

# Bulletin



## Federal Government Review of the medical indemnity framework

As part of MIGA's advocacy and active participation in the medical indemnity industry, we recently made a Submission to the Department of Health (the Department) in response to the First Principles Review (FPR) of the Indemnity Insurance Fund (IIF).

The FPR provides an excellent opportunity to review the ongoing need for the IIF and to ensure that the policy objectives continue to be appropriate notwithstanding changes in market conditions in recent years.

Since their introduction in the early 2000's to address the medical indemnity insurance crisis, in MIGA's view, the Schemes that comprise the IIF have been critical in maintaining a stable and secure medical indemnity market, ensuring access by medical practitioners to affordable indemnity cover and the delivery of affordable health care for the community. They have served the profession and the community well.

MIGA has made a submission strongly supporting the continuation of these schemes. Key components of MIGA's submission are as follows:

### Should the IIF continue?

#### MIGA's position

MIGA's position is that the continuation of the IIF is critical to supporting the ongoing availability of affordable and secure indemnity insurance, to maintain stability in the medical indemnity industry and to ensure access to affordable health care for the community.

### High Cost Claims Scheme (HCCS)

#### What is it?

The HCCS reimburses medical indemnity insurers 50% of the costs of claims over \$300,000 up to the limit of the practitioner's cover, for claims notified on or after 1 January 2004. From 1 July 2018, the threshold increases from \$300,000 to \$500,000.

### MIGA's position

We support the continuation of the HCCS in its current form as an effective mechanism to reduce the financial impact of large claims – without it, premiums would increase.

It plays a critical role in maintaining affordability of insurance. It should be maintained at the new threshold of \$500k and access to it should be restricted to MIs that are bound by the terms of the Services Contract with the Federal Government.

### Exceptional Claims Scheme (ECS)

#### What is it?

The ECS provides indemnity to doctors for 100% of the cost of private practice claims that are above the limit of their medical indemnity contracts of insurance (\$20m), so that doctors are not personally liable for very high claims. The scheme is fully funded by the Government and doctors are not required to make a contribution.

## December 2017

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We can help!

#### 2017 MIGA Elective Grants

Recipients announced



Christmas is a time for celebrating family, friendships and the passing of another year. It can also be a busy and stressful time for both us and some of our patients. While we are always there to help our patients, I also encourage you to keep an eye on your colleagues who may also be struggling to maintain perspective and balance in their life. Support and friendship can be a literal 'life-line'. Unfortunately, in medicine, stoicism and the need to constantly look like we have it all together can prevent us seeking the help we need, even if that is just an understanding ear.

From all of us at MIGA, I would like to take the opportunity to wish you and your family a joyous festive season and a safe and prosperous New Year.

I hope you enjoy this final Bulletin for 2017 and remind you that we are here to assist you should you need it. Our offices will be open on the normal working days during the Christmas break and our 24-hour emergency medico-legal support service will be available if you need to contact us on public holidays (including Christmas Day) for urgent medico-legal support.

Merry Christmas.

**Dr Martin Altmann**  
Chairman

*Continued on from front cover*

#### **MIGA's position**

We support the continuation of the ECS in its current form as it provides certainty to the medical profession in relation to large claims and assists with affordability of indemnity insurance.

#### **Run-Off Cover Scheme (ROCS)**

##### **What is it?**

ROCS provides run-off cover for doctors who have permanently ceased private practice (in addition to covering doctors on maternity leave, those who have permanently left the country etc). It provides cover for incidents that might have occurred prior to going into ROCS. The costs of ROCS are met by a ROCS support payment by doctors.

#### **MIGA's position**

We support the continuation of ROCS in its current form as it brings stability and certainty to medical practitioners as to their position in retirement, given their insurance cover is claims made.

In its absence, access to run off cover would be less certain and the cost might be prohibitive.

#### **Premium Support Scheme (PSS)**

##### **What is it?**

The PSS assists eligible doctors to meet the costs of their medical indemnity insurance where their gross medical indemnity cost exceeds an agreed percentage of their gross private medical income.

#### **MIGA's position**

We support the continuation of the PSS in its current form as an important mechanism to ensure medical practitioners have access to affordable medical indemnity insurance.

#### **Universal Cover as a principle**

##### **What is it?**

All MDO owned medical indemnity insurers are required under a Services Contract with the Federal Government to cover all doctors in their nominated State(s) as an insurer of last resort. It is intended to ensure that all doctors have access to insurance so they can meet their regulatory requirements and that Medical Indemnity Insurers (MIIIs) do not become quasi regulators of who can and cannot practice.

