

# Bulletin



## 'Everything changes and nothing stands still'

It used to be said that the only certainties in life were 'death' and 'taxes'. But in our modern lives it would be fair to add 'change' to that short list of certainties. The pace of change in healthcare continues to accelerate with new technologies and approaches impacting everything from patient service and medical research to training and new treatments/therapies.

As an insurer of healthcare professionals a key part of our role is to keep pace with those changes, particularly where they impact the risks associated with practice. Doing so enables us to adjust not only the insurance protection you purchase from MIGA, but also the services we provide to support you.

In the day-to-day performance of our roles, change can sometimes be difficult to recognise, but reflection and analysis over a longer period can reveal significant trends. Reflecting on the last few years, we have identified a number of trends impacting our members and clients and key areas where we are providing assistance.

### Claim notifications

Whilst the number of claims we are handling is reasonably steady, we are seeing more and more large claims. Interestingly, it is often assumed that all large files are obstetric claims, but we are now seeing more large matters across more areas of practice, such as general practice, radiology, orthopaedics, paediatrics and cardiology.

We are also seeing the rise of 'nervous shock' claims. These are claims made by persons close to an injured patient, where those people have suffered a mental injury as a consequence of the harm to the patient. Examples include:

- A new mother who loses her baby as a result of an issue with the treatment, or
- A 'failure to diagnose' claim which leaves the surviving spouse as the unexpected sole parent to young children.

### Advice service

Our Claims and Legal Services Team is kept very busy providing advice to our clients. Over recent years there has been a significant increase in the number of calls for help and advice from members and clients. Our 24-hour emergency legal advice service is highly used and staffed by our own team members so you speak direct to us when you call. We understand that it is so important to you to get help from us for emergencies.

The calls into the Claims Department are not just about issues to do with patient care, but can include advice on complaints to healthcare complaint entities and regulators, and workplace matters, such as bullying and harassment, training/supervisor relationship issues, contractual disputes etc.

Disciplinary actions can be very stressful and traumatic. They strike at the heart of an individual's self-confidence and self-perception. We work with our members and clients to support them and progress the investigation as quickly as possible.

*Continued on page 2*

June 2019

### Privacy update

The laws are catching up and the stick is getting bigger

### Expert medical evidence

Know your limits

### Navigating the risk minefield

### Medicare

Does your dawg bite?



With many of our clients due to renew their insurance this month, please don't forget that the Client Services Team are here to help you. We can answer any questions you may have, update your practice details and take your payment over the phone.

You can also earn Qantas Points on your insurance payment, so if you haven't provided us with your Qantas Frequent Flyer or Qantas Business Rewards number you can provide it to your Client Services Officer over the phone or you can register your details from the **MIGA Plus Offers** page of our website. It would be a shame to miss collecting all those extra points!!

As the 30th of June falls on a weekend this year, please note that our office will be open on the Saturday and Sunday and our team will be available to take payment by phone. Our special opening hours are detailed in this Bulletin.

We encourage you to make your payment early and look forward to assisting you should you need our help.

**Kasia Lysakowski**  
Client Services Officer

## 'Everything changes and nothing stands still'

(Continued from front cover)

### Practice Risk Assessments

Our Risk Team also respond to many requests for advice. One of the services we offer medical practices and healthcare insurance clients is the completion of a Practice Risk Assessment, providing advice, resources and training where appropriate. From the completed assessments we have been able to identify some recurring issues where practices are unsure of their obligations, or require assistance putting procedures in place to meet them.

Some of the key areas where we have been providing assistance include:

- Consent policies
- Understanding and documenting complaints
- Non-clinical complaints, how and where to document them (not in the patient record)
- Follow-up processes – particularly where doctors may not see it as their responsibility, or where the Practice Manager does not have the power or authority to institute them in the practice.

### MIGA is here to support you

Whether it is the changing nature of your practice or changing situations or circumstances within your practice, help is at hand. We are always working to support and protect you and we encourage you to contact us early for assistance. Access to knowledgeable and supportive MIGA staff is an important benefit of your insurance with MIGA. This approach sets us apart from commercial insurers and we hope it gives you the peace of mind to continue the amazing work you do in our community.

### Mandy Anderson

CEO and Managing Director



## Renewal payment Extended hours Saturday 29 & Sunday 30 June

As the 30th of June falls over a weekend this year, our office will be open on both Saturday and Sunday to assist those clients who wish to make their payment by telephone on these days.

