

Bulletin



A win for the sensible, practical and fair

MIGA devotes much time in its advocacy work to keeping your professional regulation sensible, practical and fair.

A recent win for MIGA's advocacy is the Australian Health Ministers' decision not to pursue very significant changes to professional regulation, including:

- Reporting medical negligence settlements or judgments to the Medical Board
- Making a doctor's disciplinary history publicly available
- Giving complainants the right of review of Medical Board decisions
- More information sharing and joint investigations between regulators
- Compelling release of self-incriminating information
- Requiring disclosure of reasons for interim chaperone conditions to patients before a decision had been made on the merits of a complaint.

MIGA opposed these changes for a range of reasons, including that they were unwarranted or inappropriate.¹ It supports a primary focus on public health and safety, but fairness is imperative.

Health Ministers are instead pursuing other changes, a range of which have been modified in line with MIGA proposals, including:

- Threshold for employers being required to notify AHPRA of restrictions imposed on practitioners who work for them
- Processes the Medical Board must follow if it decides to change its mind on proposed regulatory or disciplinary action
- Ensuring regulators only issue public warnings about a practitioner if there is a serious public risk.

An important proposal which MIGA strongly supported was giving the Medical Board power to remove certain personal details about a doctor from

the public register if there are risks to the safety of themselves, their family or colleagues. Doctors and those close to them must be protected in situations of domestic violence and risks posed from other sources.

Much work remains to be done on revised proposals. Given the scale of what is involved, reforms are not expected to start until 2021.

MIGA is involved in consultation with Health Ministers on further professional regulation changes, including:

- Ensuring professional regulation has public health and safety as its paramount consideration. MIGA supports this proposal, and believes both regulators and the medical profession already share this approach
- Making 'public confidence' a guiding principle of professional regulation. MIGA opposes this proposal. It poses very significant risks of putting regulators under pressure to take quick and drastic action which can be demanded in certain situations, but which can be disproportionate and unwarranted
- Allowing the Medical Board/AHPRA to notify employers of complaints against a doctor before any action is taken. MIGA acknowledges the need for this in clear and compelling situations of serious risk to public health and safety, but the complexity of mandatory reporting issues (where MIGA has played a key role) show how important it is to get the balance right between public safety and fairness to a practitioner.

We will keep you updated on the progress of these changes, and our work on them.

Mandy Anderson
CEO and Managing Director

¹ MIGA's full submission to Australian Health Ministers is available at www.coaghealthcouncil.gov.au/Portals/0/Tranche%20%20Submissions/MIGA.pdf - see our June 2019 Bulletin article 'Advocating on Medical Board / AHPRA changes' at www.migabulletin.com.au/article/advocating-on-medical-board-ahpra-changes for a summary.

February 2020

Smile for the camera

Recording or live streaming medical consultations

MIGA claims support and services for doctors

Treating practitioner mandatory reporting reforms beginning soon

You can't pour from an empty cup!



Welcome to 2020 and a new decade!
We hope your year is off to a great start!

MIGA has had a busy 12 months on the advocacy front and in this issue of the Bulletin we outline some outcomes and future work in relation to changes to the professional regulation of medical practitioners. There have been some really positive outcomes, but there is still more work to do.

Treating practitioner mandatory reporting reforms will soon commence in all states and territories except Western Australia. More detail and resources are provided in this issue.

We would also like you to meet our 2019 Doctors in Training Grant recipients and read about their proposed training. They are planning some great work over the coming year, which will also develop their skills as clinicians and leaders. We wish them all the best as they stretch their own boundaries in 2020!

I hope you enjoy this issue.

Melissa Kruger
Business Development Advisor – QLD

MIGA Charity Gala Ball

SUPPORTING
Beyond Blue



growing stronger together

120 YEARS

MIGA's Charity Gala Ball in December 2019 was an amazing night celebrating our 120 Year Anniversary. Full of fun and festivity, guests were treated to entertainment from inspirational speaker Dr Gill Hicks and award-winning journalist Mike Smithson.

Importantly, the event also acknowledged the importance of doctors' mental health and raised funds for Beyond Blue, an organisation whose purpose aligns closely to ours – to support people in their time of need.

