

Bulletin



Public interest suspensions A brave new world?

The Medical Board of Australia is expected to soon acquire new powers to take immediate action against doctors and other health practitioners where the Board “reasonably believes” the action is in the “public interest”. This can include either suspension or imposition of practice conditions.

The proposed changes are part of a wider package of reforms to health practitioner regulation.

MIGA sees the new power to take public interest action, together with other new powers to disclose action taken against practitioners, to be key issues for our members and clients.

We have been advocating extensively on behalf of our members during this reform process, both at Commonwealth and State levels.

Most recently, we made detailed submissions to the Queensland Parliament¹, tasked to examine the reforms on behalf of other states and territories, and gave evidence at a parliamentary inquiry².

MIGA’s position is:

- Public interest action
 - Has too low a threshold of “reasonable belief” for taking action, and should instead be based on the considerably higher threshold of being “satisfied” that action is in the public interest,

as is the case in New South Wales – it has since been acknowledged that the threshold should be consistent with New South Wales

- Needs detailed guidance about what is “public interest” – comment has since been offered

- Unnecessary disclosure of actions taken should be avoided, particularly when disclosure could now be made to a wider range of people and bodies – AHPRA and the professional boards intend to develop guidance on this, with stakeholder input.

MIGA is also advocating for increased use of educative processes rather than disciplinary processes for one-off mistakes or other isolated issues.

MIGA’s advocacy in this area is part of its broader work around health care regulation and discipline.

We will keep you up-to-date on the progress of reforms and our work on your behalf through the Bulletin, website and our social media channels.

Mandy Anderson

CEO and Managing Director

¹ MIGA’s submission is available at www.parliament.qld.gov.au/documents/committees/HCDSDVPC/2017/NationalLaw/submissions/012.pdf

² You can watch MIGA’s evidence at tv.parliament.qld.gov.au/Committees?reference=C4265#parentVerticalTab7 from 49:20 in the online video

³ You can read more about the Senate inquiry, and MIGA’s role in it, at www.miga.com.au/senate-health-care-complaint

October 2017

Understanding the risks in prescribing opioids

Case Study

When your patient won’t listen

Case Study

Firearms and reporting obligations

Midwives

Be careful with your advertising

Protecting your business

Avoid going up in flames

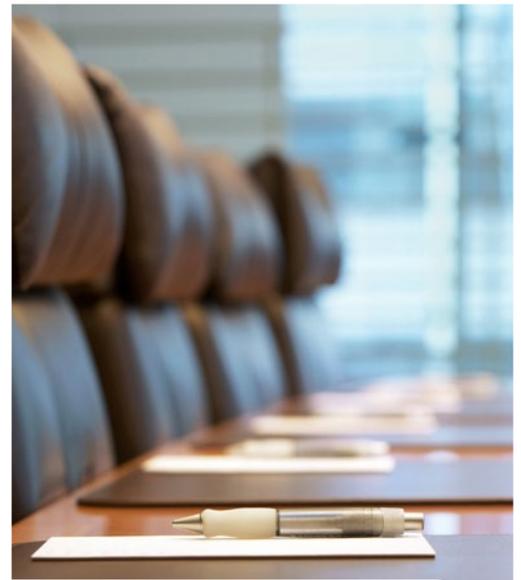


Remember, you have access to support when you need it. Each day we are reminded of the multitude of issues our members encounter in the day to day running of their practice and delivery of service to patients.

In this issue of the Bulletin we cover off a range of topics from fitness to hold a firearm, and advertising to opioid prescribing and managing patient interactions. We hope you find the content interesting and helpful.

As always our expert staff are available to assist you. We are only a phone call away. Call us for advice on risk management, your insurance cover, practice processes, or for medico-legal advice. As issues are often more easily managed if caught early, and to limit additional stress in your life, we encourage you to contact us for assistance as soon as an issue arises. We hope you enjoy the October Bulletin.

