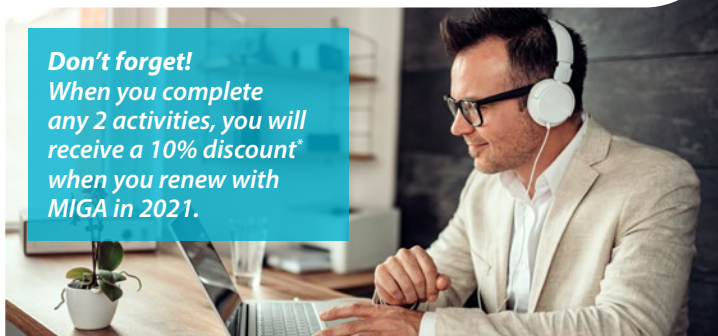
- The Doctors' health Module
- Caring for our colleagues workshop
- The comprehensive doctors' health check
- The Doctors health E-book, full of great resources, tips and tricks.

If you are not sure where to start, why not give the Risk Management team a call. We will be more than happy to assist you. Please contact Jane Clark or Kerry-Ann Klop on 1800 777 156 or at reo@miga.com.au

Liz Fitzgerald

National Manager – Risk Services

*Terms and conditions apply. MIGA Risk Management Points: must be completed by 31st March 2021 to earn a 10% premium discount.



Don't forget!
When you complete any 2 activities, you will receive a 10% discount* when you renew with MIGA in 2021.

AGM and election of Directors

MIGA's Annual General Meeting is scheduled for Wednesday, 25 November 2020. Due to COVID-19 restrictions, the AGM will be run as a virtual meeting with members able to attend via the internet. More details to follow with the October 2020 Bulletin. 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 Prof. Owen Ung 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 lodged at our Adelaide Head Office on or before 5.00pm (CST) Friday, 11 September 2020 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.

Mandy Anderson

CEO and Managing Director



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- 1 This offer is only available to companies that first insure with MIGA under its Professional indemnity Insurance for Healthcare Companies policy where cover with MIGA commences on or after 30 June 2020 and on or before 31 December 2020. This offer is not available to current policy holders of Healthcare Professional indemnity Insurance with MIGA, entities whose annual turnover is greater than \$10,000,000, entities that do not meet the underwriting criteria or where the limit of cover required is less than \$5,000,000. The offer only applies to the first 12 months of cover after which the premium will revert to MIGA's standard annual pricing. MIGA reserves the right to withdraw or amend this offer at any time, other than in relation to policies which have already commenced or written quotations that have not expired.
- 2 40,000 bonus Qantas Points offer only available to Healthcare businesses that first insure with MIGA via a Professional indemnity Insurance Policy for Healthcare Companies for cover commencing on any date on or after 30 June 2020 and on or before 31 December 2020 where the base premium paid is at least \$2,000 excluding taxes and charges. To be eligible for bonus Qantas Points the client must pay the premium in full within 14 days of cover commencing or enter into a direct debit arrangement and not have exercised their rights to cool off or had their insurance cancelled by MIGA, as per the terms of the Policy. The offer is not available to current policyholders of Professional Indemnity Insurance for Healthcare Companies with MIGA. MIGA reserves the right to withdraw or amend this offer at any time, other than in relation to policies which have already commenced or written quotations that have not expired. MIGA Terms and Conditions for bonus Qantas Points for Healthcare businesses are available at www.miga.com.au/qantas-bonus-tc-hc. Qantas Business Rewards conditions apply (www.qantasbusinessrewards.com/terms).
- 3 A business must be a Qantas Business Rewards Member and an individual must be a Qantas Frequent Flyer Member to earn Qantas Points with MIGA. Qantas Points are offered under the MIGA Terms and Conditions (www.miga.com.au/qantas-tc). Qantas Business Rewards Members and Qantas Frequent Flyer Members will earn 1 Qantas Point for every eligible \$1 spent (GST exclusive) on payments to MIGA for Eligible Products. Eligible Products are Insurance for Doctors: Medical Indemnity Insurance Policy, Eligible Midwives in Private Practice: Professional Indemnity Insurance Policy, Healthcare Companies: Professional Indemnity Insurance Policy. Eligible spend with MIGA is calculated on the total of the base premium and membership fee (where applicable) and after any government rebate, subsidies and risk management discount, excluding charges such as GST, Stamp Duty and ROCS. Qantas Points will be credited to the relevant Qantas account after receipt of payment for an Eligible Product and in any event within 30 days of payment. Any claims in relation to Qantas Points under this offer must be made directly to MIGA by calling National Free Call 1800 777 156 or emailing clientservices@miga.com.au.

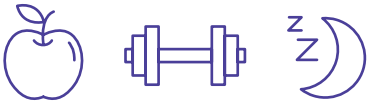
These offers are not available in conjunction with any other offer. Insurance is issued by Medical Insurance Australia Pty Ltd and acceptance and pricing is subject to MIGA's usual underwriting guidelines including satisfactory claims and practice history. Insurance policies available through MIGA are underwritten by Medical Insurance Australia Pty Ltd. (AFSL 255906)



Midwives Your health matters

There is no better time than now to take stock of your health. Life has been a bit crazy recently. Managing your own stressors and those of the women and families you take care of, is likely to have taken its toll.

Supporting others can be emotionally draining during a crisis and you can easily find yourself slipping from a healthy level of wellness. Maintain awareness of your vulnerabilities by checking in with yourself to assess how you are feeling. As care-givers it is easy to get caught up but taking care of yourself is critical to being a good care provider.



Self-care can be simple and you are probably very familiar with the basics.

- Good diet
- Regular exercise (not always easy)
- Plenty of rest (where you can)



What about trying a few new things?

- Drop into your local café for a coffee – put down your phone, just sit and watch the world go by
- Download a meditation App – take it to bed 15 minutes early
- Watch comedy – nothing better than a good belly laugh



If you feel like things are getting on top of you, there are a number of useful resources available to help you.

Check these out from Nurse & Midwife Support website www.nmsupport.org.au/

- My Wellness Plan – Sample and Template
- Mindfulness
- Compassion and fatigue

There are also excellent online tools for a quick emotional wellness assessment.

*Take a quick barometer check with either of these tools from the Australasian Doctors' Health Network website www.adhn.org.au/ **your-health/your-health***

- Kessler 10
- ProQOL*

*This tool makes reference to doctors, but it is equally applicable to midwives.

Most importantly, REACH OUT to family, friends or the Nurse & Midwife Support team on 1800 667 877.

Liz Fitzgerald

National Manager - Risk Services

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Facsimile 1800 839 284

Legal Services

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Facsimile 1800 839 281

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

Join the conversation – Search 'MIGA'



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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Lifeblood**

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Don't forget to make an appointment and donate!

138
DONATIONS

414
LIVES SAVED

Note: Insurance policies available through MIGA are issued by Medical Insurance Australia Pty Ltd (AFSL 255906). The terms and conditions of the insurance provided by Medical Insurance Australia Pty Ltd are fully contained in the Policy Wording and any applicable endorsements. This document does not form part of the Policy Wording. MIGA has not taken into account your personal objectives or situation. Before you make any decisions about our policies, please read our Product Disclosure Statement and consider your own needs. Call MIGA for a copy or access the document via our website at www.miga.com.au.

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