We are extremely proud that MIGA raised a phenomenal \$70,121 for Beyond Blue! It was a highlight of the evening to have Beyond Blue Board Member, Dr Mukesh Haikerwal, accept our donation. This contribution will go a long way to ensuring those with mental health issues receive the support they need.



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We extend a huge thank you to our sponsors, event guests, staff and Board members for their generosity and support of this very worthy cause.

Mandy Anderson
CEO and Managing Director

MIGA at the Australasian Doctors' Health Conference

During November we were very excited and privileged to present and exhibit at the biennial Australasian Doctors' Health Conference held in Fremantle. The conference theme was "Creating a Healthy Workplace", featuring a wide range of local and international presentations. Topics ranged from burnout through to peer support, and from culture and teamwork through to mandatory reporting.

From MIGA, Dr Roger Sexton and I presented on "Treating practitioner mandatory reporting - how far have we really come? Where should we go?". Covering the upcoming changes from clinical and medico-legal perspectives, we worked through hypothetical scenarios where a treating doctor would or would not consider a mandatory report.

The key messages of our presentation were:

- Doctors must feel free to seek necessary healthcare
- The mandatory reporting threshold is very high
- Mandatory reporting is not about insightful doctors, who are not putting the public at substantial risk of harm
- For a doctor 'on the edge' a mandatory report may be the best thing for them
- Use senior colleagues and your MDO when making reporting decisions.

The presentation slides are available at <https://ruralhealthwest.eventsair.com/2019-adhc/conference-presentations>.

Our presentation was a follow-up to the "Medico-legal disease" workshop that we presented at the previous conference, which outlined the effects the medico-legal processes can have on doctors' health.

Megan Sheldon and Stephanie Mopin from our risk education and business development teams also represented MIGA at the conference, meeting a wide range of doctors and other people involved in the doctors' health field.

We look forward to continuing our support of doctors and this important conference, next scheduled for Adelaide in November 2021 and hosted by Doctors' Health SA.

Timothy Bowen

Senior Solicitor – Advocacy, Claims & Education

You can't pour from an empty cup!

Looking back, we encouraged you all to use 2019 as the 'year of supporting yourself'. I wonder how that worked for you. Did you take some time to reflect on the things that make you vulnerable: working in isolation, compassion fatigue and too many long work days? Did you make any changes – big or small?

We hope you did, because suddenly 2020 is here and it could be a tough one. The year has started with unprecedented devastation and tragedy around our country. Some of you may have been personally touched by these events, but many more of you will feel the strain of living and working in communities that have been severely impacted.

What does that mean for you as a health professional? In times of immense stress for your patients and the communities in which you live, the additional weight of caring and supporting others during, and post a crisis, brings additional concerns. There are many resources available to you to use when caring and supporting others dealing with traumatic stress. Beyond Blue and the RACGP are valuable sources of information on patient care.

However, what we would like to do, is remind you that it is paramount that you look after yourself during this time – you can't give the best care when you don't care for yourself.

The RACGP has also acknowledged that overloading of other's traumatic experiences may take a toll on you. Early indicators that you may be affected by the traumatic experiences of your patients may include:

- Heightened response to the patient
- Increased levels of arousal (sleep disturbance)
- Avoidance (includes increased alcohol use).

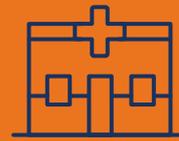
To avoid being overwhelmed, you should consider:

- Discussing distressing or difficult experiences with colleagues
- Limiting your exposure to a tolerable level
- Maintaining good general health with regular exercise, good nutrition and sleep habits
- Seeking help if needed.

If you are concerned we recommend making an appointment with a GP if possible. For those in rural and remote locations CRANaplus' Bush Support Service is available. Head to our website for more information about Doctors' Health.

Liz Fitzgerald

National Manager – Risk Services



Risk management for healthcare companies

Common themes and findings

MIGA's Risk Management team undertakes many risk management reviews to assist healthcare businesses identify gaps or risks in their admin policies and procedures that could cause or contribute to complaints or claims being made against the company.