Carmelina Parisi
Solicitor – Claims & Legal Services



2017 Annual General Meeting

An invitation to the AGM for current members is enclosed with this Bulletin. It is being held on Saturday, 25 November at the Hilton Hotel, Adelaide at 9.00am. If you would like to attend please ensure you RSVP by Wednesday, 8 November 2017.

The business of the Annual General Meeting includes the election of Directors to the Board of MDASA.

As per Article 46 of the Constitution, Dr Martin Altmann and Prof. Owen Ung offer themselves for re-election.

Nominations for these two Board positions closed on Friday, 15 September 2017. No additional nominations were received.

As there were no other nominations for the two vacancies, there is no election and Dr Martin Altmann and Prof. Owen Ung will be declared duly elected at the Annual General Meeting (as per Article 48A(b) of the Constitution).

Although there is no need to conduct an election for Directors this year, if you cannot attend and wish to provide a proxy to vote on the adoption of the financials and last year's AGM Minutes, you may still do this. Please contact us on 1800 777 156 if you wish to do so.

The AGM will again be held in conjunction with our Adelaide Risk Management Conference.

If you would like to attend the Risk Management Conference we encourage you to book now through the Client Area of our website.

We hope you will join us at the AGM to hear about developments in the last year at MIGA and to ask questions of the Chairman and CEO.

If you attend in Adelaide, we also invite you to join us afterwards for morning tea with our Boards and staff. It is a great opportunity to get to know them better.

We look forward to presenting our year end results and meeting with members afterwards in an informal setting.

For our members in other States, over the next 12 months you will have the opportunity to meet with us personally and raise any issues at Risk Management Conferences which are being held across key locations across Australia.

Mandy Anderson
CEO & Managing Director

Understanding the risks in prescribing opioids

The National Drug and Alcohol Research Centre (NDARC) reported in July 2017 that the rate of accidental opioid deaths has more than doubled among Australians aged 35 to 44 between 2007 and 2013. The estimates for 2014 and 2015 indicate an upward trend.

Alarming, the report shows:

- 70% of the deaths were due to strong prescription painkillers
- An ageing population experiencing chronic pain is partly to blame for the trend
- High opioid prescription rates for low back pain may have led to the increase in opioid related deaths
- Despite opioid known side effects such as addiction, withdrawal pain and tolerance to the drug, opioids continue to be prescribed at high rates
- The deaths were preventable.

The full report can be viewed at: https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/OpioidDeaths_2013_Website_FINAL_0.pdf

The historical timeline

- 1990s** The under-treatment of pain was highlighted as a serious medical issue. Doctors, seeking to assist their patients, turned to opioid pain killers reassured by pharmaceutical companies that these drugs were safer than other painkillers on the market
- 2007** US Pharmaceutical and 3 of its executives were fined US\$634.5 million for its false claims in an OxyContin case
- 2012** US doctors wrote 259 million prescriptions for opioids
- 2014** Over 100,000 deaths in the US were linked to prescription opioid overdose (40% of all overdose deaths reported that year). As doctors pull back on prescribing opioids, addicted patients can switch to other drugs, such as heroin, if not managed properly.

Managing chronic non-cancer pain



Opioid painkillers for non-cancer pain are only appropriate for acute pain used in low dose for a short time. De-prescription should be considered at every visit



A multidisciplinary approach to pain management where opioids (in isolation or in combination with other drugs such as benzodiazepines) are prescribed by one clinician with the appropriate Schedule 8 authorities is the gold standard. Consultation and/or referral to a Pain Clinic is recommended



Is medicinal cannabis the new medication of choice? The jury is still out. It is not without its side-effects and clinical trials are underway to assess the risks and benefits



There is good evidence that psychological and behavioural treatment can successfully help people in managing their chronic pain



The Pain Management Network website has excellent resources for healthcare professionals, consumers and patients (www.aci.health.nsw.gov.au/chronic-pain).