Not all MIIIs have a Service Contract with the Federal Government and therefore they are not bound by the Universal Cover and other obligations within it, but they can access the benefits of the IIF.

#### **MIGA's position**

In an environment of significant ongoing support for the industry and profession, Universal Cover is important as it gives certainty to medical practitioners, protection for the community and removes concerns that MIIIs might be quasi regulators.

It should only continue as a requirement if the current scope and level of Commonwealth support to the medical profession continues via the HCCS, PSS, ROCS and ECS.

All insurers of medical indemnity for individual medical practitioners must have an insurer of last resort obligation and be bound by all aspects of the Universal Cover requirements, to ensure a fair and level playing field amongst MIIIs.

Insurers must be able to more effectively underwrite and assess their risks within reasonable parameters.

MIGA is actively involved in the review process, with the aim of representing our members' interests and the broader profession fairly and constructively. With such a significant review underway with the potential for widespread change for the profession, we see it as critical that MIGA has, and maintains, a strong voice. Medical indemnity is a significant cost and plays an important role in your day to day practice and we are passionate about maintaining a secure, affordable and sustainable system.

We will continue to keep you informed about the progression of the Review via our Bulletins and website.

**Mandy Anderson**  
CEO and Managing Director

## When things get 'hairy'

Issues that you may encounter in your professional life as a medical practitioner can be very complex, especially if they involve colleagues you directly work with or other medical practitioners you encounter.

Imagine this, you have just become aware that an assault has taken place. You did not witness the assault. It did not occur in a work setting but in private.

The assault, if your information is even close to truth, is very serious. The facts are unclear and would need substantiating but you are reasonably confident as to the reliability of your information source.

To make matters worse you think you know the young victim. While you do not know the perpetrator personally, your colleagues do. You have come across her from time to time in the staff lounge and you recall your colleagues expressing concerns about her mental stability, mood swings and interactions both with patients and with staff.

The word in the wards is that supervisors turn a blind eye and have not addressed her shortcomings.

While concerned, you decide it may be best to mind your own business as it is not your problem. But, when you start your shift, you see a patient in distress being discharged; it's the victim of the assault you had heard about, and your heart sinks.

What do you do now? Do you do anything? Do you turn a blind eye? What are your responsibilities?

If you act then what do you do? What will it mean for you and what will your colleagues think? Could action or inaction damage your reputation and career?

Should you speak with your supervisor or alert hospital management?

What are your responsibilities to your employer, practice or hospital, and to regulators or other authorities? In this situation, do you have a mandatory obligation to report and, if not, what are the risks if you elect to make a voluntary notification?

Who can you turn to for advice?

Fortunately, you can – and should – rely on MIGA. The value of your membership with MIGA is that it enables you to access assistance provided by MIGA's expert medico-legal team, to help you deal with these types of situations. In an emergency situation, help is available to you 24 hours a day. You never need to feel that you are alone. Advice and reassurance are only ever a phone call away. Importantly, we have your best interests at heart.

If you need assistance and support please contact our medico-legal team on 1800 839 280. If you would like to find out more about MIGA's insurance cover for workplace type issues and complaints, please contact your Client Services Officer on 1800 777 156.

**Maurie Corsini**  
National Manager Underwriting

## Are you making the most of our Qantas partnership?

Many of our members are now earning Qantas Points through our partnership with Qantas, mostly via the Qantas Frequent Flyer Program.

However if you are an ABN holder or business owner, earning Qantas Points via the Qantas Business Rewards Program could be even more rewarding. Join Qantas Business Rewards free and start earning even more Qantas Points on flights and everyday business spend.<sup>1</sup> You can then transfer Qantas Points to your personal Qantas Frequent Flyer account.

### Exclusive Qantas Business Rewards program benefits:

- Earn more Qantas Points on flights:
  - The Qantas Frequent Flyer member travelling earns Qantas Points and Status Credits as they usually do<sup>2</sup>
  - Your business also earns points<sup>3</sup>
- Enjoy savings<sup>4</sup> of up to 8% on flights when you book through Qantas Business Rewards or your travel agent
- Enjoy 3 great membership levels – The more you fly, the more your business could earn and save<sup>4</sup>
- Earn Qantas Points on over 50 business expenses including Caltex fuel, Dell technology and NRMA roadside assistance
  - Take advantage of the points you can earn on flights and everyday business expenses with more than 50 ways to earn.