The risk management reviews that we undertake for our clients are often at no cost, are well-received and our observations and recommendations lead to meaningful changes in practices and procedures.

MIGA's risk management reviews take into account relevant industry standards relating to health services in Australia as well as MIGA's own experiences in responding to complaints and claims on behalf of our clients. The relevant industry standards are:

- Australian Council HealthCare Standards Equip5, 5th edition
- RACGP Standards for General Practice, 5th edition
- National Safety and Quality Health Service Standards
- Australian Privacy Principles
- Australian Health Practitioner Regulation Agency Guidelines.

MIGA's personal approach takes each business's unique practices and procedures into consideration when measuring the impact of potentially poor practices and procedures. Our resources have been developed from practical experiences that support the business and its staff to reduce risk gaps. Our approach provides the business with an opportunity to discuss standards and guide them through the consequences of not meeting them.

All healthcare businesses are different, but there are some common themes and findings from many of the risk management reviews we undertake.

Areas commonly requiring attention include:

- Policies relating to informed consent.
This can include consenting children, adults with diminished capacity and adults with temporarily diminished competence
- Policies relating to the use of chaperones, particularly in relation to intimate consultations
- Governance procedures in the documentation of complaints in patient records
- Systems for the tracking and the return of results, and "missed" results from tests and investigations (including imaging)
- Policies and guidelines on self-prescribing and prescribing to family, friends and colleagues
- Inventories of medications (including samples) and medical consumables
- Disaster recovery plans and testing
- Potential inadequacies with insurance arrangements
- Policies, procedures and guidelines for dealing with workplace disputes, including contractual disputes.

If you are interested in consulting MIGA to provide your healthcare business with a health check, please contact us on 1800 777 156.

Nihal D'Cruz

Manager – Corporates & Intermediaries



Case Study

Smile for the camera Recording or live streaming medical consultations

Anthony Mennillo
Manager – Claims & Legal Services



What do you do if your patient or their family/friend start recording a consultation or ward round in the hospital? Is that legal and can you ask them to stop?

These are the questions we have received from practitioners who have been faced with this issue and this article explores the competing considerations and attempts to provide some practical solutions.

The law – privacy

Photos and videos of an individual are treated as personal information under the privacy legislation if taken by a practitioner for clinical purposes. However, the principles do not apply if the photo or video was taken by someone acting in a personal capacity, as the privacy legislation does not apply to individuals.

However, the surveillance devices legislation is applicable to this situation. Most states and territories in Australia have legislation which prohibits the recording (video and/or audio) of private consultations without the consent of each party to that conversation.

There is a general exception to this and that is where the use of the surveillance device is reasonably necessary for the protection of any person's lawful interest. Unfortunately the question of what is a 'lawful interest' is not the subject of any clear definition.

In 2012 a patient was prosecuted and found guilty of recording a medical consultation without the practitioner's permission. The patient had consulted a general practitioner in a private capacity in relation to a suspected inguinal hernia and used a concealed video recorder in the shape of a pen to record the examination undertaken by the practitioner, without their permission. The patient tried to

argue that he was not guilty of an offence because the conversation was not private as the parties to it could reasonably expect that it might be overheard. This was rejected by the court¹.

Practical considerations – public v private settings

Practically, it can be difficult to enforce the 'no recording policy'. In fact, sometimes it might be beneficial to the practitioner for the conversation to be recorded in some way.

In a private setting, you would be permitted to end the consultation if the patient refuses to stop recording, except in the case of a patient requiring emergency medical treatment.

In a public hospital setting, it would be wise to consult the Risk Management department and/or Medical Administrator to ascertain whether there are any policies in place on the recording of consultations or events.

There may be a few different scenarios that you are faced with:

1. The patient recording the consultation/ward round themselves;
2. A family member or friend recording the consultation/ward round;
3. A family member or friend "live streaming" the consultation/ward round to another third party situated in a remote location.

Recommendation

We generally recommend that the patient, or family member/friend who is using the recording device, be asked whether they are recording the conversation and, if so, the reason for doing so. In the absence of an explanation that is acceptable to all parties to the conversation, the person (whether the patient or a third party) should be advised that the recording of private conversations without the permission of all parties to the conversation

is illegal and not permitted, with a request made to stop the recording.