Book to attend an MIGA Conference, and the Mock Coronial Inquest "Who dunnit? A poisonous pill"



Keryn Hendrick
Risk Education Manager

43,000,000

Qantas Points given to members



Our partnership with one of Australia's most respected and recognised national brands provides a valuable way for us to recognise and reward our clients, so many of whom are frequent travellers for business and pleasure.

The feedback has been overwhelmingly positive

"I have used the points from my membership towards flights to the UK next year – it will be the 1st time in 8 years since we will have managed a trip back to the UK to see all our family there"

"I have been a member of MIGA for many years & I value the knowledge that I am backed by a well run & efficient MDO. The Qantas Frequent Flyer affiliation was a wonderful bonus. I used the points by adding them to my existing Qantas Points balance towards a points plus pay airfare to Japan. The family are very much looking forward to the trip."

"I travel to Botswana, my home country, every now and then and I'm planning to upgrade my seat from Economy next time in January. Having extra points to play with is a great bonus"

"A nice way of giving back to your customers"

"Excellent partnership choice"

"Very good offer and definitely contributed to me renewing with MIGA"

"Was a factor in choosing MIGA"

"Good incentive. Reason I joined"

"I thought this was a fantastic and highly differentiating offer from the other MDOs"

Thank you to our many clients who have provide feedback about our Qantas partnership both formally and via our staff. We have been overwhelmed by the positive response and pleased that we have been able to award so many Qantas Points to clients as a reward for their loyalty.

Mandy Anderson
Chief Executive Officer

BUSINESS REWARDS



FREQUENT FLYER



Win 1 of 5 Bockers & Pony gift hampers

Like our Facebook page and tell us how you'll use your MIGA Qantas Points using the hashtag #migaqantaspoints and you could win 1 of 5 Bockers & Pony 'Our Foodie Friends' gift hampers from the Qantas Store valued at \$159 each. Entries close 5.00pm Friday, 3 November 2017.

Ts & Cs visit www.miga.com.au/qantas-fb-tc.



Case Study

When your patient won't listen



Key issue

Some patients can have fixed views about the treatment they wish to receive and be dismissive of professional advice.

Key takeaway

There are a number of options available to you in dealing with these situations. But ultimately good medical practice should guide your actions and is your best defence.

Marie-Claire Elder

Senior Solicitor – Claims & Legal Services

In this digital age of on-line forums, blogs and Dr Google our clients frequently call us to discuss the management of patients whom have fixed views about the treatment they wish to receive.

Obstetricians and midwives particularly, report that we are in an era where women are more reluctant to take advice in relation to safe birthing despite the not insignificant risks being clearly explained. Our general practitioners tell us that patients often present with a print-out from the internet requesting various prescriptions or referrals for surgery.

Patient autonomy is of course an essential and important legal foundation of the doctor/patient relationship. But to what end? What if you are uncomfortable with the decisions the patient has made? Are you feeling pressure to acquiesce to a patient's demands so you can end the difficult (and often long) conversations?

The scenario

A lady in her 50s has been seeing a specialist for a number of years. They have a good relationship and she has taken the specialist's advice without question during that time. On this particular occasion, the specialist recommends a minor surgical procedure. The patient does not wish to have the procedure but is insisting on medication management not surgical intervention. The specialist does not consider medication is an appropriate form of therapy and believes that if the procedure does not go ahead, she could be at risk of the disease developing and potentially becoming life-threatening.

The specialist does not wish to upset his patient and whilst he believes that the medication will not cause any harm, he does not believe that it will treat the disease effectively.



Advice

We discussed with the specialist a number of factors including what might be the reason for the woman wanting to avoid a procedure. He disclosed that she had a 'bad experience' with an anaesthetic previously which was causing some anxiety. He had already counselled her about how this could be managed and offered to arrange a consultation with his anaesthetist colleague so these apprehensions could be best planned for and managed. He did not feel that this was the issue.

He believed that she had formed the view that medication was the most effective treatment and that is what she wished him to prescribe.