Explore Qantas Business Rewards benefits and join free – get all of the information at [www.qantasbusinessrewards.com/earn-points/qantas](http://www.qantasbusinessrewards.com/earn-points/qantas) and make the most of our partnership.

**Mandy Anderson**  
CEO and Managing Director



- 1 A business must be a Qantas Business Rewards Member to earn Qantas Points. A one-off join fee of \$89.50 usually applies however this will be waived for any business that joins by 30 November 2017. Fees are inclusive of any applicable GST and may be varied by Qantas from time to time, without notice, in its absolute discretion. Qantas Points are offered under the applicable partner's terms and conditions and earning thresholds may apply. Membership of Qantas Business Rewards and the earning of Qantas Points as a business are subject to the Qantas Business Rewards Terms and Conditions.
- 2 You must be a Qantas Frequent Flyer member to earn Qantas Points. A joining fee may apply. Membership and Qantas Points are subject to the Qantas Frequent Flyer program Terms and Conditions. Qantas Points and Status Credits (where applicable) are earned on eligible flights with a Qantas or applicable oneworld® Alliance Airline or Airline Partner flight number on your ticket. Qantas Points and Status Credits may not be earned on some fare types and booking classes. See terms and conditions and the Airline Earning Tables for details on the conditions for the applicable airline.
- 3 Qantas Points for business are offered under the Qantas' Terms and Conditions and earning thresholds apply. Qantas Points earned from air travel are determined in accordance with the airline earn table. A Member's ABN and traveller's Qantas Frequent Flyer membership number must be quoted at the time of booking to earn Qantas Points for both the business and the traveller. An eligible flight means a domestic or international flight which has a Qantas '0B1' flight number on the ticket that is purchased in Australia; is operated by Qantas, Emirates or American Airlines; has a ticket number commencing with '0B1'; and is booked and travelled for business on or after the date the business registers for Qantas Business Rewards. Exclusions apply.
- 4 Savings are available exclusively to Qantas Business Rewards Members on selected fares only and do not apply to taxes, fees and carrier charges. Availability is limited. Advance purchase and other conditions may apply. Savings are subject to and defined in the terms and conditions of Qantas Business Rewards as Member Savings.



## MIGA has just joined the Australian Red Cross Blood Service 'Red25' Program.

Red25 is a Red Cross Blood Service national campaign bringing together groups who can assist them reach their goal of getting 25% of Australians to donate blood. Only 1 in 30 people donate blood, yet 1 in 3 of us are likely to need blood in our lifetime!

MIGA's Red25 Group includes our staff and clients and their family and friends collectively. We encourage you to join us and become part of MIGA's Red25 Group.

It's quick and easy to join our group at: [www.donateblood.com.au/red25/join-red25-group](http://www.donateblood.com.au/red25/join-red25-group). Simply enter the group name 'MIGA'. Together we can support the fantastic work of the Australian Red Cross Blood Service and help ensure that patient demand for blood donations is met. Keep an eye out in future Bulletins as we will keep you updated on our donation tally. Thank you in anticipation of your generosity.



## Case Study

# Patients refusing treatment



### Key issue

How do you deal with a patient who refuses treatment?

### Key takeaway

A competent patient is within their rights to refuse treatment. It is important that you have fully informed the patient of the importance of your recommendations, the risks of non-compliance and have documented this in the patient's medical record.

### Emma Cocks

Solicitor – Claims & Legal Services

A General Practitioner recently contacted MIGA for guidance in relation to a patient who was refusing to follow advice. Unfortunately, this is not an uncommon scenario for members.

The GP had formed the opinion that it was necessary for the patient to undergo further investigations and possibly treatment, depending on the outcome of the investigations. The patient was anxious about what the tests might reveal and had told the GP in strong terms that they would prefer not to take any action or further steps.

The patient was an adult and the GP considered that they were competent to make decisions about their health care, but the GP was very concerned that the patient's refusal to undergo further tests could jeopardise their health and wellbeing. The GP was also concerned that the patient could seek to lay blame at a later stage if there was an adverse outcome based on any delay.

In this case, the GP had spoken with the patient at length about the importance of the recommended investigations and the potential diagnostic significance. Positively, the GP had documented their recommendations and the patient's non-compliance in the patient's medical record and had also offered to speak to the patient's family and refer the patient to another practitioner if the patient wished to seek a second opinion.

