

Bulletin



February 2017

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What does this mean for doctors?

The Federal Government has advised there will be an increase to the High Cost Claim Scheme (HCCS) threshold, with it moving from \$300k to \$500k per claim with effect 1 July 2018.

The HCCS was introduced following the medical indemnity crisis of 2000 and its aim was to assist with the affordability of medical indemnity insurance. It does this by the Federal Government (via general revenue) contributing 50% of the cost of claims over an agreed threshold which is currently \$300k. There is no charge for this benefit to doctors, hence the HCCS allows premiums to be lower than they otherwise would be.

The practical impact of this change is that insurers will need to fund 50% of the cost of claims between \$300k and \$500k that at the moment is funded by the Federal Government (ie up to an additional \$100k per claim). Above \$500k each claim will continue to be funded 50/50 by the insurers and the Federal Government.

The cost of this change will need to be built into premiums for doctors. Based on financial modelling we expect at this stage the impact will be modest (approx. 3 to 4%).

It's very important to consider the change to the threshold in the context of where we have come from since the Federal Government intervened with financial support for the industry and doctors.

15 years after the HCCS was introduced the medical indemnity environment and doctors' medical indemnity premiums have stabilised and insurers are well capitalised. In a community context the current cost of the HCCS to taxpayers is estimated to be in excess of \$50 million per year and \$475m to date across the life of the Scheme.¹

MIGA is acutely aware of the importance of there being a balance between the interests of our members in having affordable and secure medical indemnity insurance and the intent of the Federal Government to lessen the level of financial support for the industry.



We would like to wish you a happy new year and hope that your 2017 is off to a great start!

For many young doctors working in hospitals a new year heralds new challenges, new experiences and marks completion of another step in their journey. If your medical practice is changing this year it may be timely to review your insurance. If you need any assistance or advice we are here to help, so please call us.

If you are planning your year, you may also be interested in a number of education opportunities offered by MIGA and our partners, such as:

- Risk Management education
- MIGA Plus Business Education
- MIGA's Practice Manager Breakfast series.

More information is in this Bulletin. We hope 2017 is a year to remember.

Rebecca Dickson
Business Development Advisor

Federal Government announces increase in High Cost Claim Scheme threshold

What does this mean for doctors?

(continued from front cover)

MIGA is working with the Federal Government on behalf of our members to address these and other matters in an open and constructive way. We don't feel that scare tactics and statements about 'hikes' in doctors' premiums assist to progress the debate in a mature way.

The HCCS is one of a number of schemes which impact on the price of doctors' medical indemnity insurance premiums, and it is important to constructively engage with the government to ensure a whole of system approach to the review of the indemnity insurance schemes. There is a broad review of the medical indemnity legislation and the schemes underway and MIGA is actively involved in this process, with the aim of representing our members' interests fairly.

It's very important to MIGA that any further changes to the medical indemnity schemes and decisions about funding and liability outcomes for any state based National Injury Insurance Schemes (NIIS) are considered concurrently. We understand that doctors face a range of cost pressures across the board and the complex interactions of all of these need to be considered and carefully managed.

We will keep our members informed about the matters under review via our Bulletins and website.

Mandy Anderson
Chief Executive Officer

¹ The Auditor-General ANAO Report No.20 2016-17 Performance Audit - The Management, Administration and Monitoring of the Indemnity Insurance Fund

Australia Day Awards

We would like to extend our congratulations to the following members on their receipt of Australia Day Honours:

Emeritus Professor William Gibson
Officer of the Order of Australia (AO)
in the General Division

Citation For distinguished service to medicine, particularly in the area of otolaryngology, as a clinician, to the advancement of cochlear implant programs, and to professional medical organisations.

Clinical Associate Professor Stephen Bradshaw
Member of the Order of Australia (AM)
in the General Division

Citation For significant service to medicine as a vascular surgeon, to health practitioner regulation, and to medical education.

Dr Martha Kent
Medal of the Order of Australia (OAM)
in the General Division

Citation For service to medicine, particularly mental health.

Dispelling the 'doom and gloom'

You're doing a great job!

As I pen this article, the Claims and Legal Services Department at MIGA is very busy, and member contact with our in-house solicitors continues to increase year on year.

Fortunately all this activity is not generated by an escalating and overwhelming number of claims, rather by doctors proactively seeking medico-legal advice on issues affecting their practice.

