

Bulletin



Strength in a crisis

As 2020 draws to a close and we consider what lies ahead, I want to reassure you that MIGA is here to support you. Businesses across the country are struggling and we feel the ripple effects through those around us. Despite the challenges, our financial results and key business developments have been positive, as shown in our 2020 Annual Review.

Modest profit result (\$5.882m) despite a considerable fall in market interest rates

Our active management of claims resulted in lower than expected claims costs over the year. Whilst interest rates were low and there was volatility in investment markets worldwide, our investment returns were still relatively good. MIGA has a conservative investment strategy focused on long-term stability and management of balance sheet risk. During market volatility this offers you security and the knowledge that we are strong and well protected. Reporting a profit is an important indicator of the financial security of your insurer.

Maintenance of our APRA capital ratio at 3.36

The capital ratio of insurers is a measure used by APRA to indicate the capital strength of an organisation and ultimately their ability to pay claims. MIGA's capital ratio continues to be strong, steady and above the preferred operating range set by our Boards. Once the target capital level is reached (as we have consistently done), any surplus is directed by MIGA to improving benefits and services for members and clients, and maintaining premium stability and access to affordable medical indemnity insurance for our policyholders.

The strong capital ratio gives us great ability to withstand shocks and enables us to invest in the future of the company for your benefit.

Supporting our members and clients

Information Rapid change in medical practice during COVID-19 placed increased demand on our in-house solicitors, from members in need of support or clarification. In addition, we created an extensive Q&A section on our website, providing members and clients with answers to pertinent medico-legal and insurance questions.

Premium relief With some members and clients unable to work during the early stages of the pandemic, financial stress became an issue. For those significantly impacted, we introduced mechanisms to respond to their changing financial circumstances and assist through the crisis. Our Financial relief package released in April was accessed by many members.

Risk management Acknowledging that COVID-19 restrictions prevented members and clients from fully completing their requirements in the Program we credited some members 10 points for the premium discount in the 2020/2021 year (the trigger was having completed the Program for the last 2 years).

We appreciate the difficult year many of you have had and hope that we have demonstrated our value as a partner, providing you with support when you have needed it most.

We encourage you to read our 2020 Annual Review at <https://www.miga.com.au/about-us/publications>.

On behalf of everyone at MIGA, I wish you all the best for the Festive season. I hope you have a chance to rest, relax and recuperate and that 2021 will see a return to a more normal life for all of us.

Mandy Anderson
CEO & Managing Director

December 2020

Evolution or revolution?

A new Good Medical Practice Code

"Hello, hello, hello"

Police requests for information

When 'close' is 'too close'

Self-care in a year like no other

Is your healthcare business entity adequately insured?



I think it is fair to say that 2020 has been a tough year for everyone, in so many different ways. It has been particularly risky and stressful for healthcare professionals.

Across the community, we can all be very proud of the efforts to contain the spread of COVID-19 in Australia and of the response by our healthcare workers. We give heart-felt thanks for your efforts and personal sacrifices in protecting and caring for your local communities.

Unfortunately, the scenes we see play out across the world show that we are not yet safe and this has caused me to reflect on what is really important in life – family, friends, relationships. We have spent much of the year distanced from those we love by hard choices, border closures, or localised lockdown measures.

I hope that Christmas affords you the time to reconnect with those people most important in your life and that you can together reflect on and renew those enduring relationships that sustain and revitalise us all.

On behalf of everyone at MIGA, I wish you and your family a joyous Festive season and a 2021 that progressively returns you to your 'normal' life.

Merry Christmas,

Dr Andrew Pesce
Chairman

Member survey

Thank you to all of our members who recently provided their feedback as part of our 2020 Member Survey. Your views are so important and assist us in understanding how you feel about the services we provide and our performance.

The positive and constructive comments received about the support we provide reinforces our commitment to continuing to improve our service delivery. Thanks also to those of you who wrote favourably about specific team members, enabling us to recognise those individuals for their efforts.