If the recording is being made by the patient or by a third party with the patient's express permission, where the patient is a public patient there is unfortunately little, if any, ability for practitioners to decline to continue to provide medical services if the person refuses to stop recording the event. In this situation, it might be worthwhile to advise the patient that advice needs to be obtained from the Head of Department and/or Management before the consultation can continue. Obviously, if it is a clinical emergency, this is unlikely to be a realistic option.

If the person recording is not the patient, and the patient either has not consented to the recording or has remained silent, you would be permitted to ask the person to leave the consultation and, in a hospital setting, contact security if they do not comply with your request. Obviously that is a drastic step to take and one that should be considered carefully.

Live-streaming, where a third party, whether or not present on site, is able to view the consultation via some form of video conferencing, raises slightly different considerations. Whether or not the live-streaming is recorded, the Surveillance Devices Act restrictions would still apply. It is therefore important that permission be obtained before any third party is involved in a medical interaction and the relevant parties, whether in person or via video-conferencing, should be identified and recorded in the medical record.

If all parties consent to the recording of the consultation/ward round, then an entry should be made in the medical record that the patient, or their family member/friend, was recording the interactions with other health practitioners. You would also be entitled ask for, but not insist on, a copy of the recording so it can be included in the patient's records.

With the technology available on smart phones/devices, the recording/live streaming of private conversations is becoming more prevalent. Understanding the legal position and your rights is important and if you are unsure where you stand or how to manage a particular situation please speak to one of our in-house team.

¹ *Toth v Director of Public Prosecutions (NSW)* [2014] NSWCA 133

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

Claims support and services for doctors

Cheryl McDonald
National Manager – Claims & Legal Services



At MIGA we constantly strive to provide outstanding advice, service and support to our doctors. This is crucial in the circumstance where the doctor is the subject of a claim for compensation.

When this occurs doctors usually are moving into a totally unknown environment, so it is vital that the MIGA claim solicitors are there with you every step of the way.

Steps in a claim

Where claims are the subject of proceedings and litigated in a court, MIGA will engage one of its external lawyers (at a private law firm) to represent you. Our external lawyers are experts in the field of medical liability and understand the importance of providing superior legal support and advice.

It is very common for a doctor to ask at the point of notification of the claim, what will ultimately happen. Unfortunately that is a really difficult question to answer.

Generally however there are key pivotal steps:

- Doctor contacts MIGA's claim solicitor and notifies the matter
- Where proceedings have been served MIGA instructs its external lawyer
- Doctor, MIGA's claim solicitor and the external lawyer meet to talk about the claim. Where a Statement of Claim has been served (this document articulates the patient's allegations) the external lawyer takes the doctor's instructions on how to respond to those allegations
- The doctor and patient, via their appointed lawyers, gather evidence to support their respective assertions. From the doctor's perspective we speak to independent experts and strive to secure reports to:
 - Support the doctor's management
 - Show that the doctor's management was not causative of the alleged injury
 - Identify and objectively assess the nature of the alleged injury and the impact of it on the patient and make an assessment of the value of the claim.



There is no automatic assumption a matter will proceed to trial. There are many steps to take between notification and trial.

Path to resolution

More often and nationally, the courts are requiring parties to a claim for compensation to enter into alternative dispute resolution to see if the claim can resolve. Generally MIGA is comfortable with this and so are its members. Trials can be time-consuming, gruelling and expensive so, logically, if a negotiated resolution can be achieved this has benefits.

Alternative dispute resolution can be via informal settlement conference, or more often, (particularly for significant files) by mediation.

Mediations involve the appointment of a mediator agreed by the parties to the claim. The mediator is provided with the pivotal information about the claim and each party to the claim prepares and exchanges their "Position Paper" which sets out in summary form their arguments.

Cases generally fall into three categories:

- Indefensible
- Defensible
- Arguable.

Some of the processes at mediation vary from State to State however the purpose is the same i.e. to negotiate and discuss the issues to see if agreement on resolution can be reached.