It has been pleasing to see members are increasingly willing to seek advice and assistance early when they feel that an issue may be brewing with a patient. This is great news for MIGA because our medico-legal advice and support service is well-used and appreciated by members and it enables us to help you proactively manage issues that might otherwise become complaints or claims. It is also great news for you, because if the broader membership is more proactive in seeking advice this has a positive flow-on effect in minimising claims and managing the cost of medical indemnity.

So, what of the stories that "all medical practitioners will be sued at least once in their career", and "all medical practitioners will be complained about and possibly become the subject of investigation by AHPRA" during their professional life?

I am not convinced this is so.

The actual number of claims for compensation across our industry has been very stable for many years. Although in recent times there has been an increase in notifications for "Legal Expenses Only" cover (such as complaints, coronial investigations, Medicare enquiries), the notification number is still low. For example:



In the 'legal expenses only' category there were
214 matters in 2014-2015
293 matters in 2015-2016

To put this into perspective, consider the huge (almost unimaginable!) number of medical services provided:



In 2014-2015 in Australian hospitals¹ there were
10.2 million hospitalisations, **1 in 4** of these involving a surgical procedure
7.4 million emergency department presentations (in the order of 20,000 per day!)

Meanwhile, Medicare Australia MBS category processing statistics show that²:



In the private sector, there were
174 million professional attendances
6.72 million diagnostic procedures and investigations
23.95 million diagnostic imaging services
128.79 million pathology services

Each of these represents an "interaction" with a patient. This is a 'mind boggling' number of patient interactions, which puts into perspective the extremely low number of medico-legal issues arising.

The extremely low number of claims and complaints relative to this extraordinarily high workload and use of medical services by the community is a testament to the general quality of services provided by the medical and health care profession. That is something you should be very proud of.

Having said that, it is also true to say that we are seeing a rise in complaints to and investigations by AHPRA. AHPRA Annual reports show a 26% increase in medical practitioner notifications from 2015 to 2016³. We have also noticed an increase in the use of the "legal expenses" section of the Policy of Insurance, for matters not directly related to patient care. This is where MIGA assists and supports members with matters such as:

- Medicare investigations
- Employment related issues, and
- Training program issues.

Personally, the obvious commitment and passion of our members to the health and well-being of the community is the key reason why I enjoy my role at MIGA. My wonderful colleagues in the Claims team feel exactly the same.

The enormous pride you take in your work is demonstrated to us daily and if we can assist you manage the daily stressors by fielding those medico-legal enquiries we do so willingly. Your success is our success.

As we all launch ourselves into 2017 we would like to congratulate you, urge you to keep up the great work and remind you to call us if you need our help.

Cheryl McDonald

National Manager – Claims & Legal Services

- 1 Australian Government, Australian Institute of Health and Welfare, Australia's Hospitals 2014-15 at a glance – Health services series 70 – July 2016
- 2 Medicare statistical data- <https://www.humanservices.gov.au/corporate/statistical-information-and-data/medicare-statistics>
- 3 AHPRA Annual Report 2015-2016

Starting in Private Practice?

Save with MIGA



If you are entering Private Practice for the first time, MIGA offers a fantastic 'Starting Private Practice Package' which provides discounted insurance premiums for the first five years of your private practice.

Our Package recognises the significant costs and time it takes to establish a private practice for the first time and reflects our support of doctors transitioning to private practice.

Call your Client Services Officer on **1800 777 156** for more information and to discuss your situation.

MIGA also offers you access to a range of Risk Resources that may be useful in establishing processes and procedures within your new practice, and our partnership with The Private Practice also provides you with access to business education tailored to medical practitioners at significantly discounted member prices.

We'd love to help, so please contact us for advice and more information.



Case Study

Return to Work SA access to patient medical records

Your obligations



Key issue

Releasing patient information to an authorised officer under section 183 of the *Return to Work Act 2014*

Key takeaway

There are some key dos and don'ts outlined below which practitioners should be aware of when releasing information to an authorised officer. If you have any doubt about your obligations or the extent of information you should release, then please contact MIGA for advice.

Emma Cocks

Solicitor – Claims & Legal Services

In our June 2008 Bulletin we published an article about section 110 of the *Workers Rehabilitation and Compensation Act 1986 (SA)* which provided authorised representatives of the WorkCover Corporation (as it then was) wide-ranging powers of entry and inspection, particularly to access medical information about a worker (the patient) without the patient's consent.