The following are some key findings: (From Doctors in Private Practice)

Would you recommend MIGA to other doctors?	Yes 97%
Friendliness and helpfulness of our staff	Good to excellent 92%
Expertise of our staff	Good to excellent 88%
How satisfied are you with the quality of the advice and support you received?	Very 86%
How do you rate the quality of MIGA's service overall?	Good to excellent 93%

We are pleased by the survey results, which are very similar results to last year. COVID-19 has brought with it many changes for our business. While we felt we were dealing well with these changes it is pleasing to have that supported by the survey results.

A key area of change was to the delivery of our risk education, which has been forced online. We know that many of you really enjoyed catching up with peers at the conferences and workshops, so it has been disappointing to have to cancel these events. But having said that, the survey reveals that 70% of respondents have used REO to access online activities and earn points over the last year, and, that 89% have found it easy to use. So if you are in need of some risk management points, or have not participated in our risk education previously, get online and check it out. Our risk management team are here to assist if you need it.

Thank you for your feedback and continued support of MIGA. We look forward to supporting you through 2021.

Mandy Anderson
CEO & Managing Director

Evolution or revolution? A new version of the Good Medical Practice Code

From 1 October 2020 a new version of the Medical Board's Good medical practice – a code of conduct for doctors in Australia was introduced.¹

The new code – MIGA advocating for key changes

Reassuringly the new code is only an evolution, not a revolution. Many of the new or refined obligations are unsurprising, reflecting what you already do in your practice.

MIGA engaged closely with the Medical Board on the code revision, which began more than two years ago.² Pleasingly most of the issues we raised have been addressed in the new code.

You might have seen controversies around development of the new code. Issues about doctors' public comments and cultural safety caused considerable debate.³ Some changes received less attention, but are no less important and are outlined below.

Why the code is important

Doctors have a professional responsibility to be familiar with the code and apply it to their practice. It is a common feature of Medical Board/Ahpra processes involving doctors. The code is the primary authority for professional obligations on a wide range of issues.

The changes that got more attention

Issues around public comment and cultural safety were debated during the new code's development. The potential for unintended consequences was the main challenge.

For public comment, initial proposals requiring public acknowledgement of the profession's generally accepted views seemed directed to practices outside the clinical mainstream. Concerns were raised about stifling comment on issues of conscience. The new section 2 of the code tries to strike a balance by emphasising the right of doctors to have and express personal beliefs, but to consider how public comment and actions outside work relating to clinical issues impact on your role as a doctor and the broader profession. The scope for conscientious objection (sections 3.4.6 and 3.4.7) remains unchanged.

In relation to cultural safety, concerns were that earlier proposals would enable patients to push for doctors to do things they felt clinically inappropriate. This has been dealt with in new section 4.8, which indicates that "*culturally safe practice, like all good medical practice, does not require doctors to provide care that is medically unsafe or inappropriate*".

The changes that got less attention (but are no less important!)

Some of the key changes that received less attention are:

- **Treatment recommendations** (section 3.2.7 and 3.2.8)
 - Only recommend treatments where there is an identified therapeutic need and/or a clinically recognised treatment, and a reasonable expectation of clinical efficacy and benefit
 - Informing patients when your clinical opinions do not align with the profession's generally held views
- **Clinical records** (sections 4.4.3 and 4.4.6)
 - Only accessing an individual's clinical records when there is a legitimate need
 - Clarifying that confidentiality and privacy obligations extend in electronic realms beyond social media to digital communications, e.g. email and text message
- **Patients with capacity issues** (section 4.9.1 to 4.9.2)
 - Reassessing a patient's decision-making capacity when indicated
 - Encouraging supported decision-making by patients with impaired capacity so they can participate in decision-making where possible
- **Treating self and others close to you** (sections 3.14, 11.2.3 and 11.2.5)⁴
 - Seek help when suffering stress, burnout, anxiety or depression
 - Do not self-prescribe
 - Do not prescribe Schedule 8, psychotropic medication and/or drugs of dependence or perform elective surgery on anyone you have a close personal relationship with
- **Bullying, harassment and discrimination** (sections 4.4.6 and 5.4) – a zero tolerance approach and seek to eliminate it
- **Continuity of care** (section 6.3.1) - ensuring arrangements for continuing care of patients when you are not available, made in advance when possible, and communicated to the patient and others involved in their care
- **Clinical records** (sections 10.5.6 and 10.5.9) – dating any changes and additions, and ensuring records are destroyed securely when no longer required to be kept.

