

Bulletin



Performing at your peak Looking after yourself

Just like an elite athlete, giving your best performance means maintaining a healthy body and mind. Not so easily achieved with the stressors of the modern workplace. It seems we are doing more with less and in double quick time, while trying to keep everyone happy and meet seemingly growing expectations.

This pressure can easily become overwhelming, adversely impacting job performance and mental health. This is not a sign of 'weakness', nor is it uncommon. It is a part of life for you and for the population at large. Having a sensible plan that puts strategies in place to help manage situations before they become problematic will help you cope. Here are some things to consider for your plan:

A problem shared is a problem halved

Debriefing in the workplace and sharing your feelings with colleagues can validate and normalise emotional responses to tough situations for both you and team members. Ensure you have empathetic colleagues, or friends outside of work, who will listen to you and support you without judgment.

Remain 'in touch' with your emotions

While it may be important to be strong in the moment, it is also important to find space to connect with sadness. Crying is a healthy way of processing grief. It is grounding, builds resiliency and helps us cope.

Switch off and have fun

Exercise, a hobby or joining a club can help you engage with life, meet other people and help you switch off from the events of your day. Plan regular holidays and breaks away from work to keep you refreshed and help maintain your perspective.

Involve a professional

Perhaps the most important part of your plan is to ensure you have a doctor to help you manage your health. Having a doctor of your own is vital – someone who can be objective, refer you to other professionals as appropriate, and who can listen and understand you.

If you don't have your own doctor, contacting your nearest Doctors' Health Service is an excellent starting point as they can direct you to a GP that specialises in caring for other doctors.

The MIGA Risk Management Program can help in the management of your own personal care. We offer a Doctors' Health Assessment that can be downloaded from our website. It consists of a Pre-consultation Medical History Questionnaire and Examination Guidelines, to help both you and your doctor get the most out of your health check-up. We also offer an online 'Doctors' Health' module and 'Caring for our colleagues' Workshop as part of our Risk Education.

Maintaining peak performance can be challenging. Being open to help, ensuring you have support available and adopting strategies to help maintain your perspective can go a long way towards keeping you swimming between the flags.

If this article raises issues for you and you need help, please contact your local Doctors' Health Service. They can provide you with advice, access to clinical services, resources and support.

Mandy Anderson
CEO and Managing Director

October 2019

Privacy questions answered

HealthEngine
The next chapter

10 million Qantas Points
competition winners

'Baby you can drive my car'
Aligning expectations



Dr Martin Altmann Outgoing Chairman



Mr Henry Botha Outgoing Board Member

Farewell Dr Martin Altmann and Mr Henry Botha

After many years of service to MIGA our Chairman Dr Martin Altmann and Mr Henry Botha, Chairman of the Group's Audit Committee, both retired from our Boards at the end of September 2019.

Martin and Henry have brought a wealth of knowledge and depth of experience to our Boards. We will greatly miss their contribution in terms of their professional expertise, thinking styles and their personalities. Their retirements follow our corporate governance processes, which require directors to retire after a maximum term. We wish Martin and Henry continued success in their careers and look forward to their ongoing friendship and support.

As a result of Martin and Henry's retirements the following appointments came into effect from 1 October 2019:

- Dr Andrew Pesce has been appointed as Chairman of both MDASA and Medical Insurance Australia
- Dr Roger Sexton has been appointed as Deputy Chairman of both companies
- Mr Ian Stone has been appointed to the Board of MDASA and as Chairman of the Group's Audit Committee
- Dr Stephen Parnis has been appointed to the Board of MDASA (following his appointment to the Board of Medical Insurance Australia in May 2019).

We congratulate them on their appointments and wish them every success as we work together to chart MIGA's course into the future.

Mandy Anderson
CEO and Managing Director

MIGA recognised as



BESTEMPLOYER

AUSTRALIA | 2019

MIGA places great value on our staff and their contribution to the ongoing success of our business. We strive to create an environment where people enjoy coming to work and are encouraged and inspired to work together to achieve the best outcomes for the business and for you, our clients.

MIGA was recently recognised as a 2019 Aon Best Employer, one of only 12 companies in Australia and New Zealand to receive this award as part of Aon's Best Employers global certification.