Commencing on 1 July 2015, the *Return to Work Act 2014 (SA)* ("the Act") replaced the *Workers Rehabilitation and Compensation Act* and the powers previously set out in section 110 are now set out in section 183 of the Act.

We are often contacted by our members after they receive correspondence about this area and we thought it might be helpful to remind our members of their obligations regarding section 183.

Insofar as it applies to medical practitioners, section 183 states that:

"For the purposes of this Act, an authorised officer may, at any reasonable time –

- Require a person who has custody or control of books, documents or records relevant to any matter arising under this Act to produce those books, documents or records;
- Examine, copy and take extracts from any such books, documents or records;
- Require (directly or through an interpreter) any person to answer, to the best of that person's knowledge, information and belief, any question relevant to any matter arising under this Act."

From the previous legislation, this power has been determined by the courts to extend to the health records of a medical practitioner. Therefore, pursuant to section 183, a medical

practitioner can be required to produce his or her records to an authorised officer and to comply with any requests for an interview. It is an offence to refuse to do so without a lawful excuse.

Dos and don'ts

If a request is made of a medical practitioner for an interview and/or the production of health records, the practitioner should:

- Request production of, inspect and retain or copy the authorised officer's section 183 authority
- Having received that written authority, satisfy himself/herself of the scope of the authority by asking the authorised officer to outline the matter arising under the Act which is the subject of the investigation
- Only produce notes and answer questions relevant to the matter. The type of section 183 requests that should be complied with include:
 - Information regarding a patient's medical condition and history only so far as it relates to the claim (i.e. entitlement to income support, lump sum payment or medical expenses) and may include any pre-existing injuries of a similar nature
 - An investigation of alleged fraud by a patient in relation to their claim
- Not provide information if that information is subject to legal professional privilege; examples of documents that may be privileged include correspondence from solicitors and medical reports prepared at a solicitor's request
- Not answer a question if the answer would tend to incriminate the medical practitioner of an offence.

Timing

Although compliance with a section 183 request is mandatory, arrangements for an interview or inspection of documents should be made in advance and at a time convenient to the medical practitioner.

Health records

Section 183 does not give an authorised officer an entitlement to simply write to a medical practitioner and request a copy of the health records without prior inspection. The section permits production of "documents or records" (which includes health records) to an authorised officer for inspection and then copy of relevant records/documents.

Importantly this section does not entitle the authorised officer to access the entire health record of the patient, in particular, information that may not relate to the claim.

Videos

Medical practitioners are often asked to view a video and then submit to an interview and possibly change a Work Capacity Form/ Certificate previously completed. Often, video of a patient is used to challenge a patient's purported level of disability. As long as the practitioner has provided information and opinions honestly based on the patient's presenting symptoms and complaints and findings on examination, then the practitioner need not be concerned by an apparent inconsistency on viewing a video. Medical practitioners should be circumspect when responding to questions following a video and remember that often a video shows only a very limited view of an overall presentation.

We recommend that practitioners request the opportunity to discuss the video with the patient prior to completing any amended form/certificate.

Can you tell your patient?

If a practitioner has provided information pursuant to a section 183 authority then the practitioner is at liberty to advise the patient.

Charging a fee

The medical practitioner should render an account for the time occupied in an interview or collating and copying health records. The fee should be charged in accordance with the Act/Medical fee schedule. The authorised officer should provide you with guidance in this regard. If they do not, then ask them.

If there is any doubt regarding the operation of section 183 or compliance the practitioner should seek advice from MIGA without delay.

For doctors in other jurisdictions

Similar obligations exist for practitioners in other States and Territories. If you are unsure of your obligations, please contact one of the Solicitors in the Claims & Legal Services department.



Case Study

Junior doctors When things go wrong



Key issue

Junior doctors can be more vulnerable to some of the issues that come with practising medicine in a busy hospital.

Key takeaway

Be upfront with your supervisor when an error occurs and understand the protocols in your hospital in relation to the reporting of errors and complaints procedures. Importantly, take steps to become part of the Patient Safety culture in your organisation.