We asked the specialist whether his peers would prescribe the medication in this clinical situation. He conceded that they would not.

When asked if a junior doctor came to him for advice, whether he would endorse the medication regime over the surgical one, he agreed he would counsel against it.

We explained to the doctor that whilst his intentions of keeping his patient happy and avoiding difficult conversations was understandable, he was exposed to criticism by his colleagues and the regulator. Further, if his failure to recommend appropriate treatment led to a poor outcome, he may find himself the subject of legal proceedings.

Where to from here?

We advised the doctor to recall the patient for a consultation so that a clear and thorough discussion could take place. We recommended that:

- The doctor explain that he would not be prescribing the medication because it is not clinically appropriate
- The risks of refusing surgical treatment be thoroughly explained and documented
- He offer a referral to a specialist colleague for a second opinion
- He write to the referring general practitioner explaining the above.

The doctor was concerned that the discussion may become heated or abusive.

We discussed his option to politely terminate the consultation and if he felt there was irreparable damage to the relationship, he could discharge her from his care as long as she was able to seek specialist advice elsewhere, the general practitioner was informed and the patient was advised in writing.

Obviously the goal is to ensure that those steps do not have to be taken but we take this opportunity to remind our clients:

- You are the professional with extensive training and expertise
- Patient views and opinions are important but you have a duty to recommend appropriate, evidence-based treatment options
- You may be inviting criticism by the regulator and/or your peers via court proceedings if a complaint or claim is made
- Careful documentation of these discussions is crucial.

Finally, worried about a complaint from the patient, we reassured the doctor that in our experience, defending good medical practice resulting in an unhappy patient is much more desirable than trying to defend poor medical practice resulting in an unhappy patient and an unhappy doctor.



Is my patient fit to possess a firearm?

Dr Jones has been treating Peter who has a history of anxiety and depression. Peter recently had his firearms licence suspended and approaches Dr Jones for a medical report. At his last consultation, Peter revealed to Dr Jones that he had recently broken up with his wife, that they were going through an acrimonious divorce and custody battle and that his wife had threatened to take out a restraining order against him. Dr Jones had no idea that Peter held a firearms licence and is unsure about what he should disclose and whether he has any reporting obligations.

The health practitioner's role

There are legal and ethical requirements on health professionals to disclose health information concerning a patient's fitness to possess a firearm. Statutory protections are afforded to prevent any civil or criminal liability in relation to such disclosure.

In all Australian jurisdictions, individuals applying for or renewing a firearms licence must disclose their medical history and an application or renewal of a firearms licence may be denied, suspended or cancelled if there is evidence of mental or physical conditions rendering the person unsuitable to possess, own or use a firearm.

Apart from where there is a situation of risk involved, the onus is on the individual applying for the firearm licence (rather than the treating health practitioner) to disclose relevant physical or mental health conditions.

As part of the application and/or renewal process the applicant/licence holder may be asked to obtain a medical report from their treating practitioner outlining their suitability to hold a firearm licence, as described in the scenario above. This requires careful consideration on the practitioner's part to assess the medical history obtained from the patient and provide information as to any physical and/or mental health condition which could impact upon a patient's fitness to hold a firearm. The type of information sought by the firearms registrar might include the length of the therapeutic relationship and frequency of visits, nature of any illness/condition/disability, long term prognosis, ability to safely operate a firearm, details of medication and any issues with self-medication.

In all States and Territories (except South Australia and the Northern Territory where there are mandatory reporting requirements, refer table at right) a health professional should notify the state or territory Commissioner of Police if a patient has made threats to harm themselves or others and who the practitioner believes to be a risk to themselves or the public if they possess a firearm.

A 'health professional' is commonly defined to include a medical practitioner, nurse, psychologist, professional counsellor or social worker.

As outlined in the table, there is legislative protection in all jurisdictions from any criminal and civil liability that may arise when a health professional breaches a patient's privacy by disclosing information in good faith to the police.