Aon Best Employers certification evaluates employee opinions to measure effective leadership, talent focus, organisational agility and employee engagement. To achieve recognition through the Aon Best Employers certification MIGA was assessed on four measures:

- 1. Employee Engagement**
Employees speak positively about their employer, intend to stay and are motivated to exert extra effort at work.
- 2. Organisation Agility**
Employees see that the organisation is highly adaptive, innovative, inclusive and responsive to the changing needs of its customers.
- 3. Engaging Leadership**
Leaders are deeply connected with employees to drive engagement, communicate a clear vision and exert strong personal values.
- 4. Talent Focus**
Employees see that the organisation is focusing on attracting and retaining great talent and accelerating to the extraordinary people's potential.

We are very proud to have received this award. We have wonderful people. They are professionals who are extremely knowledgeable in their area of expertise, have a great understanding of our business and have an amazing level of passion and enthusiasm for what they do and for the success of MIGA.

Being a Best Employer gives us valuable feedback that our culture, our leadership and the work environment we have developed is one that motivates and is engaging for our people. The award acknowledges that our leaders are leading well and our people are motivated, committed and understand the importance of their roles in achieving our corporate goals.

Mandy Anderson
CEO and Managing Director

2019 Annual General Meeting

An invitation to the AGM for current members is enclosed with this Bulletin. It is being held on Saturday, 23 November 2019 at the Hilton Hotel Adelaide at 9.00am (CDT). If you would like to attend please ensure you RSVP by Wednesday, 13 November 2019.

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 Roger Sexton and Dr Stephen Parnis offer themselves for re-election. Nominations for these two Board positions closed on Friday, 13 September 2019. No additional nominations were received. As there were no other nominations for the two vacancies, no election is required and the Chairman will declare Dr Roger Sexton and Dr Stephen Parnis 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 REO via 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 meet with members 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 in key locations across Australia.

Mandy Anderson

CEO and Managing Director

Win a share of
10 million
Qantas Points!
Winners announced

We recently drew the 20 lucky winners of our competition, receiving half a million Qantas Points each! With so many ways to use their Qantas Points, from flights and upgrades, to hotel accommodation and gift vouchers, to shopping at the Qantas Store and buying food and wine through Qantas Wine – we hope the decision isn't too difficult! Congratulations to each of our winners – we hope you have loads of fun using your Points.

The lucky winners are:

Dr Linda Anderson	Dr David Hamilton	Dr Ashan Khurram
Dr Anurag Arora	Dr Michael Hammerton	Dr Matthew Lawrence
Dr Hannah Brownstein	Mrs Amberley Harris	Dr Hou Kiat Lim
Dr Anne Buchan	Dr Kirsten Humphries	Dr Ihsaan Peer
Prof Anthony Costello	Dr Younes Ismail	Dr Ethan Tieu
Dr Wayne Crawford	Dr Christopher Jacobs	Dr John Wong
Dr Alexander Golowenko	Dr Jessica Jose	



growing stronger together

120 YEARS

Anniversary Charity Gala Ball

*Celebrating 120 years of service to the medical and healthcare professions, our Charity Gala Ball will be held at the Adelaide Convention Centre on **Saturday, 7 December 2019.***

We look forward to celebrating with clients who have purchased tickets and sharing a night of fun, entertainment, food and great company.

Funds raised from the event will support **Beyond Blue**. 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.

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

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Case Study

Privacy questions answered

Mark Helier
Solicitor – Claims & Legal Services



Queries about privacy and confidentiality of patient medical records are the most frequent enquiry our Claims and Legal Services team receives. Health service providers have an obligation to protect the personal and sensitive information of individuals. The Privacy Act 1988 (Cth) and similar legislation in some states enshrines this obligation¹. The legislation sets out the health service providers' obligations with respect to every aspect of an individual's information including its collection, use and disclosure.

Access to information

By far the most common enquiry relates to access to information, whether that is by the individual, for example a patient requesting a copy of their medical record, or a third party. The privacy legislation and Australian Privacy Principles entitle an individual to access their personal information. With the individual's consent a third party is also able to request access to the medical records. Access to this information can occur in such form as requested which may mean reviewing the information and discussing it with the patient, but most commonly, the patient (or a third party) requests a copy of the medical record.

In most cases where an individual requests a copy of their own records, the records should be provided. It is however important health service providers are aware of the exceptions which prescribe when certain information within the medical record may be withheld. The most common exception that may apply is where access would pose a serious threat to the life or

health of any individual or to public health or public safety. This captures a situation where the information may cause the individual significant distress or lead to self-harm or harm to another person. Situations like this can arise where the records are provided directly to the patient.