The participants in the mediation are usually:

- The patient, a support person for them and their lawyer and barrister (if a barrister has been engaged)
- The claims manager at MIGA, the external lawyer instructed by MIGA to represent the doctor and a barrister (if a barrister has been engaged).

Generally the doctor does not attend the mediation.

From a timing perspective mediations can be held as soon as possible once the parties have gathered their evidence.

Alternative dispute resolution is not appropriate for all matters. It does however hold some attraction for the "right matter" in that it provides:

- Certainty of outcome
- Avoids time and stress of a trial for the doctor (including the necessary intensive and time-consuming preparation work)
- Resolution is confidential and away from the eyes of the media.

The end game

At MIGA, we work with our external lawyers and the doctor to get the best result, always listening to the doctor and taking legal advice.

Actual claim for compensation numbers have been steady for the last few years although in the last 12 months we have noticed an increase. Hopefully that is not a sign of things to come but regardless we are always here and by your side.

Claims management



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Treating practitioner mandatory reporting reforms beginning soon



Long-awaited reforms to treating practitioner mandatory reporting are expected to begin over the next couple of months in all States and Territories except Western Australia.¹

Treating practitioners (including doctors, psychologists and other registered health practitioners) will only be required to make a mandatory report about their practitioner-patient (which includes doctors and all other registered health practitioners) in the following circumstances:

- **Impairment (a physical or mental health condition detrimentally affecting practice or likely to do so) if there is a substantial risk of harm to the public, considering:**
 - Its nature, extent and severity
 - Practitioner-patient's willingness to take steps to manage it
 - Extent to which it can be managed with appropriate treatment
 - Any other relevant matters going to risk of harm
- **Intoxication (practising under the influence of alcohol or drugs) if there is a substantial risk of harm to the public, considering:**
 - Its extent and duration
 - Practice context
 - Whether it was an isolated incident or a pattern of behaviour
 - Extent of practitioner-patient's self-reflection

- **Significant departures from accepted professional practice – if there is a substantial risk of harm to the public, considering:**
 - Practice context
 - Treating practitioner's ability to judge the extent of departure
 - Actions underway to deal with any gaps in practice
 - Extent of practitioner-patient's self-reflection
- **Sexual misconduct² – engaged in or at risk of engaging in sexual misconduct in connection with practice.**

Our work on this issue is part of our broader focus on doctors' health. We have made multiple submissions to Governments and Parliaments, appeared at Parliamentary inquiries, presented at conferences³ and had numerous meetings with regulators and key stakeholders.

Our recent focus has been on assisting the revision of mandatory reporting guidelines and new education materials. AHPRA's new 'mandatory reporting hub', something we sought, is now available and can be accessed at www.ahpra.gov.au/Notifications/mandatorynotifications.aspx.⁴

We hope these reforms will be an important step in our ongoing work to ensure doctors and other health practitioners:

- Can seek the help they need without fear of an unnecessary mandatory report
- Realise they can continue to practise if their health conditions are under control and well-managed
- Have a much clearer understanding of mandatory reporting obligations when treating colleagues.

Timothy Bowen

Senior Solicitor – Advocacy, Claims & Education

- 1 Western Australia will continue to have an exception to its treating practitioners making mandatory reports about their practitioner-patients.
- 2 What constitutes 'sexual misconduct' is set out in the Medical Board's Sexual boundaries in the doctor-patient relationship – available at www.medicalboard.gov.au/Codes-Guidelines-Policies/Sexual-boundaries-guidelines.aspx.
- 3 MIGA recently presented on these reforms at the bi-annual Australasian Doctors' Health Conference - the presentation materials, providing more information about the reforms, are available at ruralhealthwesteventsair.com/2019-adhc/conference-presentations.
- 4 The mandatory reporting hub, including guidelines and case studies, can be accessed at www.ahpra.gov.au/Notifications/mandatorynotifications.aspx.



Flying to new heights

Our 10 million Qantas Point Competition winners share their stories

Punta San Carlos is a secluded coastal desert famous for its waves and winds, making it the perfect kitesurfing destination for one brave-hearted and adventurous medical practitioner. The small fishing village on the west coast of Baha, Mexico is where Dr Bushell (SA) recently travelled, thanks to the half a million Qantas Points he won when he renewed his insurance with MIGA.