Advice was given to the GP of the importance of discussing with the patient the potential consequences of their non-compliance and refusal and to ensure that that discussion was comprehensively documented in the medical record. On this occasion it was also suggested that the discussion, the recommendation and the patient's non-compliance be confirmed in a letter to the patient and sent by registered post to ensure receipt. The situation appeared to warrant such action.

If you experience a similar situation, you can also consider asking the patient to sign an informed refusal form. This may refocus the patient on the importance of their decision and they may reconsider. Such a document also provides evidence that the patient was adequately informed of the risks, benefits and alternatives of the recommendations. The form should be filed in the patient's medical record.

As a general rule in circumstances where patients decline to follow medical advice, invariably we advise:

- Comprehensive discussion with the patient
- Cover the benefits and risks of non-compliance
- Do so professionally and with respect (competent patients can decline to follow advice); and
- Document in the medical record.

It depends on the circumstances whether the additional steps of confirming via letter or signing an informed refusal form are indicated.

Ultimately, a competent patient is entitled not to take your advice. In some cases, it may be appropriate to consider withdrawing from the patient's care particularly if you feel that the mutual trust in the therapeutic relationship has irretrievably broken down. If you practice in a group setting, it may be necessary to withdraw on behalf of the others in the group as well. There are steps that should be taken in the event of ending the doctor/patient relationship and we encourage you to contact MIGA if you require further advice or assistance.

### Resources

**MIGA – Ending the doctor/patient relationship**  
<http://www.migabulletin.com.au/casestudy/ending-the-doctorpatient-relationship/>

**MIGA – What is informed consent**  
<https://www.miga.com.au/education/resources/Consent/What-is-informed-consent>

**Medical Board of Australia – Good Medical Practice: A Code of Conduct for Doctors in Australia (March 2014)** (see Effective Communication: section 3.3 and Informed Consent: section 3.5)

**RACGP – Issues and strategies to address patient adherence**

<https://www.racgp.org.au/your-practice/guidelines/greenbook/applying-the-framework-strategies-activities-and-resources/motivational-interviewing-strategies/issues-and-strategies-to-address-patient-adherence/>

**RACGP – Standards for general practice (4th edition) – Informed patient decisions**

<https://www.racgp.org.au/your-practice/standards/standards4thedition/practice-services/1-2/informed-patient-decisions/>

**RACGP – Standards for general practice (4th edition) – System for follow up of tests and results**

<https://www.racgp.org.au/your-practice/standards/standards4thedition/practice-services/1-5/system-for-follow-up-of-tests-and-results/>





## Case Study

# Midwives – New Code of Conduct from 1 March 2018

### Key issue

Midwives need to familiarise themselves with the new Code of Conduct before it takes effect.

### Key takeaway

If you have any questions about the operation of the Code or its impact on your practice please contact MIGA.

### Emma Cocks

Solicitor – Claims & Legal Services

The Nursing and Midwifery Board of Australia (the *NMBA*) have released an advance copy of the “Code of Conduct for Midwives” (the *Code*), which is due to take effect from 1 March 2018. It is intended to replace the previous “Code of Professional Conduct for Midwives in Australia (2008)”.

The Code reflects current midwifery practice and sets out the legal requirements, professional behaviour and conduct expectations for midwives in all practice settings in Australia<sup>1</sup>. In particular, the Code acknowledges that midwifery practice settings extend to working in non-clinical relationships and in a variety of other settings, including paid and unpaid work.

The Code was developed on evidence-based practice and has been categorised into seven principles, each with a supporting values statement and grouped into four domains.

#### The four domains are to:

- practise legally (principle 1: legal compliance)
- practise safely, effectively and collaboratively (principle 2: woman-centred practice and principle 3: cultural practice and respectful relationships)
- act with professional integrity (principle 4: professional behaviour, principle 5: teaching, supervising and assessing and principle 6: research in health)
- promote health and wellbeing (principle 7: health and wellbeing).

There is a specific focus in the Code on engaging with women in a culturally safe and respectful way, with the aim of making the health system accessible for all and free from racism and inequity. There is also a section on bullying and harassment with a clear message that such behaviour will not be accepted and with a zero tolerance policy<sup>2</sup>.

All midwives should take the opportunity to review the Code and familiarise themselves with the expectations for practice as set out by the NMBA.