Another exception to providing the records is where the release of the information would have an unreasonable impact on the privacy of another person. For example, where a third party (a family member) has provided information about the patient to the health service provider but does not want the patient to know the information has been provided.

If either of these exceptions arise, access should still be considered rather than a blanket refusal. In this situation, you may decide to provide access by sending the records to another health practitioner or inviting the patient in to discuss the record. In some cases the medical record is still provided but the concerning information is either removed or redacted.

Some of the other, more common, enquiries about accessing medical records are:

Can I release letters and reports received from other health professionals, such as specialists, when I provide the patient's medical records?

Yes. The letters and reports form part of the patient's medical record. This is the same for investigation results. The same exceptions referred to above need to be considered which may require certain information to be withheld. For example, within a GP's records is a letter from a treating psychiatrist detailing their assessment of the patient which may cause the patient's health to deteriorate if they were to read it. In those circumstances, the psychiatrist's letter should be withheld from production to the patient.

What if the letter from the specialist contains wording such as 'not to be released to the patient', 'not to be released for medical-legal purposes' or 'not to be released to a third party without my permission'?

Statements such as these are often located at the top of the letter and, on their own, are not a valid reason to withhold the provision of the medical report. However, the notation may alert the treating doctor to the content of the report and, particularly, something that may lead to the document being withheld pursuant to one of the exceptions under the privacy legislation.

The letter from the lawyer/insurer/WorkCover seeks the entire medical record whereas the signed consent from the patient is limited.

The patient's consent will guide you on the scope of the medical record to provide. It is possible to inadvertently breach a patient's privacy when responding to requests for medical records. A letter arrives with a signed consent attached. It is not unusual to receive a letter quite general in its wording seeking patient information. When you read the patient's consent form it is limited to specific information such as "relevant medical information about my motor vehicle accident related injury/illness" or to only provide information after a particular date. We have dealt with complaints where information outside the patient consent has been provided. This is most likely a breach of privacy and could result in a complaint to the practice, AHPRA or the Office of the Australian Information Commissioner.

Risk management tips

- Develop a practice policy for dealing with requests for medical records
- If the request relates to a compensable injury, find out from the patient what the compensable injury actually is. This is not always clear
- If administration staff print off the medical records, someone (ideally the treating doctor(s)) should always review the request, consent form and the medical records to ensure only those records within the consent are provided
- The treating doctor should review the content of the medical record for any information that may fall within the exceptions (detailed above)
- Confirm consent with the patient to release the medical records. In contentious claims, a patient may have withdrawn consent to release the medical records subsequent to signing the consent form.

MIGA responds to privacy questions on a daily basis. If the medical records contain any information or documents that you are concerned about, contact us for assistance on how to respond to requests to access those records.

¹ Health Records (Privacy and Access) Act 1997 (ACT), Health Records and Information Privacy Act 2002 (NSW), Health Records Act 2001 (Vic).

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

HealthEngine The next chapter

Anthony Mennillo
Manager – Claims & Legal Services



We reported in our August 2018 Bulletin the controversy surrounding HealthEngine, the largest online health directory, in relation to data sharing of patient information with third party providers.

Unfortunately the already unwanted attention has not dissipated for HealthEngine, as the ACCC has now instituted proceedings in the Federal Court, alleging HealthEngine engaged in misleading and deceptive conduct relating to the sharing of consumer information with insurance brokers and the publishing of patient reviews and ratings.

The allegations relate to a period between April 2014 and June 2018, when HealthEngine provided personal patient information to third parties, including private health insurance brokers for a fee.

The ACCC is also separately concerned about reviews published on HealthEngine's website, and particularly its decisions to:

- Not publish negative reviews, or
- Alter feedback, to remove the negative aspects which provided a misleading and overwhelmingly positive review of Health Engine's services.



From 1 March 2015, HealthEngine sent patients who had attended consultations booked through the HealthEngine platform, a follow-up survey. One of the questions invited patients to provide feedback about their experience. It is alleged that HealthEngine selectively published reviews and engaged in a practice where it would not publish any negative patient reviews, or it would edit the reviews before publishing them.

