

Bulletin



The COVID 'Crunch'

A fundamental part of the service we provide our members and clients is the provision of legal support in matters where legal representation is required and also where guidance or advice is needed particularly for enquiries such as ones with Ahpra (Advice Matters). We are very proud of the work we do in these areas and our services are very much in demand!

Over the last year, we have seen a marked increase in the number of calls for medico-legal support compared to the prior year. We hope the word is out about how accessible and easy it is to speak to our solicitors and obtain advice.

We had a significant increase in calls in March and April this year consequent on the pandemic where members and clients were seeking advice and reassurance relating to the range of issues that COVID-19 presented in their practice. This presented a challenge to our Legal Services team who worked tirelessly to keep on top of these enquiries and provide the support you needed.

Reviewing the types of Advice Matters we have dealt with, particularly over the last 6 months, highlights the vast range of issues that have been troubling practitioners and the progression of issues as the pandemic has unfolded.

From early March the issues raised were very practical, dealing with COVID or suspected COVID patients, adequate access to PPE, self-isolation and managing practice staff (staff wearing of masks and flu vaccinations). We also had many questions about what medical and healthcare services could and could not be provided.

As the Federal Government facilitated the use of telehealth, the issues turned to appropriate telehealth platforms, privacy, Medicare item numbers and billing, and the insurance cover provided by MIGA.

As cases began to grow and risk of infection increased, we started fielding questions about patient triage policies, medical clearance certificates, restrictions on elective surgery which varied by State, patients seeking exemptions from mask wearing and stay at home orders, how to accommodate 'at risk' staff members and how to deal with patient complaints arising from these issues.

More recently, we have had questions about compliance with restrictions where patients or colleagues are not adhering to mandatory isolation.

As hard as isolation and 'lock-downs' are, keeping up in such a rapidly changing environment and managing safety and patient expectations is a huge challenge. We know that you have had a tough year and that it isn't over yet. But you are doing an amazing job and we are here to help you with advice in relation to those matters covered under your insurance policy with us.

We encourage you to call us and to utilise the FAQs that we have posted on our website which we continually update, in an effort to keep you informed. In these unprecedented times, we have worked hard to ensure the information on our website is current and clear. Please call if you need us.

Mandy Anderson
CEO and Managing Director

October 2020

Silence is golden

Terminating the doctor patient relationship

Medication goes 'electronica'

Considerations when employing or contracting staff

2020 Annual General Meeting



As the year rolls on it looks like we are getting on top of COVID-19. It was relieving to see case numbers reduce over the last few months. We are all breathing a collective 'sigh of relief'.

It has been a very busy year for the Legal Services team responding to advice calls from our clients across Australia and more recently specifically from Victoria. COVID-19 followed soon after the bushfires at the start of the year that were so devastating for so many communities. We appreciate its likely you are still catching your breath.

As you continue playing a key and ongoing role in supporting your community please remember that we are here to support you.

In this issue of the Bulletin we provide some tips on social media use and the consequences of venting frustrations. We also discuss the doctor/patient relationship and when terminating that relationship may be appropriate. Employing medical staff can also present its challenges, so we cover off some important considerations to make when employing or contracting staff.

Finally details are provided about our up-coming Annual General Meeting which this year will be held as an online meeting.

Please keep up the tremendous work you have been doing and if you need medico-legal assistance, don't hesitate to call us.

I hope you enjoy this issue.

Kate Hodgkinson
Solicitor – Legal Services



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¹ This offer is only available to companies that first insure with MIGA under its Professional indemnity Insurance for Healthcare Companies policy where cover with MIGA commences on or after 30 June 2020 and on or before 31 December 2020. This offer is not available to current policy holders of Healthcare Professional indemnity Insurance with MIGA, entities whose annual turnover is greater than \$10,000,000, entities that do not meet the underwriting criteria or where the limit of cover required is less than \$5,000,000. The offer only applies to the first 12 months of cover after which the premium will revert to MIGA's standard annual pricing. MIGA reserves the right to withdraw or amend this offer at any time, other than in relation to policies which have already commenced or written quotations that have not expired.

² 40,000 bonus Qantas Points offer only available to Healthcare businesses that first insure with MIGA via a Professional indemnity Insurance Policy for Healthcare Companies for cover commencing on any date on or after 30 June 2020 and on or before 31 December 2020 where the base premium paid is at least \$2,000 excluding taxes and charges. To be eligible for bonus Qantas Points the client must pay the premium in full within 14 days of cover commencing or enter into a direct debit arrangement and not have exercised their rights to cool off or had their insurance cancelled by MIGA, as per the terms of the Policy. The offer is not available to current policyholders of Professional Indemnity Insurance for Healthcare Companies with MIGA.

MIGA reserves the right to withdraw or amend this offer at any time, other than in relation to policies which have already commenced or written quotations that have not expired. MIGA Terms and Conditions for bonus Qantas Points for Healthcare businesses are available at www.miga.com.au/qantas-bonus-tc-hc. Qantas Business Rewards conditions apply (www.qantasbusinessrewards.com/terms).

³ 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 (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. 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.