A new year's resolution – be familiar with the code?

While it's probably a bit too much to say reading the code should be a new year's resolution for those who aren't familiar with it, its importance for your practice as a doctor cannot be understated. Know where to access it, be familiar with its requirements and refer to it when uncertain about key issues. MIGA's team can help you understand what the code means for your practice.

Timothy Bowen

Manager – Advocacy & Legal Services

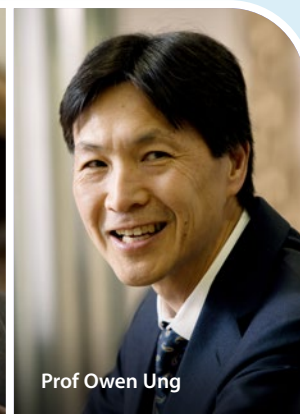
2020 Annual General Meeting

On the 25th of November 2020 we held our Annual General Meeting. With varying COVID restrictions and border closures around Australia the format of our 2020 AGM was changed for the first time ever from a face-to-face meeting to an on-line "virtual" one.

Part of the business of the Meeting was the election of Directors to the Board of MDASA. I am pleased to inform you that our Chairman, Dr Andrew Pesce, and Professor Owen Ung have been re-elected to the Board. We congratulate them on their re-appointment and look forward to their ongoing contribution to the business.



Dr Andrew Pesce



Prof Owen Ung

¹ The new code is available at www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx.
² MIGA's submission to the Board's public consultation on a draft version of the new code is available at <https://www.medicalboard.gov.au/documents/default.aspx?record=WD18%2f27183&dbid=AP&chksun=5TSi4eLzCLV%2fnmksOroY5Q%3d%3d>.
³ See for example ama.com.au/articles/updated-medical-board-code-conduct.
⁴ Case studies by MIGA solicitors Belinda Cullinan and Gianna Di Stefano in this bulletin explore these issues in more detail.



Case Study

“Hello, hello, hello” Police requests for information

Emma Cocks
Solicitor – Legal Services



A Specialist recently contacted MIGA as she had a request from police for a statement detailing medical treatment provided to a patient.

The police advised the patient had been charged with a criminal offence, and statements were being sought from all treating healthcare practitioners regarding the patient’s clinical history and mental health status over a period of five years.

The police already had a copy of the patient’s medical records, which had been subpoenaed.

The Specialist contacted MIGA for advice. The key question was whether the police had the appropriate authority to request a statement. Police do not have an automatic right to confidential patient information.

It was recommended that the Specialist specifically check with the police whether the patient had signed an authority consenting to the release of information, or alternatively whether the police were using any legislative powers to compel the Specialist to provide information or whether a warrant had been issued.

The Specialist was also advised there are some situations that would permit a doctor to release information to a third party (including the police) without the patient’s consent.

In this regard, the *Privacy Act 1988 (Cth)* and the Australian Privacy Principles permit (but not require) disclosure of personal information where there is a reasonable belief disclosure is

- necessary to lessen or prevent a serious threat to an individual’s life, health or safety, or a serious threat to public health or public safety and it is unreasonable or impractical to obtain the consent of the relevant individual (i.e. the patient), or
- reasonably necessary for one or more enforcement related activities conducted by, or on behalf of, an enforcement body – this includes prevention, detection, investigation and prosecution or punishment of criminal offences – a relatively high threshold is required for disclosure under this provision¹, including detailed inquiries of why information is being sought, and a written note of disclosure needs to be made.

In this case, ultimately the police were able to produce a signed consent form from the patient and the Specialist then provided a statement restricted to relevant factual matters about past treatment.