Examples of reviews that were edited included a review which originally stated:

"Happy with the experience, although reception needs thorough cleaning. Old chairs need thorough cleaning/scrubbing. I kept thinking how unsanitary they looked" was edited to simply read *"Happy with the experience."*

And, *"The practice is good, just disappointed with Health Engine. I will call the clinic next time, instead of booking online"* was edited to *"The practice is good."*

The ACCC are seeking orders from the Federal Court that would require HealthEngine to issue corrective notices and also require HealthEngine to contact affected consumers and provide details of how they can regain control of their personal information. In addition, the ACCC is seeking penalties to be imposed on HealthEngine.

We will provide further updates as the matter progresses.

In the meantime, the case serves as an opportunity to remind practitioners about how important it is to protect the information obtained from patients from misuse or unauthorised access.

Furthermore, many practices now advertise via various online platforms, including Google, which has a platform (Google Review) allowing patients to provide feedback and ratings of the practice or a particular health practitioner or staff member.

We often speak to our members and clients enquiring about removing negative feedback published online. Where the feedback is defamatory, offensive, or untruthful, there may be avenues to have those reviews removed (although it can be difficult). However, a review that is simply unfavorable to the practice, or a particular practitioner, is unlikely to be removed and decisions to only publish reviews that are favorable may be seen as misleading and in the most serious cases, lead to concerns being raised by the ACCC (as HealthEngine are now experiencing).

Claims management



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Advancing the boundaries of medicine, safely

Medicine is ever evolving. This is generally a good thing for doctors, patients and the community but it creates challenges around what is “appropriate evolution”, including the evidence for it. It can be difficult for legal and regulatory frameworks to keep up. The oft repeated quote “The law marches with medicine but in the rear and limping a little”¹ remains apt.

The Medical Board of Australia recently completed public consultation on new draft guidelines for complementary, unconventional and emerging medicine.²

These proposals arise from concerns about certain complementary and alternative medicine practices by doctors and a number of other issues, ranging from off-label prescribing, innovative and emerging treatments, through to unconventional and experimental medicine.³

The draft guidelines will apply both to doctors who practise in complementary, unconventional and emerging medicine, and those who do not but whose patients use such treatments.

The draft guidelines attracted some controversy.⁴ MIGA provided a detailed submission to the Board’s consultation. We support clear guidance for doctors practising in complementary, unconventional and emerging medicine. We are however concerned about the potential for confusion and uncertainty the draft guidelines pose, and their sheer breadth covering a wide range of different, diverse practices, both conventional and unconventional.

For all doctors, the Board proposes a range of obligations around inquiring about the patient’s complementary, unconventional and emerging medicine use, considering this as part of ongoing care, and advising the patient of the limited evidence for some treatments and to be aware of possible financial implications.

For doctors practising in complementary, unconventional and emerging medicine, a range of additional obligations are proposed around expertise, conflicts of interest, advertising, informed consent, assessment, treatment and ongoing care. A key theme is to ensure the patient understands the level of evidence for recommended treatments and how they compare with other, conventional treatment options.

MIGA believes the focus should be on developing guidelines for complementary and unconventional medicine first. ‘Emerging’ medicine within a conventional medicine context, such as off-label prescribing and developing practices, should require separate, tailored guidelines. We now await the Board’s response.

Timothy Bowen

Senior Solicitor – Advocacy, Claims & Education



- 1 Mount Isa Mines v Pusey (1970) 125 CLR 383 per Windeyer J at 395
- 2 The draft guidelines are available at www.medicalboard.gov.au/News/Past-Consultations/Consultations-February-2019.aspx
- 3 The Board raised particular concerns about alternative cancer treatments, stem cell therapies and anti-ageing treatments
- 4 For a summary of the controversies and various professional perspectives, see F Nelson “Are we being too hard on integrative doctors?” Medical Republic 10 July 2019, available at medicalrepublic.com.au/hard-integrative-doctors/21649

‘Alarm fatigue’ sees doctors ignoring monitors 63% of the time

A recent article in 6Minutes News highlighted an American Journal of Emergency Medicine study into a phenomenon dubbed ‘Alarm fatigue’. Where the almost constant sounding of monitor alarms causes hospital staff to become desensitised to the sounds which can result in real emergencies being missed.

The study was conducted in an emergency department over a 53 hour period, during which 1,049 alarms went off, associated with 146 patients. Emergency staff did not respond to 63% of the alarms.