Liz Fitzgerald

National Manager – Risk Services

The beginning of a new year is a time filled with anticipation, especially when you are starting out as an intern or moving to a new hospital. For a junior doctor it can be somewhat daunting; everyone has heard the stories of the challenges it brings to both your personal and professional lives.

Junior doctors are more vulnerable to some of the issues that come with practising medicine in a busy hospital; lack of experience, intense work schedules and frequent rotations and often a lack of support means that the risk of errors occurring is high.

The key to managing this is understanding why medical errors occur, how they can be prevented and what to do when something goes awry.

Medical error

Patient safety is dependent on the skills, attitudes and actions of healthcare professionals, and also the systems and processes in place to support their work. Medical error is rarely caused by bad individuals. Often it is the end result of bad systems.¹

It is recommended that you familiarise yourself, as quickly as possible, with the systems, protocols and procedures that are in place for your new workplace. Ask questions and don't be afraid to ask for help from your Consultant, Registrar and nursing staff.



After an error occurs

Tell your consultant and/or supervisor straight away. Your initial reaction may be to manage it yourself and say nothing but ultimately this doesn't help anyone. You may feel fearful of how the error will impact on your career and your relationships with your seniors and peers. Stepping up, being honest and taking responsibility are qualities that will be respected by those around you.

When a medical error happens, it is a very stressful time but the priority must be in ensuring that the patient is looked after and protected from further injury or harm. Your Registrar or Consultant will support and guide you through the management of the patient and treatment required following the error.

Documentation and reporting

Once the patient is safe from any further harm or ill effects of the error, it is essential that you spend some time writing a clear, accurate and contemporaneous record of what happened. These notes will be your greatest ally should a claim or complaint be made in the future.

Understand the reporting requirement for the health care setting you are working in. Incident reporting creates an opportunity to understand why the error occurred and how it can be prevented in the future. This is usually managed by the Clinical Governance Team or a Patient Safety Manager.

Discussing the event with the patient, providing a clear explanation and apology for what has happened and any long and short-term effects, is an important part of error management. As a junior doctor you will not be responsible for the open disclosure discussion with the patient and/or family. However, it is important that you participate and contribute for both personal and professional learnings.

Familiarise yourself with your hospital's complaints procedure and follow this if you receive a formal complaint. The hospital complaints department and your consultant will be able to guide you if this happens. We also recommend that you contact us for advice and support. If it's urgent we are here to help you 24/7.

It is important to become part of the Patient Safety culture in your organisation. As the front line contact for patients and family you are likely to see and experience situations where errors can happen. Take responsibility for communicating the potential risks and implementing solutions – you will not only be protecting your patients but yourself and colleagues.

¹ Medical error. What to do if things go wrong: a guide for junior doctors. (National Patient Safety Agency (UK), June 2010)

Resources

Medical error – What to do if things go wrong A guide for junior doctors.

MIGA Workshop "Errors in health – exploring the human factors" – book online

MIGA Incident notification guide

MIGA Incident notification form



Secrets of the claim files...
Exploring practice
medico-legal risks

Don't miss our breakfast for
practice owners and managers.

Complaints and claims can arise in your practice in the strangest of circumstances. Learn from our experience and discover strategies to help you manage issues that may be bubbling under the surface of your practice. We'll relate some interesting stories and highlight learnings that will benefit your practice.

Limited places available in:

- Perth** Thursday 23 February
- Melbourne** Thursday 30 March
- Hobart** Thursday 6 April
- Adelaide** Thursday 18 May
- Online** Thursday 22 June

Cost Only \$25.00 including light breakfast
(except for online sessions)

For more information and to
book visit miga.eventbrite.com



MIGA Doctors in Training Grants Program – Recipients announced!

Each year, MIGA offers doctors in training the opportunity to apply for a Grant to support their pursuits of advanced training. Four Grants of \$5,000 are offered to those undertaking programs such as postgraduate study, specialised fellowships, placements with volunteer organisations and research within their field of medicine.

In 2016 we received applications from a wide variety of doctors, all determined to make a difference and improve the standard of care available in Australia and around the world.