You can visit the following link for a list of the current professional standards that apply to midwives in Australia:

<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>.

Please contact the Claims & Legal Services department at MIGA if you have any queries in relation to the operation of the Code or its impact on your practice.

- 1 Nursing and Midwifery Board of Australia, Code of conduct for midwives (2018) – Introduction
- 2 Nursing and Midwifery Board of Australia, Code of conduct for nurses and Code of conduct for midwives – Fact sheet (September 2017)

## Privacy Alert Data breaches



### Is your Practice prepared?

From 22 February 2018, health service providers will be required to notify affected individuals and the Australian Information Commissioner of data breaches that are likely to cause serious harm. Now is the time to prepare your practice. To assist, we have developed a Risk Resource to help you navigate through this significant privacy development. You can access the resource at [www.mige.com.au/data-breach-scheme](http://www.mige.com.au/data-breach-scheme) and we encourage you to call us if you need advice.

## 2017 Member Survey – Sharing your views

We recently sought feedback via our 2017 Member Survey. This is a valuable barometer of your views and greatly assists us in understanding how you feel about the services we provide and our performance. Constant improvement is a priority for us at MIGA.

The positive and constructive comments received about the support we provide and how important you find this service reinforces our commitment to this part of our business. Many survey respondents also wrote favourably about specific team members, helping us to recognise those individuals for their efforts.

The following are some key findings:

Would you recommend MIGA to other doctors? Yes

Doctors in Private Practice 93.8%

Hospital Doctors 74.7%

How would you rate your contact with MIGA? Good to excellent

Doctors in Private Practice 93.8%

Hospital Doctors 96.6%

How satisfied were you with the quality of the advice and support you received? Very

Doctors in Private Practice 86.1%

Hospital Doctors 84.6%

How do you rate the quality of MIGA's service overall? Good to excellent

Doctors in Private Practice 93.6%

Hospital Doctors 73.4%

Other key information which you may find interesting:

- 63% of respondents used direct debit to make their renewal payment
- 66% of respondents were enrolled in the Risk Management Program of which:
  - 80% found the workshops and conferences valuable; and
  - 80% indicated that they earned 10 IRM points in the year and therefore the 10% premium discount.

Throughout the survey you offered many comments of support and congratulations, but also provided a diverse range of suggestions for improvement. We greatly appreciate your comments and the time you take in providing them. It reinforces that we are on the right path and meeting your needs in many areas and also helps to highlight those areas where we can improve.

Thank you to all those who participated in the surveys.

### Mandy Anderson

Chief Executive Officer

# How lobsters grow

Through MIGA Plus we have partnered with The Private Practice to offer access to Business Education courses designed for the healthcare profession and aimed at assisting doctors and practice managers develop their business management skills to help them get the most out of their medical practices.

I saw, and immediately shared, a wonderful, thought-provoking video on Facebook recently and I would like to share it now with you.

The video is of Rabbi Dr Abraham Twerski drawing the relationship between how lobsters grow and how stress offers humans opportunity for personal growth.

I've transcribed the video below, but you may wish to hear it directly from the raconteur using the link at the bottom of this article.

*"There's something I want to tell you about stress, and how we have to look at stress, ok, and I think it's an important thing because many people have told me from my lectures, it's the one thing they remembered.*

*I was sitting in a dentist's office and looked at an article that said 'How do lobsters grow?' I don't care how lobsters grow, but I was interested in it, and it points out that a lobster is a soft mushy animal that lives inside of a rigid shell. That rigid shell does not expand, well how can the lobster grow?*

*Well, as the lobster grows, that shell becomes very confining and the lobster feels itself under pressure and uncomfortable. It goes under a rock formation to protect itself from predatory fish, casts off the shell and produces a new one.*

*Well eventually, that shell becomes very uncomfortable as it grows, alright....back under the rocks..... the lobster repeats this numerous times.*

*The stimulus for the lobster to be able to grow is that it feels uncomfortable.*

*Now, if lobsters had doctors they would never grow, because as soon as the lobster feels uncomfortable, it goes to the doctor, gets a Valium, gets a Percoset and feels fine..... It never casts off its shell.*

*So I think that we have to realise that times of stress are also times that are signals for growth, and if we use adversity properly, we can grow through adversity."*

The journey of managing our professional, business, financial and personal lives to achieve, maintain and pass down our own definition of success is paved with stressful road blocks and detours of adversity.

As the wise Rabbi so eloquently puts it, it is these moments of stress that will help us transform and embrace other aspects of ourselves.