It is easy to ignore or rationalise away warning signs; “It was a one off, it won’t happen again”, “It’s happened before and didn’t amount to anything”, or “Give it time, it will sort itself out”.

Reading this in print it is easy to see the fallacy of the comments. But how often might we do the same, ignoring the warning signs or being desensitised to them. The key is to realise warning signs are just that, warning signs.

The consequence may not be immediate, but they shouldn’t be ignored.

Consider that strange noise your car has been making lately. It hasn’t stopped the car from running. You can still get from A to B. You looked under the bonnet, checked the oil and the coolant. Everything seemed to be in place and working, just an odd noise with an unidentifiable origin.

The car could continue to run without trouble for a long time yet. But you know deep down the noise means at least two things; something may fail and the damage may be getting worse. The smart money is on getting it looked at by a professional and getting it fixed as soon as possible.

Let’s think about this in the context of your medical practice and the warning signs that are all around you but might be going unnoticed or ignored. Things like: patient grievances, reporting of process failures, increased staff turnover, adequacy of your insurances, how third party services are supplied to your practice (like patient bookings), currency of staff training. Like the noise in your car, problems in these areas can cause damage in other areas, or have a

compounding effect. The knock-on effects can potentially mask the real cause and increase the costs to your practice in lost productivity, poor service, lost income, higher costs and poor patient outcomes leading to complaints and claims.

Your practice may continue to run for some time before there is a serious failure, but left unaddressed, that failure is not too far away. Investigating the ‘noises’, early attention and preventative maintenance will help ensure your practice continues to run like a well-oiled machine.

MIGA is uniquely placed to assist your practice through our risk education, practice assessments, medico-legal support and, of course, insurance advice to help you protect your practice entity and non-clinical staff.

Trouble can arise on the calmest of waters, so it is great to know that you have easy access to professional support when you need it. We encourage you to seek our help, we want to see your practice thrive.

Maurie Corsini

National Manager – Underwriting

'Baby you can drive my car' Expectations vs reality

Imagine your child has finished their final academic year and received some good results. They'll be moving out of home during the holidays to start their independent life (unless of course they later move back home to save money).

You've decided to reward their efforts in a practical way and have bought them a clothes dryer - wrapped up in a big, red ribbon. You and the dryer have been strategically placed in the driveway as you await their return. They know you have a gift and arrive with friends wanting to see what it is. The excitement on both sides is high. Just before they arrive a little red sports car turns up, the driver hops out and leaves the car next to the driveway. You probably don't need to be told what happens next. The car is the only focus, your usually rational child and their crowd go crazy thinking the car is the gift. You are left waiting for the chaos to subside and thinking about the dryer - it's not really going to cut it. The driver returns to the car, drives the car away and you witness bewilderment and unhappiness play out.

There are plenty of examples in life where expectations don't align. Why should the doctor - patient relationship be any different? Surgery that corrects a degenerative condition (you are happy) but the pain persists (the patient is not). Elective surgery that doesn't provide the cosmetic or other outcome the patient expected but you think it's okay. Medication that brings its own complications or side-effects.

Understanding what a patient expects from a treatment or procedure is a vital part of the professional service you provide. If you don't have that shared common expectation from the outset, the likelihood of having a shared satisfaction of the outcome is at risk. It should be important to you to ensure there is as little discrepancy as possible between what a patient expects and their actual experience. The challenge is that you are both working from a different "database" of knowledge. Your database comes from your professional knowledge and experience. The patient can be influenced by multi factors, such as what they have read or seen of other people's experience.

Establishing a shared expectation at the outset involves some essentials:

- Explore and understand what the patient wants to achieve
- What are the key issues for this patient?
- Be realistic, and be clear about what you can and can't provide
- Don't promise anything you can't deliver
- Explain each step, especially if you need to consult, refer or transfer
- Clarify the responsibilities of all parties
- And revisit those expectations along the way if things change.

Appropriately managing your patient's expectations is one of your key risk management tools. If you are interested in taking a deep dive and learning more, consider completing our new Workshop "Aligning expectations - building the relationship". The Workshop is being run as part of our Risk Management Conference series and has been receiving excellent feedback. The Workshop will help you understand your patient's expectations and align them with your own, build trust, save time and avoid serious complaints. We'd love to see you there.

Keryn Hendrick

Risk Education Manager



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Conference online in REO - miga.com.au



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 six \$10,000 Grants** available to assist doctors undertaking specialist training opportunities in Australia and overseas.