### On Saturday 29 & Sunday 30 June

- You will be able to pay over the phone 9am – 3pm (CST) on Saturday 29 and Sunday 30 June
- You can pay online until 9pm on Sunday 30 June
- From 9pm on Sunday 30 June we will be undertaking end-of-year system reconciliation and maintenance, during which time online payments will be unavailable
- Online payments will re-open at around midday on Monday 1 July

We encourage you to make your payment prior to 30 June if possible.



General enquiries and Client Services  
Free call 1800 777 156

# Win a share of 10 million Qantas Points!<sup>1,2</sup>

## 20 chances to win!

Simply pay your MIGA renewal premium by 30 June 2019 and you'll automatically go in the draw to win! It's that easy!

## 2019 Member Loyalty Benefit

Exciting news! If you are eligible, your renewal includes details of a **2019 Member Loyalty Benefit<sup>3</sup>**, a reward we are pleased to provide eligible clients as thanks for their ongoing trust and support of MIGA. Check your renewal information for details!

<sup>1</sup> 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 (links to [www.miga.com.au/qantas-tc](http://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 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](mailto:clientservices@miga.com.au).

<sup>2</sup> The promoter is Medical Insurance Australia Pty Ltd (ABN 99 092 709 629) of Level 14, 70 Franklin Street, Adelaide SA 5000. Entry is only available to doctors and midwives registered in Australia who renew with MIGA from 1 July 2019 by paying in full by 30 June 2019, or entering into a direct debit arrangement on or before 30 June 2019 and paying at least one instalment by 24 July 2019 who have not exercised their right to cool off or had their insurance cancelled by MIGA, as per the terms and conditions of the Policy. Each of the 20 winners receive 500,000 Qantas Points. The maximum notional value of each Prize is \$17,444 with a total prize pool of \$348,888 based on a sample of the Qantas Frequent Flyer Rewards that could be obtained by redeeming through the Qantas Frequent Flyer program. The draw will take place at 10am (ACST) on 20 August 2019 at this address. Each winner will be notified by email. Winners will be published in 'The Australian' on 30 August 2019. Authorised under NSW Permit No. LTPS/19/32995, ACT Permit No. TP 19/02964, SA Licence No: T19/405. Ts & Cs available at [www.miga.com.au/qantas-tc-10mpoints](http://www.miga.com.au/qantas-tc-10mpoints).

<sup>3</sup> Eligibility criteria apply.

# MIGA celebrates 120 year anniversary

*In December 2019, MIGA will celebrate 120 years of service to the medical and healthcare professions.*

Our 120th Anniversary is an incredible milestone, with the Group established in 1899, at the close of the 19th century. We have evolved with the times and today, in the 21st century, we are stronger than ever.

To celebrate this milestone and mark the occasion we will be holding a Charity Gala Ball at the Adelaide Convention Centre.

Funds raised will support our chosen charity, Beyond Blue. We have a significant affinity with the aims of Beyond Blue through our support of doctors' health and the services we provide our members and policyholders in supporting and guiding them through challenging circumstances. Mental health is an issue across the community, but we acknowledge its particular importance for healthcare professionals where the highs, lows and emotion associated with their work can be extreme.

Members will receive an invitation to the Ball by e-mail with ticket information and table costs.

**Save the date Saturday 7 December 2019**

*This event is only possible because of the significant financial and other support we have received from our sponsors. We gratefully acknowledge their commitment to our Charity Gala Ball.*

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## Case Study

# Privacy update The laws are catching up and the stick is getting bigger

**Anthony Mennillo**  
Manager – Claims & Legal Services



In the healthcare setting privacy of information remains fundamentally important. In recent years, the privacy laws have struggled to keep up to speed with the ever-changing communication landscape. Social media in all its forms has pushed (and sometimes breached) the boundaries of acceptable standards. This has occurred in the healthcare environment as well as globally.

While there has always been an expectation that an individual's personal information is protected from misuse, the public are now demanding that organisations including healthcare providers are transparent about how they collect and use that information and are held accountable if they misuse it.

That accountability has over the years taken the form of regulation and enforcement by the Office of the Australian Information Commissioner (OAIC) and the Australian Federal Government has recently announced the allocation of further resources to the OAIC to investigate and address privacy breaches and also to significantly increase the range of penalties available to it.

### Increased penalties for privacy breaches

While the amending legislation is yet to be drafted, the Federal Attorney-General has announced a new penalty regime, with a view to ensuring that the information of Australians is protected online and on social media platforms.