Important points to bear in mind:

1. A police officer generally has no more rights than any other third party to obtain information about a patient without consent. Therefore, caution should be exercised at all times before releasing information
2. You need to make a careful assessment of the information sought and the reason the information is sought to determine whether it falls within the exceptions of the Australian Privacy Principles or whether you require the patient’s consent
3. In considering whether information could be disclosed on the basis of a serious threat, you should explore with police the seriousness of the situation, nature of the threat, and consider risks of disclosure balanced against the implications of non-disclosure, and

- whether it is reasonable or practical to obtain the patient’s consent
- 4. If refusal to disclose patient information would significantly impede the investigation of a serious criminal offence, disclosure to the police may be justified. The Australian Privacy Principles specifically permit disclosure in these circumstances
- 5. If you decide to release information to the police without the patient’s specific consent then you should only release sufficient information to respond to the serious threat or
- 6. A note should be included in the patient’s file setting out the request for information and the thought process involved in releasing the information
- 7. If you are in a hospital setting and are contacted by police, you should inform your supervisor and/or the Director of Medical/ Clinical Services or medical administration before providing any information.

It is important to proceed with caution where there are privacy concerns. A considered step by step approach should be taken. If you are uncertain about a request for information or a statement for the police, or if you would like to learn more about the Australian Privacy Principles, please contact the MIGA Legal Services department.

¹ See EZ and EY (2015) AICmr 23, available at <http://www.austlii.edu.au/cgi-bin/viewdoc/au/cases/cth/AICmr/2015/23.html>.

Resources

- OAIC – Guide to health privacy**
www.oaic.gov.au/assets/privacy/guidance-and-advice/guide-to-health-privacy/guide-to-health-privacy.pdf
- AMA Privacy and Health Record Resource Handbook for Medical Practitioners in the Private Sector**
ama.com.au/article/privacy-and-health-record-resource-handbook-medical-practitioners-private-sector

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

When 'close' is 'too close'

Gianna Di Stefano
Solicitor – Legal Services



There are inherent problems when treating anyone with whom you have a close personal relationship. The new Code issued by the Medical Board of Australia states:

4.15 Providing care to those close to you

Whenever possible, avoid providing medical care to anyone with whom you have a close personal relationship. In most cases, providing care to close friends, those you work with and family members is inappropriate because of the lack of objectivity, possible discontinuity of care, and risks to the patient and doctor. In particular, medical practitioners must not prescribe Schedule 8, psychotropic medication and/or drugs of dependence, or perform elective surgery (such as cosmetic surgery) to anyone with whom they have a close relationship. In some cases, providing care to those close to you is unavoidable, for example, in an emergency. Whenever this is the case, good medical practice requires recognition and careful management of these issues. The Medical Board has always given very close scrutiny to doctors who have treated family and friends.

The Legal Services team have assisted members and clients with investigations by the Board into treatments including:

- Cosmetic surgery performed on a family member
- General anaesthetic performed on a doctor's child
- Wound management on a spouse.

The next time you are approached by someone with whom you have a close relationship with a request for advice or treatment, remind yourself of the following consequences:

Lack of objectivity

Your ability to be independent is affected given the relationship between you and a relative, friend or someone you work with. The emotional connection affects professional objectivity and potentially assessment and treatment.

Cutting corners

Due to the extra familiarity, you may be less formal and may be more likely to take short cuts at various stages, such as not taking a thorough history or adequately assessing the patient's condition. You may fail to document and keep medical records. You may have "inconvenient" background information that risks you being misled if you follow your patient's instructions. In addition, some subjects or forms of examination might be too embarrassing to broach and the patient may feel unable to discuss "warts and all". You may have the "consultation" outside of your clinic environment.

Acting outside of your area of expertise

There may be an expectation by relatives, friends and close friends that as a doctor you are able to handle any medical problem that arises, even if the matter is outside of your usual area of expertise. There can be the temptation to do things you would normally refer on.

Confidentiality and privacy

There may be a risk that your obligation to maintain the patient's confidentiality/privacy is overlooked. Your "patient" may be wary in any event that you will disclose their condition/treatment to other relatives or friends.

Unmanageable patient expectations

Relatives, friends or those with whom you have a close personal relationship may make unreasonable demands and expect you to perform miracles. They may not want to accept what they are being told. When things go wrong, there is potential to damage the personal relationship. In addition, the patient could be inhibited from seeking redress.

Treatment of those with whom you have a close relationship is generally only acceptable in an emergency or necessity type situation. Where no help is available or other care is not accessible, you can treat people with whom you have a close relationship until another practitioner is available or another solution found.