This annual 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.

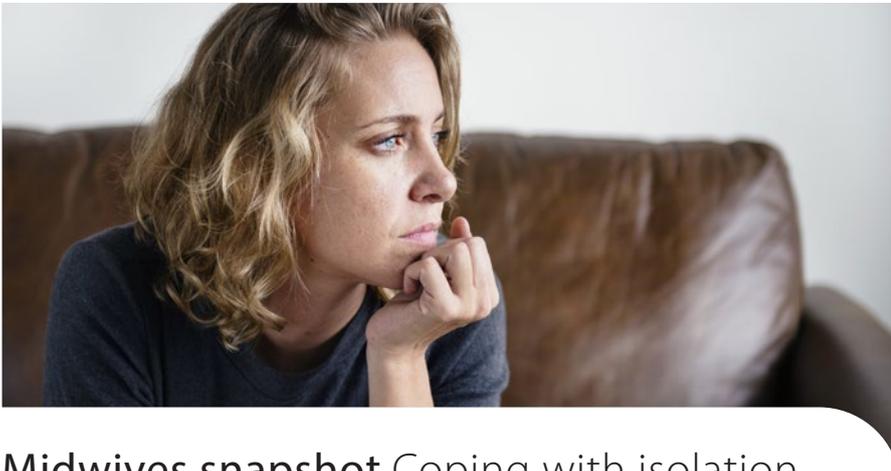
To see the potential of a DIT Grant and learn more about the breadth of available training opportunities, view our online library of recipient reports. MIGA has supported doctors across a wide range of areas, from psychiatry, neurosurgery and oncologic imaging, to epidemiology, burns surgery research and clinical immunology. Reports cover recipients' personal and professional challenges and offer a great resource for doctors considering further training.



Be quick!

**Applications close
Friday, 1 November 2019**

We'd love to receive your Application and support your training endeavours! 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 snapshot Coping with isolation

When Cheryl first set up her own practice as a midwife it was tough. Not only did she need to set up her business structures but she had times when she felt very much on her own. It was quite different to the hurly burly of working in a hospital all day. As time went on managing her business put her under a lot of personal and professional pressure.

There were no mechanisms in place to support her and she was reluctant and embarrassed to share her feelings. Others found it difficult to ask after her and offer support. It's not easy to share feelings that can make you feel inadequate. Nor is it easy for others to ask how it's going or to offer support.

Are you feeling professionally isolated?

Many health professionals work in isolated settings. They can even feel personally and professionally isolated in their work environment where they do not have easy access to collegiate or peer support.

Areas of vulnerability

Isolation can give rise to physical and mental stress. Health professionals feeling overloaded and alone can fail to recognise symptoms and signs of burnout or impairment in themselves. We all need to be proactive in managing our health and wellbeing.

Tips

- Look for opportunities to meet to discuss practice and professional issues with your peers. Having professional networks in place can have personal and professional benefits and can assist with:
 - Arranging leave and locums
 - Receiving advice and support from colleagues
- Schedule regular personal time, holidays and leave for continuing professional development (CPD)
- Plan ahead by connecting with a locum service to arrange cover for when you will be away from

your practice and have strategies in place for alternative care arrangements for women under your care

- Structure and complete your CPD by participating in interactive sessions wherever possible (even if via teleconference or over the internet) rather than through self-directed activities
- Regularly attend regional, College and special interest group meetings that foster peer support
- Look at being part of a peer network with regular meetings or touch points, in person or online, to discuss your practices
- Respect your private time and have a strategy for triaging calls on your time – don't be available 24 hours a day, 7 days a week
- Unless very urgent and there is no other option available, don't give advice or treatment outside the professional setting. Set personal and professional limits by insisting on formal consultations
- Find a GP to manage your health and the health of your family
- Avoid giving professional advice or treatment to close friends and your immediate colleagues where there is someone else you can refer them to
- Recognise your need for help and moral support
- Be conscious that isolation places you at greater risk of burnout.



Resources

- **The Australian College of Midwives** can provide assistance and resources, such as their Support line for Midwives
- **Nurse and Midwife Support** is a 24/7 national service that provides confidential advice, support, resources (including case studies and articles) and referral.

Liz Fitzgerald

National Manager - Risk Services

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Letters to the Editor

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