The current maximum penalty for an entity covered by the privacy legislation is \$2.1 million, however that is set to be increased to \$10 million, or three times the value of any benefit obtained through the misuse of information, or 10% of the company's annual domestic turnover, whichever is greater.

New powers for the OAIC to issue infringement notices for failure to cooperate with efforts to resolve minor breaches are also proposed. The maximum fines that could be issued under an infringement notice are \$63,000 for companies and \$12,600 for individuals.

### Increased investigatory resources

In addition to the increased penalties, the Federal Government has also announced additional funding to the OAIC to investigate and respond to individuals' privacy breaches. Those resources will also be devoted to creating a new code for social media and online platforms that trade in personal information, which will require those companies to be more transparent about any data sharing and to obtain more specific consent of users when they collect, use and disclose personal information. This appears to be a response to the recent privacy concerns of Health Engine's data sharing (please see our August 2018 Bulletin article [www.miga.com.au/MIGA/media/MIGA/Bulletins/August-2018-bulletin.pdf](http://www.miga.com.au/MIGA/media/MIGA/Bulletins/August-2018-bulletin.pdf)).

It is anticipated that the amendments to the Commonwealth *Privacy Act* will be drafted and released for consultation in the second half of 2019. Stay tuned for further updates.

### Mandatory Data Breach Notifications – a snap shot

It is just over 12 months since the introduction of the OAIC's notifiable data breach scheme where individuals and entities must notify the OAIC when data breaches occur that are likely to result in serious harm.

The OAIC releases quarterly reports on notifiable data breaches and the most recent January to March report noted the leading cause of notifiable data breaches was malicious or criminal attack (131 notifications) followed by human error (75 notifications) and system error (9 notifications).

In the health sector there were 58 data breach notifications in the October to December quarter, up from 54 from the previous quarter.

Human error was the leading source of notifications in the healthcare sector, including the communication of personal information sent to the wrong recipient, unintended release or publication of personal information, or loss of data. This represented 52% of all notifications in the December quarter. Malicious or criminal attacks and system faults represented the remaining categories of data breaches in the healthcare sector. Cyber incidents, where credentials were compromised through unknown methods, represented 40% of malicious or criminal attacks.

The statistics provided by the OAIC suggest that, while healthcare providers are managing privacy well, more can be done to minimise the chance of human error causing privacy breaches. Some cannot be avoided.

It is a timely reminder to review your privacy policies both from a security point of view and also a processing point of view, to ensure that the chance of a privacy breach occurring in your practice is minimised.



## 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

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Risk  
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Medico-legal  
advice



Advocacy





## Case Study

# Expert medical evidence Know your limits

**Samara Rossiter**  
Solicitor – Claims & Legal Services

In March 2019 the England & Wales Court of Appeal allowed an appeal against a decision to impose a 6-month suspended term of imprisonment for contempt of court on a doctor who was engaged as an expert medical witness in a motor vehicle accident claim.<sup>1</sup>

The Court of Appeal agreed that the original sentence was too lenient and that the doctor should have been imprisoned immediately for a much longer term. This is a dramatic outcome indeed, and although extreme, the case highlights some important points.

In this case, the doctor had originally examined the claimant 11 weeks after his accident for the purpose of a medico legal report and recorded that the claimant's neck stiffness had resolved in one week and that the claimant had, by the date of examination, 'fully recovered' from his injuries. Following a subsequent request from the solicitors and without further review of the claimant, the doctor's secretary revised and reissued the report (including a declaration of truth from the doctor) to reflect that the claimant reported ongoing pain and stiffness at the date of medical examination that would, in the doctor's opinion, persist for six to eight months from the date of the accident. The doctor initially denied having authored the revised report but later recanted. He sought to explain that the original report only recorded the claimant's acute symptoms and that the revised report was the correct version. The revised report was relied on by the claimant in proceedings against an insurance company, which were adjourned when a paralegal inadvertently disclosed the existence of the original report. The insurance company brought proceedings against the doctor for contempt

of court. The trial judge found that the doctor had been reckless, having made no attempt to investigate whether amendments he made to his report were clinically justified. The doctor had subsequently acted dishonestly when providing witness statements as to the truth of his report.

The doctor was found to be in contempt of court for numerous reasons. Of particular concern to the court was the apparent financial motivation, driving the doctor's conduct, in essence keeping his 'report writing factory... running at full capacity'.

While this is an extreme example of providing flawed evidence, there are many ways to fall foul of your legal duty as an expert witness. It is important to understand your obligations during this process.