Providing care and treatment for someone with whom you have a close personal relationship is only one step removed from treating oneself. It is hard to be independent and objective when advising and treating your close friend or family member, especially a child, parent, grandparent or sibling. It is better that you be a personal support to them and an advocate for their care.

If ever in doubt about boundary issues please give our Legal Services team a call. We are here to help.



Claims management



Insurance advice
Personal and practice cover



MIGA Plus

Business Insurance
Qantas Points



We tick all the boxes with services and support you rarely find from other insurance companies.

Visit www.miga.com.au
Call us on 1800 777 156



When Ahpra calls, your next call is MIGA...

Ahpra is changing the way they assess and investigate complaints (called notifications).

There will be more initial telephone contact from Ahpra, discussions about 'lower risk' complaints and requests for more information about your practice.

Ahpra aims to speed up and 'humanise' the notifications process.

MIGA is engaging closely with Ahpra as these changes are rolled out to ensure the process is fair.

When speaking to Ahpra, having an MIGA in-house lawyer to support you can be very helpful, as they work on regulator complaints daily. Make MIGA your first point of contact after a call from Ahpra.

If you receive a call we recommend you listen carefully and then thank them for the call, request their return call number and then call MIGA.



Self-care in a year like no other

At this time of year, self-care is at the forefront of our minds at MIGA. It is well established that the Festive season can be a challenge for some. However, 2020 has been dreadful in so many ways that maybe celebrations with family, friends and colleagues and an approaching new year will be more than welcome. Whatever your circumstances and no matter the impact of the past 12 months there is never a better time than now to remind you about the importance of taking care of yourself now and in the future.

There has been abundant supply of information made available to us over the past year but my favourite is Pandemic Kindness Movement (<https://aci.health.nsw.gov.au/covid-19/kindness>). I highly recommend visiting this website for a balanced view of clinical and lifestyle support.

The Movement was created by clinicians across Australia with the Agency for Clinical Innovation (<https://aci.health.nsw.gov.au/>). They have worked together to support all health workers during the COVID-19 pandemic. Based on Maslow's hierarchy of needs it provides curated resources that foster support for the health workforce. This website is a treasure trove of information, thoughts and ideas, reminders about physical health and a plethora of mental health gems. It's impossible to summarise the website here so I have picked my favourite resource from each of the 'layers'.

Basic Needs – When the day is so crazy and there isn't time to eat or drink

✓ **WRPEM – How to 'Staff Resuscitation Trolley'** (<https://wrapem.org/how-to-guides/how-to-staff-resus-trolley/>)

Safety – Health workers who feel safe and secure are better able to provide care to others

✓ **Coping when not everyone will 'do the right thing'** (<https://www.psychology.org.au/getmedia/765dd70e-bb8a-49b3-bf6a-3380b18a24c6/20APS-IS-COVID-19-Public-Coping-Non-compliance-P1.pdf>)

Love & Belonging – This section helps build a connection with others and renew humanity

✓ **SuperFriend: COVID-19 support guide** (<https://superfriend.com.au/resources/covid-19-support/>)

Esteem – Clapping for carers and how respect, recognition and thanks provides strength

✓ **Face Covid – How to respond effectively to the Corona Virus** (<https://www.youtube.com/watch?v=BmvNCdpHUYM>)

Contribution – the COVID-19 pandemic may present personal and professional challenges

✓ **Clinician wellbeing in the time of COVID-19, with Dr Lynne McKinlay** (<https://podcasts.apple.com/au/podcast/clinician-wellbeing-in-time-covid-19-dr-lynne-mckinlay/id1482747075?i=1000469974325>)

This is just a very small sample of what is on offer. You'll find podcasts, videos, TED Talks, music, poetry and communication toolkits weaved in with stories and messages from around Australia and overseas.

The premise of the Pandemic Kindness Movement is one that is built on actions and behaviours. Effective leadership is critical at all levels. Looking after yourself is, first and foremost, an essential part of being a good leader, no matter where or what you practise.

If you haven't found the time to see your GP this year, it's a really important step for you and your team. If you need more info on Doctors' Health start here - [drs4drs](#).

Liz Fitzgerald

National Manager – Risk Services

Call MIGA on 1800 777 156 to discuss your situation



Is your healthcare business entity adequately insured?