It is with great excitement that we announce the MIGA DIT Grant Recipients for 2016



Dr Henry Zhao

Training Program

Doctor of Philosophy (PhD) in Clinical Acute Stroke Medicine

Location

The University of Melbourne and Melbourne Health
Melbourne, Australia



Dr Freya Langham

Training Program

East African Diploma in Tropical Medicine and Hygiene

Location

London School of Hygiene and Tropical Medicine
Moshi, Tanzania and Kampala, Uganda



Dr Simone Sandler

Training Program

Harvard Program in Global Surgery and Social Change

Location

Department of Global Health and Social Change, Harvard Medical School
Boston, USA, Coimbatore, India and Phnom Penh, Cambodia



Dr Sandra Concha Blamey

Training Program

Neuroanaesthesia and Neurocritical Care Fellowship

Location

National Hospital for Neurosurgery and Neurology, University College London
London, United Kingdom

Whilst undertaking their training, each recipient provides two reports highlighting their experiences and providing an overview of how their training program benefits themselves, their field of medicine and their future patients. These reports are added to our website and are an excellent read for anyone considering undertaking advanced training or interested in seeing the potential of our junior doctors.

We are extremely proud of the support offered through our DIT Grants Program. It continues to grow in popularity across Australia and it is encouraging to see the passion so many doctors have for expanding their skill set and improving the level of care available in their respective fields. We look forward to launching the 2017 Program in the coming months.

Stephanie Calder

Senior Marketing Specialist



Doctors' Well-being Program

Make your own health a priority in 2017

The New Year is a great opportunity to set yourself goals; eat better, exercise more, read more books, but often these good intentions fade away as work takes over and the months start to fly by.

So, we encourage you to do one really important thing, before 2017 starts to get away from you. Commit to making an appointment for a health check-up. Not only will you be looking after yourself but your patients will benefit from having a healthy doctor caring for them.

How the Comprehensive Health Check-up works

If you live in South Australia

We highly recommend that you utilise the services of Doctors' Health SA (DHSA). Having a network of GPs, specifically trained to care for doctors, is extremely valuable. You can contact the DHSA clinic directly to make an appointment and there is no need to access the MIGA information package.

Call **(08) 8232 1250** to make an appointment or visit the website at **www.doctorshealthsa.com.au**



If you live outside of South Australia

We have worked with DHSA to develop a package that will assist you and your preferred GP to conduct a valuable and effective check-up.

It's not a quick process, nothing this important is. The assessment will take a couple of appointments and may require some investigations.



Completing the health check-up is easy

- 1** Make an appointment with a GP. Some GPs have a particular interest in Doctors' Health so locating one in your area is a real benefit, but it's not essential. If you aren't sure, ask around. Often family, friends or colleagues can recommend someone.
- 2** Download and print the three documents in the Check-up Package
 - a. Pre-Consultation Medical History Questionnaire (please complete this Questionnaire prior to your appointment)
 - b. Examination Guidelines
 - c. Certificate of Assessment.These documents can be accessed from the MIGA website. Just follow the link to Doctors' health.
When you attend your appointment with a GP take along the three documents. Your GP should use the guidelines to complete your check-up over at least two consultations.
- 3** Once the check-up is complete send us the Certificate of Assessment, signed by the GP, and we will allocate five (5) Risk Management Points to you as part of the Risk Management Program.

We believe this is a valuable way for us to support the health of all doctors. If you have any questions about the Health Check-up please call our Risk Management Team on 1800 777 156.

Don't delay, make your appointment today!

Liz Fitzgerald

National Manager – Risk Services

New year, New advocacy issues

2017 brings along more issues where MIGA is advocating on behalf of its members. Our work in this area includes:

Nationally

Senate inquiry into health care complaints

A submission dealing with a range of issues relating to AHPRA, the Medical Board of Australia and other entities involved in health care complaints – this follows our involvement in last year's Senate inquiry focusing on bullying and harassment, and vexatious complaints, in the medical profession¹

Digital Health Strategy

Providing medico-legal perspectives on the development of a national digital health strategy, including on electronic records and communications, My Health Record and privacy/confidentiality

End of life care

Contributing to the Productivity Commission's review of this issue, addressing advance care directives, withdrawal and refusal of treatment and other issues, building on our contributions to NSW and Victorian reviews into similar issues²

Elder abuse inquiry

Following a submission to the Australian Law Reform Commission on advance care directives, guardianship order access and challenges for medical practitioners in dealing with potential elder abuse,³ we are preparing further submissions on Commission proposals

South Australia

Proposed changes to child protection mandatory reporting obligations

A submission on practical issues and possible improvements from the health profession's perspective

Proposed medicinal cannabis regime

Building on our engagement with the Queensland Government and Parliament on that state's medicinal cannabis regime, we are contributing to SA Health's consultation on this issue, addressing workability of their proposed model

Revalidation

We continue to engage with the Medical Board of Australia and key stakeholders about revalidation, and look forward to contributing again when the Board's Expert Advisory Group releases its final report later this year.