Is my patient fit to possess a firearm?

In determining if a patient is unsuitable to possess a firearm and whether a notification should be made, health professionals should consider a range of issues including any history of attempted suicide, aggression and/or violence, and the person's history of weapon ownership and reasons for obtaining a weapon. Any final decision on whether to notify police should be guided by professional judgement and ethics. If there is an imminent risk to the safety of any person, the health professional should contact the emergency police number (000).

In the scenario described above, Dr Jones will need to explain to Peter that in providing the report he has an obligation to disclose Peter's mental health history and circumstances giving rise to it, views on prognosis and current medication as it may impact on his fitness to hold a firearm. As the firearms registrar has already suspended Peter's firearms licence, Dr Jones does not need to make a notification to the police unless he believes there is an imminent risk to the safety of another.

If you are unsure about your disclosure obligations, please contact our Claims and Legal Services Department for further advice.

Belinda Cullinan

Solicitor – Claims & Legal Services

Reporting obligations / statutory protections

New South Wales (s 79 Firearms Act 1996)

- A health professional **may** inform commissioner if a person in possession of a firearm poses a threat to public or themselves.
- Protection from civil or criminal liability for breach of confidentiality if disclosure is made in good faith

https://www.police.nsw.gov.au/__data/assets/pdf_file/0016/131155/579_Notification_FACT_Sheet_-_March_2013.pdf

South Australia (s 96 Firearms Regulations 2017)

- A health professional **must** inform commissioner if:
 - person has a physical or mental illness, condition or disorder; or
 - if circumstances exist which pose a threat to safety of the person or another person.
- A report must be made as soon as practicable after the suspicion is formed; and must include—
 - the name and address of the person the subject of the suspicion; and
 - the suspected threat to safety and circumstances giving rise to the threat (including the nature of any physical or mental illness, condition or disorder contributing to the threat).
- Protection from civil or criminal liability for breach of confidentiality if disclosure is made in good faith

<https://www.police.sa.gov.au/services-and-events/firearms-and-weapons/notification-to-the-registrar>

Western Australia (s 23B Firearms Act 1973)

- A health professional **may** inform commissioner if person's physical, mental or emotional condition means possession of a firearm is not in their own interest or that of the public
- Disclosure can also occur where a person seeks medical assistance associated with an injury where a firearm is believed to have been involved
- Protection from civil or criminal liability for breach of confidentiality if disclosure is made in good faith

Queensland (s 151 Weapons Act 1990)

- A 'professional carer' **may** inform the commissioner that a person is unsuitable to possess a firearm because of the person's mental or physical condition or because the person is a danger to themselves or another person
- Protection from civil or criminal liability for breach of confidentiality if disclosure is made in good faith

<https://www.police.qld.gov.au/programs/weaponsLicensing/>

Victoria (s183 Firearms Act 1996)

- A registered health professional **may** inform commissioner if person holds or intends to possess a firearm and practitioner holds a reasonable belief the person is not a fit and proper person to possess, carry or use a firearm.
- Protection from civil or criminal liability for breach of confidentiality if disclosure is made in good faith

<https://www2.health.vic.gov.au/mental-health/rights-and-advocacy/privacy/notifying-police-about-people-unfit-to-carry-firearms>

Northern Territory (s101 Firearms Act 2017)

- A health professional **must** inform commissioner of reasonable belief that a person is not fit and proper to possess a firearm
- Protection from civil or criminal liability for breach of confidentiality if disclosure is made in good faith

ACT (s 261 Firearms Act 1996)

- A health professional **may** inform commissioner if a person who has access to a firearm poses a threat to their own safety or that of the public
- Protection from civil or criminal liability for breach of confidentiality if disclosure is made in good faith

Tasmania (s 158A Firearms Act 1996)

- Medical practitioner **must** report to the police a reasonable belief that a patient has suffered a wound inflicted by a firearm (name, address, description of person, details of wound and circumstances leading to infliction of the wound)
- Medical practitioner **must** take reasonable steps to retain ammunition from wound until collected by police
- Medical practitioner incurs no civil or criminal liability in taking the above steps in good faith



Healthcare Professional Indemnity with professional advice and service

At MIGA we have a wealth of experience in serving the needs of the healthcare sector and are passionate about protecting our clients from the ever growing risks in providing healthcare services in Australia.