The ownership and business (legal) structures of healthcare companies and medical and midwifery practices have undergone significant change over the years with many traditional “sole trader” practices disappearing from the landscape.

Larger practices with complex corporate structures are now more common.

Such changes in structure and ownership create legal implications for those who own and operate these organisations. They simply cannot rely on the personal medical / professional indemnity arrangements of their doctors (or eligible/endorsed midwives as the case may be) to protect the healthcare company practice or midwifery practice and their staff against claims where the allegations are not specifically aimed at acts, errors and omissions attributable to doctors or eligible/endorsed midwives.

There are a number of circumstances that can lead to claims being made against an entity (a healthcare company, medical or midwifery practice) for which they can be successfully sued.

Some examples of these involve claims arising from:

- breakdowns in (internal or external) communications or procedures causing or contributing to an adverse patient outcome
- vicarious liability for the conduct of employees – administration staff, healthcare professionals (eg nursing and technical), doctors and eligible midwives
- consultations and procedures undertaken by practice staff
- contribution being sought by the insurers of doctors alleging a claim against a doctor was caused or contributed to by the healthcare company or practice where they were providing services
- complaints including in relation to billings, investigations, inquiries (including coronial inquiries)
- Privacy breaches
- Employment and workplace disputes (eg discrimination, harassment, bullying, breach of contract etc)
- A claim made against a doctor working in the practice in circumstances where they had not consulted the patient i.e. treatment administered by a nurse or allied health professional.

Increasingly, healthcare companies, medical and midwifery practices are obligated to effect and maintain healthcare professional indemnity insurance as part of the contractual requirements with third parties in providing healthcare services e.g. the provision of contracted emergency services in hospitals.

If they have not already done so, healthcare companies, medical and midwifery practices should seriously consider arranging separate professional indemnity insurance in their own right. Doctors and midwives must not assume their own medical or professional indemnity insurance will provide protection beyond a claim made specifically against them.

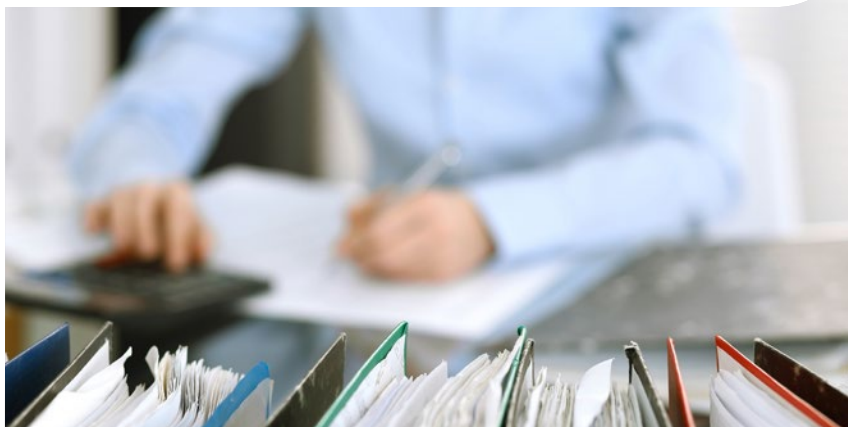
MIGA's Healthcare Insurance policy has been specially designed to cover the professional indemnity exposures faced by healthcare companies, medical and midwifery practices. We also offer risk management support services to help identify gaps or risks in how healthcare services are provided and a vast range of risk management education and resources.

Issues around insuring healthcare companies, medical and midwifery practices can be extremely complex. MIGA's staff are able to provide personal advice so we can assist you with your requirements for Healthcare Professional Indemnity Insurance. **Simply call us on 1800 777 156.**

Information in this article does not constitute legal or professional advice. Call us if you need assistance in relation to any of the issues covered in this email.