"I used the Points for a holiday to Mexico for a kitesurfing week," Dr Bushell said. "I camped right along the ocean, atop cliffs in Punta San Carlos and also used the Points towards business class flights because I went back to work the very next day."

Dr Bushell is one of the 40 lucky MIGA clients who won 500,000 Qantas Points as part of MIGA's Win a Share of 10 Million Qantas Points competition. Renewing with MIGA has never been so rewarding, with each renewal period for the past two years seeing 20 winners receive an enormous boost to their Qantas Points balance.

Booking a holiday is a sure-fire way to cure any mid-year slump and take a break from the demands of work. This is exactly how many

of the winners have used their Qantas Points. From a short family getaway to Byron Bay for Dr Brookes (NSW), to international holidays to Bali and Japan for Dr Brownstein (VIC), and Europe for Dr Humphries (WA), MIGA's renewal competitions have enabled winners to jet around the world.

When it comes to their work in healthcare, there is no questioning the altruism of our hard-working doctors. For Dr Wong (VIC), this selflessness has also extended to him treating his parents to a trip to Thailand. "This used up about half of the Points, so I still have the other half left," Dr Wong said.

Practising medicine involves a busy and highly dynamic work life, which means for other winners, they have yet to switch off, take a break and treat themselves to a holiday. Nonetheless, the Points have been a welcome help to the travel demands of work, advanced training, and career ventures. Dr Bolton (SA) is currently completing an Orthopaedic Fellowship, which involves a busy and expensive schedule. Most of her Qantas Points have been used to meet the cost of travelling to exams and conferences for her training.

For midwife, Amberley Harris, winning 500,000 Qantas Points came at the perfect time. "I am making a Breastfeeding Documentary

so the Points will go to flights for my filmmaker and I, as we travel around the globe making this showpiece," Mrs Harris said. "I can't thank MIGA and Qantas enough!"

The "Win a Share of 10 Million Qantas Points" competition is just one of the ways MIGA clients can turn their medical indemnity insurance into rewards with Qantas Points. MIGA clients earn 1 Qantas Point for every eligible \$1 paid to MIGA.* Plus, MIGA clients can join Qantas Frequent Flyer or Qantas Business Rewards for free, saving the usual \$99.50 joining fee. Learn more about earning Qantas Points with MIGA at www.miga.com.au/qantas.

* A business must be a Qantas Business Rewards Member and an individual a Qantas Frequent Flyer Member to earn Qantas Points with MIGA. Qantas Points are offered under the MIGA Terms and Conditions. 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 by You. 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.

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. Six Grants of \$10,000 are offered to those undertaking training, including specialised fellowships, postgraduate study, placements with volunteer organisations and research within a specific area of medicine.

In 2019 we received applications from doctors in a wide variety of specialties, all determined to make a difference and improve the standard of healthcare available in Australia and around the world.

It is with great excitement that we announce the MIGA DIT Grant recipients for 2019:



Dr Maeve Barlow

Training Program Diploma of Tropical Medicine and Hygiene
Location London School of Hygiene & Tropical Medicine, London, UK

Dr Barlow's course will build her professional competence in tropical medicine, infectious diseases and public health, and additionally expand her capacity to work effectively in lower and middle income countries and poorly-resourced settings. She will complete practical training in laboratory methods including microscopy and parasitology, along with tutorials in entomology and diagnosis of life-threatening diseases such as malaria.



Dr William Cranwell

Training Program Clinical Research Fellowship in Dermatology
Location St John's Institute of Dermatology, London, UK

Dr Cranwell's training program will provide exposure to all subspecialties of Dermatology at one institution, along with the opportunity to participate in the Dermatology Surgery and Laser Unit. This includes extensive experience in advanced skin surgery, Mohs surgery, laser dermatology (including management of juvenile birth marks), and phototherapy.