### Expert witness – The fundamentals

The use of expert witnesses is ingrained in the Australian legal system and expert evidence is used in court proceedings (civil and criminal), inquests, tribunals and alternative dispute resolution. Courts are required to make determinations in relation to areas of medicine of which they do not have knowledge and, as such, rely on the expertise of doctors. Most doctors will be asked to provide expert evidence at some stage during practice, either as a treating doctor (witness of fact) or an independent expert witness (witness of opinion).

The *Good Medical Practice: Code of Conduct for Doctors in Australia*<sup>2</sup>, stipulates that practitioners engaging in medico-legal work are required to:

1. provide an impartial report;
2. be honest and not misleading when writing reports and not omit relevant information deliberately;
3. make clear the limits of their knowledge and not give opinion beyond those limits when providing evidence;
4. provide accurate, truthful and verifiable information about their experience and medical qualifications; and
5. not misrepresent, by misstatement or omission, their expertise.

When acting as an expert witness a doctor's duty is to provide impartial evidence to assist the court. They should act honestly and not be influenced by any reason, including but not limited to: discrimination, financial gain or the potential outcome of the case.

### How to avoid giving flawed evidence

When asked to prepare expert evidence, doctors should ensure they are entirely informed about the medical case. The instructing solicitor should provide comprehensive instructions. It is a doctor's responsibility to satisfy themselves that they understand what is being asked of them and that they have been provided with all relevant information.

A doctor knows their expertise better than the instructing solicitor. As such, if you are asked to provide an opinion about an area of medicine and you are unsure whether this falls within your area of expertise, you should contact the instructing solicitor to ensure that you understand the medical case. You should not agree to prepare a report unless you are completely satisfied you hold the relevant expertise. If you agree to prepare a report and you later discover that you do not have sufficient information to provide an opinion on a certain point, you should make this clear in your report.

Ensure you have sufficient time to complete the report. Errors occur when doctors fail to set aside sufficient time to read all the material thoroughly and prepare considered reports. When you receive the instructions, check the date your report is due. If you do not think you will have sufficient time, let the solicitor know as soon as possible. They may be able to secure additional time or they may need to engage another doctor.

### What happens when the evidence is flawed?

In Australia, expert witnesses have an immunity from liability in civil claims. The immunity does not extend to intentionally untruthful statements, fabrication of evidence or false evidence. A doctor may also face disciplinary action if they fail to take reasonable care when providing and/or giving evidence.

Although a practitioner has an immunity and the threshold for disciplinary action is high, a practitioner who engages in medico-legal work should be conscious of their reputation.

### Key take away points

1. Liaise with the instructing solicitor and before agreeing to prepare a report ensure you have certainty in relation to:
  - a. the medical case; and
  - b. your expertise as it relates to the case.
2. Ensure your report is objective and impartial. It is not a doctor's role to advocate
3. Be accurate and do not put anything in a report if you are unsure. You could be questioned in Court on anything in your report
4. Ensure you have sufficient time to consider the material and prepare a considered report
5. Adhere to the requirements of the relevant Expert's Code of Conduct. This should be provided with the instructions from the solicitor.

If you have received a request to provide expert opinion and have any uncertainty, contact the Claims & Legal Services Team. We are here to help.

<sup>1</sup> Liverpool Victoria Insurance Company Ltd v Zafar [2019] EWCA Civ 392  
<sup>2</sup> <https://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx>

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## Navigating the risk minefield

The way in which healthcare services are provided to patients is constantly evolving and for tech savvy doctors and patients there may not even be a face-to-face consultation.

Technological progress means the delivery of healthcare services will vary in a whole range of ways – formal or informal, on-line or face-to-face. The only constants are complexity and that any service delivery will involve a range of players; doctors, other healthcare professionals, practice owners or corporate entities.

When things go wrong, the working arrangements and ownership structures of the different participants means that it is sometimes difficult to understand who is carrying the risk, which party or parties own or part own the entity, who is ultimately responsible for staff and the risks involved in providing the services generally.

Doctors are responsible for the provision of the medical services they provide and must make their own Medical Indemnity Insurance arrangements but just what are the risks for others - owners, employers and employees? Doctors themselves can be either employed or working as contractors. This minefield of risk can be tricky to navigate.

Employees whether directly providing healthcare in the front-line or in administrative capacities may be exposed and may become a party to a patient claim or complaint. As healthcare services shift from the domain of the doctor to multidisciplinary teams, so the risk can also spread beyond the doctor.