Our Professional Indemnity policy for healthcare companies is designed to support and protect your practice in a similar way to how we have supported and protected doctors across Australia for over 115 years.

We are confident our policy is competitively priced, provides true value for money and is tailored specifically to meet the needs of your practice.

MIGA's Professional Indemnity Insurance for Healthcare Companies is designed to cover your business for legal liability for claims arising out of any act, error or omission in the provision of health care treatment, advice or service in the course of your business.

Our Professional Indemnity Insurance for Healthcare Companies also covers claims made against:

- Subsidiary entities, as defined and employees, including healthcare professionals (excluding doctors as they generally have their own insurance); and
- Your vicarious liability for the acts and omissions of your employees, including employed and contracted doctors.

Additional benefits of insuring with MIGA include:

- One automatic reinstatement of the limit of cover selected at no additional cost
- 24 hours a day, 7 days per week emergency claims and legal advice across Australia, provided by our own expert staff
- Risk management education sessions
- Monthly instalments are available at no additional cost (depending on the attachment date of your insurance)
- MIGA Plus – access to products and services from partners.

If you want to learn more about how MIGA can assist your practice with Professional Indemnity insurance please contact us directly on 1800 777 156.

Trent Woodward

Business Development Manager – Healthcare

See us at the 2017 Australian Association of Practice Management Conference!

24th – 27th October
Crown Perth, Western Australia

2017 theme
'The magic of management'

MIGA will have our experienced staff on hand to discuss all things MIGA. If you are attending this year's AAPM Conference please drop by the **MIGA stand, Booth 29**, and have a chat with our team. There will be prizes and exclusive offers for conference attendees on our stand.

We look forward to seeing you there!



Follow us on Facebook & LinkedIn
Join the conversation – search 'MIGA'

Protecting your business

Avoid going up in flames

According to Fire and Rescue NSW, almost 40% of building fires are caused by electrical appliances and faults. A medical practice recently suffered this fate – their premises experienced \$878,000 worth of damage after a fire tore through their offices. The cause? A faulty \$10 power board purchased from a local hardware store.

To help minimise the risk of an electrical fire on your premises, consider these 10 helpful tips:

1. Keep dust, moisture and clutter to a minimum – good housekeeping is essential for preventing fires
2. Ensure there's sufficient ventilation around all electrical equipment to help prevent overheating, and switch off computers at the end of the business day
3. Avoid 'piggy backing' power points – a common cause of fire and equipment damage is an overload
4. Use safety switches – make sure your electrical switchboard and other key equipment is protected by residual current devices
5. Book a qualified electrician to conduct a thermographic scan – they'll check your electrical switchboard to identify any faults or 'hotspots' that could be a fire waiting to happen
6. Test and tag all electrical equipment at least every 12 months – a qualified electrician can assist with this
7. Always follow manufacturer's instructions for the installation, operation, storage, cleaning and maintenance of equipment. Obtain another copy of the manual if the original has been misplaced
8. Use equipment that's approved in Australia – don't be tempted to use cheaper parts or equipment that's not approved for use here, it's simply not worth the risk
9. Keep 'pest control' programs up-to-date. Rats and mice are good climbers and can easily chew through wires and cabling
10. Train staff in the correct use and maintenance of equipment. If they're on the lookout for early warning signs of failure you may identify issues before they escalate.

If your business experienced a fire or another interruption event, how would you manage? Not only is there the damage bill and loss of revenue while you're not operating, there's the increased costs of remaining open for business, such as a temporary relocation. The good news is an insurance policy like MIGA Plus Business Insurance can help minimise disruption and get you back up and running as quickly as possible.