Dr Thomas Goodsall

Training Program Inflammatory Bowel Disease & Gastrointestinal Ultrasound Fellowship
Location Queen Elizabeth Hospital, Adelaide, South Australia

Dr Goodsall will undertake a combination of clinical gastroenterology and research. The clinical component will include Inflammatory Bowel Disease (IBD) and Gastrointestinal Ultrasound (GIUS) clinics, an endoscopy list and reviewing ward referrals with IBD or undifferentiated abdominal symptoms. The research component of the year will culminate in the development and validation of a scoring system for GIUS.



Dr Rebecca Kelly

Training Program PhD in Population Health
Location University of Oxford, Oxford, UK

Dr Kelly's primary objective is to acquire advanced skills in quantitative research to achieve her long-term vision of improving diet and cardiovascular disease at a population level. She is looking forward to gaining skills in advanced epidemiology, science communication and teaching and supervision of students.



Dr Kai'En Leong

Training Program Advanced Cardiac Imaging (CT & MRI) Fellowship
Location Royal Brompton Hospital & Hammersmith Hospital, London, UK

Dr Leong will complete a fellowship at Royal Brompton Hospital before spending time at Hammersmith Hospital under the supervision of Dr Deepa Gopalan, an internationally-recognised expert in pulmonary hypertension imaging. Dr Leong will be exposed to an MRI and CT case load and complexity not seen in Australia, and looks forward to building understanding of Hammersmith Hospital's delivery of coordinated care.



Dr Adele Storch

Training Program Visiting Research Associate at Section of Women's Mental Health
Location Kings College, London, UK

During her time at Kings College, Dr Storch will research the effectiveness and cost of community perinatal mental health services. The research outcomes aim to lead to improvement of service delivery; as a result, women and their families should benefit through fewer barriers to accessing care and better tailored care across the pathway.

While undertaking their training, each recipient provides MIGA with reports highlighting their experiences and providing an overview of how their training program benefits their future patients and field of medicine. These reports are added to our website and are a fascinating read, especially for anyone considering undertaking advanced training or interested in seeing the potential of our inspiring junior doctors. You can view our library of recipient reports via our DIT Grants Program webpage at www.miga.com.au/dit-grants-program.

We are extremely proud of the support that has been offered through our DIT Grants Program since its inception in 2008. It continues to grow in popularity and it's encouraging to see the passion so many doctors have for expanding their skill set and improving the level of care in their respective fields. We look forward to launching the Program for 2020 in the coming months.

Stephanie Calder

Senior Marketing Specialist





Risk Management for Midwives

How will you manage your risks in 2020?

The end of the Risk Management year is only a few weeks away. Under the terms of our arrangement with the Commonwealth, Eligible Midwives must enrol in and complete our Risk Management Education Program. Don't worry, we make it easy for you to fulfil that requirement, and give you a 10% discount on your premium when you renew in June 2020.

You have a number of activities to choose from. You can complete Modules at any time and there are a few dates left for Workshops.

Online Workshops topics and dates	
Errors in health	
12 February 2020 30 March 2020	<ul style="list-style-type: none"> An introduction to the concept of human factors in healthcare Explores the factors that guide our behaviour in the workplace Looks at how these factors impact patient outcomes.
Perils of silence	
18 March 2020	<ul style="list-style-type: none"> Communicating effectively with patients and colleagues is just as important as providing the best clinical treatment Explores the role of poor communication in medical errors and discusses strategies for empowering practitioners to communicate for the safety of the patient.

 **Book your place** or explore the other activities in REO at reo.miga.com.au
Need some assistance? Email us at reo@miga.com.au or call us on 1800 777 156

Liz Fitzgerald
National Manager - Risk Services



Book your place
reo.miga.com.au



Don't miss your opportunity

Places at the last two Risk Management Conferences for 2019/2020 are filling fast!

Saturday, 29 February 2020 Hilton Adelaide
Saturday, 21 March 2020 Hilton Sydney

Medicare – Does your dawg bite?

Our Claims Hypothetical explores the Medicare audit process, the steps involved, how matters escalate within the audit process, penalties that apply, and how to best deal with an audit.



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 Facsimile 1800 839 284

Claims and Legal Services

(Office hrs and 24hr emergency legal support)
 Free Call 1800 839 280
 Facsimile 1800 839 281

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

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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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