Regular readers of The Private Practice Magazine and delegates of The Private Practice Course Program will be familiar with my encouragement to 'embrace the business person within'. For doctors this can sound, at best, daunting or, at worst, insulting.

It is delivered with the utmost respect and in the knowledge that the stress of learning the language of business and finance will help you to grow into a practice principal and financial manager firmly at the helm of your ship to success.

Our 2018 Course Curriculum has been carefully designed to provide an easily accessible platform to help build your knowledge of sound principles in business, financial and lifestyle management.

The Private Practice team is driven by the notion that a better informed medical community will result in more successful medical practices, delivering on their promise to the community they serve and providing a better quality of life for practice principals and their families.

## Steve Macarounas

Head of Education and Managing Editor – The Private Practice

## Resources

Rabbi Dr Abraham Twerski – Responding to stress:  
<https://www.youtube.com/watch?v=3aDXM5H-Fuw>

The Private Practice Course Guide and to register:  
<https://www.miga.com.au/miga-plus/business-education>

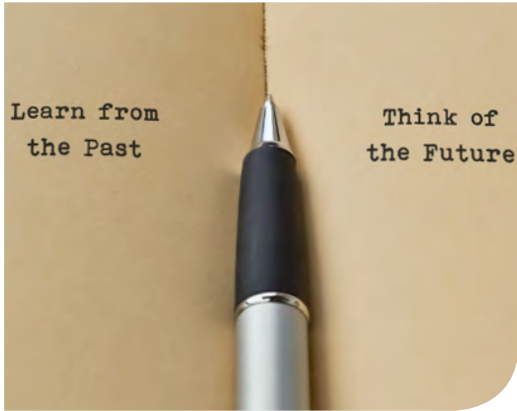
## Special offer for MIGA clients

Our courses are diverse and offer learning opportunities for doctors in training and doctors in private practice, as well as practice managers and staff. The exciting news is that MIGA clients pay only \$330 per course - a huge saving of up to \$1,815! Plus, your partner or spouse can join you at no additional cost.

Make sure you enter the promo code MIGAPLUS on check out to access your substantial discount! Please note, following your first course the discounted fee of \$330 can then be accessed for any subsequent courses undertaken within 12 months of your first booking.



## Reflecting on your practice risks – We can help!



One of the greatest assets but also liabilities of any business is its employees. Legal exposure from the actions of an employee are a significant risk for any business, including healthcare businesses.

We continually see that many of the issues that create legal and financial exposures for doctors and practices arise from a failure to plan and have adequate “risk management” measures in place.

The end of the year is a great time to reflect and make some changes to your practice. At MIGA, we can help you. We can complete a Practice Risk Assessment for your Practice which will provide you with specific advice on your practice risk needs.

Always keep in mind that you are responsible for the Practice and the customer/patient interactions, including employees, contractors, vendors, and even owners and partners. These factors are not always controllable but you can be prepared.

We are constantly exploring ways to provide value added benefits and services to practices.

We are finding that many medical practices are either not properly covered, or not covered at all and we are constantly seeing the negative impacts of this on the running of the practice and the practice staff involved. Having the right protection in place makes all the difference when the unexpected occurs.

MIGA’s Professional Indemnity Insurance for Healthcare Companies is designed specifically to protect medical practices offering:

- The comprehensive cover for the practice and its non-medical employees
- Cover for the practice vicarious liabilities
- Cover for inquiries, investigations, complaints and employment and contract disputes
- Up to \$20,000,000 of cover - select the limit that suits the practice need
- Automatic reinstatement of the limit of cover at no additional cost, and
- Competitive pricing and much more!

We provide personal advice which means we are well placed to review the practice’s current insurance arrangements if currently covered, at no additional cost to ensure the practice is appropriately covered.

If your practice would benefit from a review of cover or a discussion about the risks please contact us to help you protect your practice.

### Trent Woodward

Business Development Manager - Healthcare

## 2017 MIGA Elective Grant recipients announced!

Established in 2004, MIGA’s Elective Grants Program provides funding to medical students completing their university elective placements in developing communities, both in Australia and overseas. Over this time, we have supported 82 medical students and provided more than \$275,000 in funding.

With 2017 applications recently closing, we were overwhelmed by the passion and enthusiasm of our medical student members, and are excited by the impact each will have on the community they visit.