The responsibility to respond to any claim or complaint made by a patient can require a detailed analysis and investigation of the facts to determine responsibility and where it lies:



**it may rest entirely with the doctor** – in which case reliance is placed on the doctor's own insurance; or



**responsibility may rest with others** as either having caused, or contributed to, the patient outcome. It is important in such situations that no matter where responsibility lies that the relevant parties are properly supported and that any financial exposure is adequately insured



**employee involvement** will be determined by the facts and will fall for consideration by the insurer of their employer's (assuming the employer is insured).

It is critical that practices or businesses providing healthcare services fully understand their own risks and not assume that their doctors' individual Medical Indemnity Insurance will carry the day, as this may not be the case.

Expert advice on adequately insuring such risks is the key for any practice or business providing healthcare services, particularly in the constantly evolving healthcare environment.

**Are you confident the advice you are currently receiving on your insurance needs takes into account the unique nature of your business and the services you provide?**

**Are you confident you are adequately insured and that your employees will be properly supported in the event they are involved in any claim or complaint?**

Draw on our specialist medical indemnity expertise when you next review your insurance arrangements. Applying our knowledge of medical practice and insurance to your circumstances could be eye-opening. **Arrange a no-obligation review of your current insurance arrangements by calling us on 1800 777 156.**

**Maurie Corsini**  
National Manager - Underwriting

## MIGA advocating on Medical Board / AHPRA changes

Since late last year, MIGA has been involved in a consultation run by Australian Health Ministers on whether the regime which regulates doctors and other health practitioners – the *Health Practitioner Regulation National Law* – remains up to date and fit for purpose.

The 100-plus page consultation paper posed 60 questions, covering a wide range of issues from registration to information sharing, practice conditions to advertising, and investigation processes to public warnings<sup>1</sup>.

MIGA's contributions so far have been detailed written submissions and participating in a range of forums and meetings with government, regulatory and professional groups.

MIGA supports some proposals, but opposes others. We want to avoid unnecessary investigations, adverse effects on doctors and any reluctance by them to seek help for themselves or with claims and complaints.

Key overall points we have made include

- **Ensure fairness to doctors** – protecting the public must be balanced appropriately with fairness to doctors and acknowledging the adverse effects regulatory processes can have on them
- **Don't punish the good** – the overwhelming majority of doctors who provide excellent healthcare should not face unduly onerous or unnecessary regulatory processes, or be treated by a lowest common denominator standard
- **Use what is already there** – there are a range of existing and soon to come initiatives, including the Medical Board's Professional Performance Framework, which should be given time to work and be assessed before considering various reforms
- **Get more evidence** – a number of reform proposals lack clear and convincing evidence.

The significant reform proposals, which MIGA opposes, include

- Reporting all civil claim settlements or judgments, either by doctors or medical defence organisations / insurers
- More information sharing – this should be limited to what is reasonably necessary, i.e. where there are substantial risks of harm to the public – publicly available information should not include complete disciplinary histories, Tribunal decisions with no adverse findings, details of all regulatory decisions or information hinting at a practitioner's health.
- Patients having a right of review / appeal of regulator decisions (doctors and other health practitioners already have a range of review and appeal rights).

Health Ministers are now considering submissions, and we expect a number of further consultations over the coming year.

Members who are interested in this work and would like more information or want to contribute their thoughts are welcome to contact us.

**Timothy Bowen**

Senior Solicitor – Advocacy, Claims & Education

<sup>1</sup> The consultation paper is available at [www.coaghealthcouncil.gov.au/Projects/Health-Practitioner-Regulation-National-Law](http://www.coaghealthcouncil.gov.au/Projects/Health-Practitioner-Regulation-National-Law)



# Medicare

## Does your dawg bite?



MIGA's new Claims Hypothetical explores the Medicare audit and what it might mean for you.



Book to attend one of MIGA's risk events via REO

In 2018, the Department of Health raised \$49million in debts from health providers for incorrect billing<sup>1</sup>. This was \$20million more than the year before.

The Department of Health is responsible for administering and protecting the MBS and PBS Schemes by ensuring compliance. In the Department's own words compliance ensures, "we provide the **right payment** to the **right person** at the **right time**".<sup>2</sup>

Incorrect payments to world health systems is estimated to be around 7% of the total global health expenditure or **\$487 billion** (in 2014)<sup>3</sup>. In Australia some commentators have suggested the cost of over-payment is more like 10-15% of the scheme's total cost annually or \$A2-3 billion.<sup>4</sup>

This new hypothetical will explore the audit process, which begins with the Department of Health and may progress to the Professional Services Review (PSR), Medicare's "watchdog".