The MIGA Plus team are here to help and can provide advice on the needs of your business and arrange a competitive quote. Give them a call on 1800 835 808 or visit www.miga.com.au/business-insurance to find out more.

Carolyn Norris

National Manager – Client Services



MIGA Doctors in Training Grants Program

Considering an advanced training opportunity?
Looking to enhance your skills and knowledge?

You could be eligible for **one of four \$5,000 Grants** available to assist doctors undertaking specialist training opportunities in Australia and overseas.

The Program is open to doctors who are in their 1st to 5th post graduate year, or who are enrolled in an accredited College or Society training program or have completed this training within the last two years.

Examples of eligible training include:

- Postgraduate study
- Specialised fellowships
- Placements with volunteer organisations
- Indigenous community placements
- Research in a specific area of medicine
- Other advanced training outside of a doctor's accredited College or Society training program.

Be quick!

Applications for the Program close on Friday, 3 November 2017

For more information and to apply, visit www.miga.com.au/dit-grants-program or contact our team on 1800 777 156 or by email at marketing@miga.com.au.



Midwives Be careful with your advertising

Do you have a website? Do you give material to women you look after about the care you provide? Do you talk about your role as a midwife to those around you, or online? If you do, you are not alone.

Advertising who you are and what you do as a privately practising midwife is often a key part of letting women know about how you can help them through pregnancy, birth and afterwards. Like any business, you need to promote yourself. The key is doing so appropriately and sensibly. This is particularly so with a new focus on health practitioner advertising by AHPRA and the professional boards over the last few months.

MIGA has already produced guidance for health practitioners on advertising their health care.¹

Over time, AHPRA has released further guidance on National Law advertising requirements, most recently consolidating what it already has and providing new material in its Advertising resources.²

Advertising requirements set out in s 133 of the Health Practitioner Regulation National Law provide that you cannot advertise in a way which:

- Is false, misleading or deceptive or is likely to be misleading or deceptive
- Offers a gift, discount or other inducement to attract a person to use your services, unless your advertising also states the terms and conditions of the offer
- Uses testimonials or purported testimonials about your care
- Creates an unreasonable expectation of beneficial treatment
- Directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services (i.e. those regulated under the National Law).

You are also restricted under the National Law in how you represent your training, expertise and experience, particularly around the use of titles and claims of specialty expertise.

There can be significant disciplinary and/or financial penalties for breaching National Law advertising obligations.

AHPRA and the Nursing and Midwifery Board of Australia, together with other professional boards, have produced Guidelines for advertising regulated health services³, which detail what the National Law advertising obligations mean in practice, using examples of commonly advertised information.

More recent guidance includes advertising examples, indicating what is acceptable and unlikely to mislead, what may depend on context and what is unacceptable.⁴ The categories covered include when there is sufficient evidence to make certain claims about health care, how to describe specialty experience, when further warnings are required, what is considered a testimonial, and what is considered unnecessary encouragement to use health services.

Of particular note is that AHPRA has provided specific guidance on when a birth story is considered a testimonial, namely when a midwife, other practitioner or business shares, retweets or otherwise re-publishes or promotes a story to advertise health services.⁵

We encourage you to use this material as part of ensuring your advertising is appropriate.

If in doubt, contact MIGA's claim solicitors for advice by calling 1800 839 280.

Timothy Bowen

Senior Solicitor – Advocacy, Claims & Education

1 www.miga.com.au/education/resources/Medico-legal/AHPRA-guidelines-for-advertising-health-services

2 www.ahpra.gov.au/Publications/Advertising-resources.aspx

3 www.ahpra.gov.au/Publications/Advertising-resources/Legislation-guidelines/Advertising-guidelines.aspx

4 www.ahpra.gov.au/Publications/Advertising-resources/Check-and-correct/All-professions-examples.aspx

5 www.ahpra.gov.au/Publications/Advertising-resources/Further-information.aspx

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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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