Timothy Bowen

Senior Solicitor – Advocacy, Claims & Education

¹ MIGA's submission is available at www.aph.gov.au/DocumentStore.ashx?id=4dfc2f35-9b69-4e5e-9736-aa8526c48b71&subId=460052

² See www.lawreform.justice.nsw.gov.au/Documents/Current-projects/Guardianship/Preliminary-submissions/PGA16.pdf and www.lawreform.justice.nsw.gov.au/Documents/Current-projects/Guardianship/Submissions/GA26.pdf

³ Available at www.alrc.gov.au/sites/default/files/subs/119_miga.pdf

New year changes for privately practising midwives

From 1 January 2017, new Nursing and Midwifery Board safety and quality guidelines for privately practising midwives come into force.¹

The new guidelines replace the *Safety and quality framework for privately practising midwives attending homebirths*, and offer some significant changes and clarifications.

The new guidelines are a summary of requirements to obtain an exemption from the need to hold insurance cover for home births, and requirements around other areas of private midwifery practice, including antenatal and postnatal care. In particular:

- They place greater emphasis on risk assessment using the Australian College of Midwives National midwifery guidelines for consultation and referral, and include requirements for documenting and following the referral pathways those guidelines provide
- They require two suitable, registered health professionals to be present at all home births – one of these needs to be a midwife and both must be “*educated to provide maternal and new born care, and skilled and current in maternity emergency management and maternal/neonatal resuscitation*”.

Further requirements are also set out for:

- Informed consent – this must be in accordance with the National Health and Medical Research Council (NHMRC) *General guidelines for medical practitioners on providing information to patients* and, for home births, there are requirements around disclosure in writing about the absence of insurance cover for home births and obtaining written consent from the woman²
- Care plans – include consideration of distance and travel time to an appropriate hospital if transfer is required
- Collaborative arrangements – be able to demonstrate documented practice complying with the NHMRC *National guidance on collaborative maternity care*³
- Perinatal data submission, clinical audit (including annual documentary requirements), adverse event management and reporting, and practice review programs (including annual competency in adult basic life support and neonatal resuscitation and training in accordance with Board CPD registration standards)⁴.

If you haven't already, we encourage you to familiarise yourself with these new guidelines and their requirements, particularly as they incorporate a variety of other material.

Timothy Bowen

Senior Solicitor – Advocacy, Claims & Education

1 Available at www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx

2 The guidelines are available at www.nhmrc.gov.au/guidelines-publications/e57?

3 www.nhmrc.gov.au/guidelines-publications/cp124

4 Available at www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx

Always the
first choice for
your Medical
Indemnity
Insurance and
protection



miga ALWAYS

National General Enquiries and Client Service

Free Call 1800 777 156
Facsimile 1800 839 284

National Claims and Legal Services

(Office hrs and 24hr emergency legal support)

Free Call 1800 839 280
Facsimile 1800 839 281

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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 at miga.com.au.

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Need help achieving your business goals?

As the New Year commences it is inevitable that thoughts turn to plans for the year ahead. How will it be different from last year? What do you **want** to change and how **will** you change it? It's the perfect time to review, reflect and make a plan.

But it isn't necessarily that easy. Sometimes we need some help – a framework, some challenging questions or an alternate perspective that launches thoughts of new ideas and possibilities for our future.

Don't waste your opportunity! We recently mailed to you the MIGA Plus Business Education Course information for 2017. Offered through our partnership with The Private Practice we hope the courses outlined in the brochure will inspire you to commit to some personal education that helps you achieve your dreams. Tailored to medical practices, the courses encourage you to review your practice operations and help you plan and implement strategies that can drive future growth and efficiency, no matter the stage of your professional life.

The best part is that as an MIGA member you can access these courses at the special discounted fee of only \$330. A huge saving of up to \$1,815!! Simply use the 'MIGAPLUS' promo code when booking.

Will 2017 mark a turning point for you and your practice?



To make a booking simply visit the MIGA Plus page on our website and follow the links