Nihal D'Cruz

Manager – Corporates and Intermediaries



Professional indemnity insurance for your healthcare business

FOR A LIMITED TIME

12 months' cover for the price of 9 months

That's 3 months' free cover!¹



40,000 bonus Qantas Points
In addition to 1 Qantas Point for every \$1 paid to MIGA for insurance^{2 & 3}

Protect your business from claims arising out of:

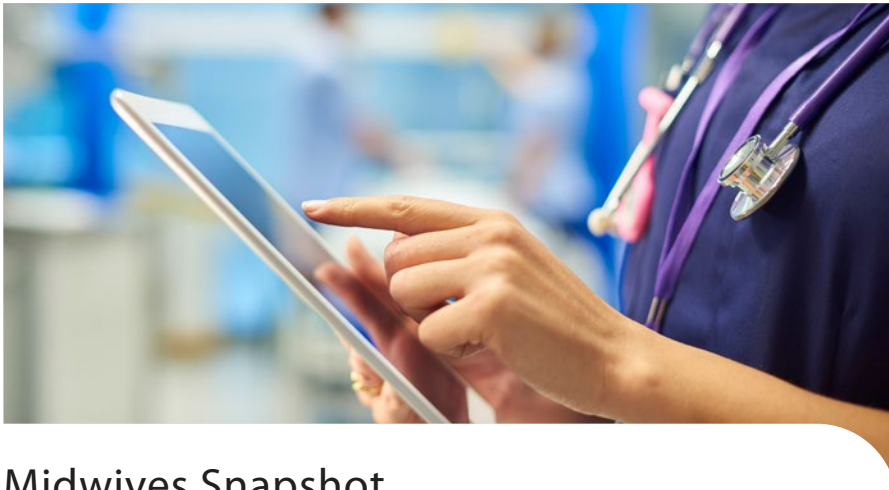
- ✓ Breach of professional duty
- ✓ Breach of privacy and confidentiality
- ✓ Enquiries, complaints & investigations
- ✓ Workplace disputes ... and much more!

Call 1800 777 156 to discuss your business and get a competitive quote.



- 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 Snapshot Keeping pace with digital change

Digital health has become entrenched in professional practice. You may recall that back in October the Australian Digital Health Agency announced that Nurses and Midwives, Australia's largest healthcare workforce, could assess their digital health knowledge and skills against the new professional development framework. (<https://www.digitalhealth.gov.au/about-the-agency/workforce-and-education>).

The framework highlights the specific skills and capabilities necessary to deliver contemporary care. It outlines the core skills, knowledge and behaviours required for professional practice across five domains:

1. Digital Professionalism: Professional standards are maintained in the digital environment
2. Leadership and Advocacy: Digital health leadership and advocacy supported by clear policy
3. Data and Information Quality: Data quality must be present
4. Information-enabled Care: Care must be supported by rigorous data analysis and critical appraisal
5. Technology: Technology needs to be understood and used appropriately.

These domains sit within the context of nurses' and midwives' roles, workplace settings and the professional standards that apply to their practice. Each capability statement has three levels which depict the anticipated growth of knowledge, skills and abilities in the capability area.

Formative level – This level reflects nurses and midwives who are beginning to use and understand digital health and the implications for practice.

Intermediate level – This level reflects nurses and midwives who are developing increased confidence, knowledge, skill and capacity in the use of digital health in their practice.

Proficient level – This level reflects nurses and midwives who are assuming leadership in the use and championing of digital health within both their practice and the broader nursing/midwifery professions.

It's important for us, at MIGA, to ensure that we are supporting our insured Midwives in their practice and part of that support is our Risk Management Education.

A perfect example of that is our online **eHealth for midwives** Workshop. This workshop links directly with the capability statements for *Domain 1: Digital Professionalism – 'Nurses and midwives demonstrate attitudes and behaviours reflecting recognised professional standards when utilising digital tools both professionally and personally.'*

The objectives of this Workshop are to:

- Provide insight into the risks associated with electronic medical records, electronic forms of communication, mobile medical devices and social media
- Appreciate that taking control of these new sources of information is in the best interests of the women in your care, your practice and yourself.

Whether you are currently at the Formative, Intermediate or Proficient Levels in this domain, this workshop is for you. Learn where your risk may be, ask questions of your colleagues and take away important messages and tools to take you to the next level or maintain your high standard.

eHealth for midwives - Thursday 11 February 2021 - 7.30pm (AEDT)

Book via REO today. We have limited spaces in the online workshops so don't miss out.

Liz Fitzgerald

National Manager - Risk Services

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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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