### We are pleased to announce the MIGA’s Elective Grant recipients for 2017:



#### Emily Rayers

Griffith University  
Kiunga Hospital  
Kiunga, Western Province, Papua New Guinea



#### Lucy Mitchell

University of Sydney  
Gizo Hospital  
Gizo, Solomon Islands



#### Adarsh Das

University of Western Australia  
Saint Augustine Medical Services Hospital  
Saint Georges, Grenada



#### Hayden Burch

University of Melbourne  
Preah Kossamak Hospital  
Phnom Penh, Cambodia



#### Sailesh Narsinh

Flinders University  
Lady Willingdon Hospital  
Manali, Himachal Pradesh, India



#### Samara McNeil

*Indigenous Grant recipient*  
James Cook University  
Hospital Adolfo Guevara Velasco  
CUSCO, Peru

Each of these students receive \$2,000 to assist fund their personal elective costs such as travel and accommodation, as well as \$1,500 to assist the purchase of medical or other aid for the community they are visiting.

While \$1,500 may not seem a significant sum of money, in a developing community it has the potential to make a significant and meaningful difference. Thanks to the funding offered by MIGA, past recipients of the Elective Grants Program have been able to assist communities with initiatives such as:

- Treatment for approximately 1,000 scabies patients
- A scholarship for a local student to study medicine, and
- 60 sight restoring cataract surgeries.

These are just a few examples that highlight the difference that \$1,500 can make to a community in desperate need.

As the 2017 recipients complete their electives, reports and photographs highlighting their experiences and their community donation will be added to our website. These reports are a great resource for students planning electives, and inspiring reading for the wider medical community.

We look forward to continuing the Elective Grants Program in 2018 – stay tuned for the release of details in coming months.

### Stephanie Calder

Senior Marketing Specialist

## What would happen if you couldn't operate your business?

As we head into the Christmas period, the prospect of storms and fire are obvious threats to any business. However, it's often the seemingly harmless incidents which can severely affect a business' operations. Events such as prolonged unforeseen power outages, burst water pipes or a sewage leak can all wreak havoc.

You can attempt to minimise the effects of interruptions to your business:

**Identify ways in which your business may be vulnerable to an interruption**  
For example, conduct regular building inspections and ensure preventative maintenance programs are in place.

**Develop a critical tasks checklist to follow in the event of a major disruption**  
Include items such as diverting phones, photographing damage, securing stock and other assets.

**Maintain a list of critical contacts to call when an interruption events occurs**  
Include staff, landlords, contractors, security providers, local council, suppliers and details of your insurance provider.

**Produce an essential items kit of things you might need in an emergency**  
A site map of your premises showing the location of electrical switchboards, hot water service, water and gas shut-off valves and emergency exits. Emergency provisions such as a torch, mobile phone charger, and a battery operated radio.

**Instructions for restoring IT systems and hardware**  
Instructions for accessing updates from key government agencies such as CFA, SES, Bureau of Meteorology.

**Maintain an accurate list of current assets**  
Regularly back-up electronic records and ensure a copy is securely stored offsite. If an event does occur, record evidence of any damage before beginning the clean-up.

If you would like to learn more about how Business Insurance can help you, contact the MIGA Plus team on 1800 835 808 or visit [www.miga.com.au/business-insurance](http://www.miga.com.au/business-insurance).

**Carolyn Norris**  
National Manager – Client Services.



## Midwives – Back soon...

The Christmas and New Year period is a popular time to head off on well-deserved annual leave. Ensuring that your clients are cared for while you are away takes a bit of planning, but we are here to give you some tips to make it as stress-free as possible.

### 1. Advance notice

- Poster in the waiting room
- Post a message on your website or other social media
- During appointments leading up to your break provide instructions to clients and family on what to do if they require attention:
  - Call the midwife covering for you
  - See their GP
  - Present to the hospital where the birth is booked, and
  - Present to the emergency department of a hospital.

### 2. Advise your colleagues

- Identify someone you can rely on to cover you for required consultations or if there is an urgent matter
- Handover and access to health records is paramount.

### 3. Handover care

- Face-to-face with colleague covering
- In writing
  - Ensure health records are up to date; and
  - Provide written instructions where required.

Holidays are an important factor in maintaining your work/life balance and for preparing for the coming year. Taking these few steps will give you peace of mind while you are enjoying a break.

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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](mailto:mandy.anderson@miga.com.au) or follow the links on our website at [miga.com.au](http://miga.com.au).

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