Having to repay benefits can be the least of your worries:

- Penalties can apply and findings of inappropriate practice can result in suspension of provider benefits with loss of income and reputational damage
- The PSR can also make referral to AHPRA and the Medical Board
- Where **fraud** is suspected the matter can be referred to the Australian Federal Police for criminal investigation.

At each referral, the potential "bite" that can be inflicted can lead to even more serious complications.

The Government will be investing more into compliance activities such as data matching and expanding its focus on examining the billing practices of **GPs, specialists and health entities**. Now is not the time to be complacent. Understand Medicare's concerns and whether you could be vulnerable if you become the focus of an audit.

**Keryn Hendrick**

Risk Education Manager

1. Based on 2017-2018 cost in benefits of \$23.2 billion

2. eLearning Module: Introduction to Compliance within Medicare

3. Gee J, Button M *The Financial Cost of Healthcare Fraud 2014*, quoted by Faux M et al. *Who teaches medical billing?*

4. Faux M *ibid*, referencing Webber TD. *What is wrong with Medicare?*

Med J Aust 2012;196:240-9. doi:10.5694/mja12.10286

## MIGA Doctors in Training Grants Program



Increased funding in 2019!  
6 Grants of \$10,000 each

Considering additional training?  
MIGA may be able to fund your experience.

With such significant interest in our Program over the years, MIGA is proud to be increasing the Grants offered in 2019, with **6 Grants of \$10,000 each** now available! The support is provided to assist doctors meet the expenses associated with their additional training, such as travel, accommodation and program fees.

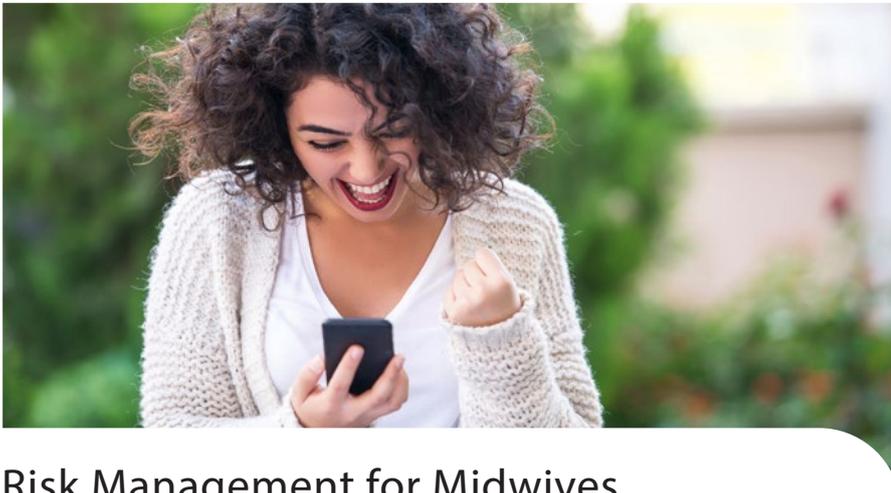
Over the past eleven years, MIGA has supported many doctors undertaking a variety of training programs, including specialised fellowships, postgraduate study, medical research and placements with volunteer organisations.

This year, perhaps it's you we'll be supporting! For more information on eligibility criteria, the application process and key dates, we encourage you to visit our website at [www.miga.com.au/dit-grants-program](http://www.miga.com.au/dit-grants-program).

**Stephanie Calder**

Senior Marketing Specialist





## Risk Management for Midwives What's on this year?

MIGA Workshops are based on our claims experience and provide an interactive forum for discussing clinical and professional risk issues and preventative strategies. They include case examples, practical exercises and risk management tips.

### Online Workshops topics and dates

#### eHealth

**3 October 2019**

- Explores risks associated with new communication technologies
- Provides insight into the risks associated with electronic medical records, electronic forms of communication, mobile medical devices and social media
- Examines privacy and governance related issues

#### Managing expectations

**12 November 2019**

- Explore the opportunities for misunderstanding between midwives and the women in their care
- Identify strategies for promoting shared expectations of the birthing process
- This should involve the midwife, the patient, families and other health professionals in a collaborative setting

#### Errors in health

**24 September 2019**  
**28 October 2019**  
**12 February 2020**  
**30 March 2020**

- 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

**21 August 2019**  
**30 January 2020**  
**18 March 2020**

- 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.



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#### Letters to the Editor

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