These offers are not available in conjunction with any other offer. Insurance is issued by Medical Insurance Australia Pty Ltd and acceptance and pricing is subject to MIGA's usual underwriting guidelines including satisfactory claims and practice history. Insurance policies available through MIGA are underwritten by Medical Insurance Australia Pty Ltd. (AFSL 255906)

Medication goes 'electronica'

The emergence of electronic prescribing and real-time prescription monitoring

Can technology enhance your practice? It probably does already, whether through an electronic clinical records system, email and SMS, or easy access to electronic MIMS during consultation.

When it comes to medication prescribing and dispensing, technology has developed more slowly. Your electronic record system might generate a prescription, but it is still a paper copy usually taken to a pharmacist to dispense. You can access your electronic records to see medications your practice colleague prescribed, but it is harder to find out who else may have prescribed medication to your patient, or whether they have filled the prescriptions given to them.

MIGA is conscious that technology is not the panacea for all the challenges you face in practice. Current systems often work well. New initiatives can bring unforeseen drawbacks. However, the right eHealth initiatives can bring very significant benefits to healthcare. That is why we've been advocating on these issues and other prescribing reforms with decision-makers and regulators to ensure they are clinician-led in development and deployment, and that their regulation and operation are sensible, practical and fair.

Two initiatives, underway for some time but only now gathering steam across the country, have significant potential to enhance healthcare – electronic prescribing and real-time prescription monitoring.

Electronic prescribing – so close, and not so far?

Electronic prescribing has been in the works for some time but it the COVID-19 pandemic has accelerated its development.

Digital image prescribing – the temporary fix

The move to widespread telehealth use at the beginning of the pandemic meant there was a need for a straightforward mechanism for telehealth prescriptions to be sent to a pharmacist. This led to the introduction of digital image prescribing, now in place across the country.

Digital image prescribing involves the sending of a digital copy of a prescription (usually via email) to a pharmacist for dispensing. Unfortunately, how it can be used is not consistent across the country (e.g. which medications can be prescribed, methods for sending a prescription to a pharmacy). It is meant to be a temporary fix until electronic prescribing can be widely used.

 **More information** (including state and territory differences)

MIGA COVID-19 Q&A – 'How can I use digital image prescribing?'
www.miga.com.au/coronavirus

Electronic prescribing – now being trialled in certain areas

Over the past few months, electronic prescribing has been introduced in metropolitan Melbourne (to help during its Stage 4 restrictions) and elsewhere in 'communities of interest'.¹

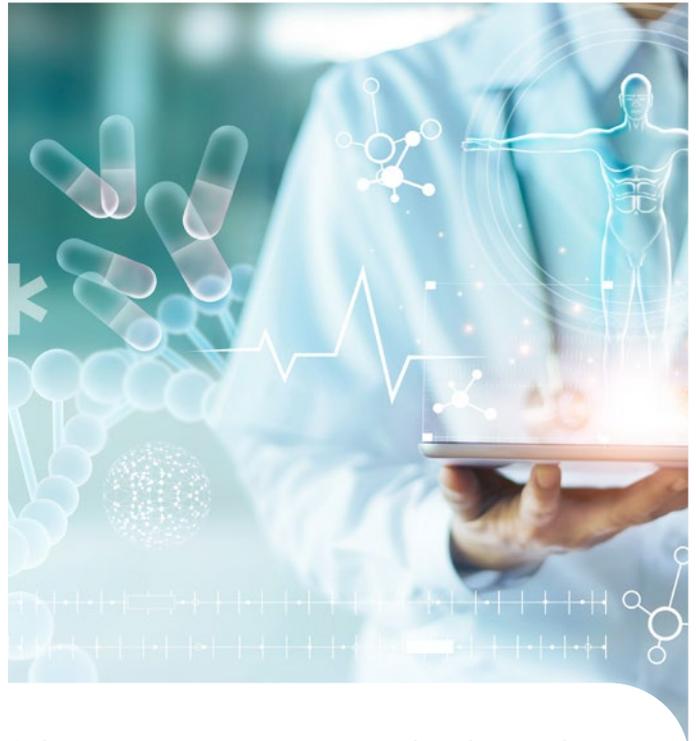
The first phase of electronic prescribing involves the Token model. A unique QR barcode (token) is sent by the prescribing doctor via app, SMS or email to a patient, who then sends it to or takes it into a pharmacy for dispensing.

The second phase involves the Active Script List (ASL) model. An ASL contains a patient's active prescriptions, accessible by prescribers and pharmacies. Prescriptions are dispensed when 'active' (i.e. issued by the prescribing doctor). Patients will need to register for an ASL in order for you to use it.

More information on the Token and ASL models, including timing for roll-out and a free online learning course, is available from the Australian Digital Health Agency.²

 **More information**

MIGA COVID-19 Q&A – 'When will electronic prescribing become available?'
www.miga.com.au/coronavirus



Real-time prescription monitoring – some places, but not others

The introduction of real-time prescription monitoring (RTPM) systems has been fuelled by concerns about the risks posed by prescription medication misuse, particularly opioids.

Tasmania was the first to introduce a RTPM system, DORA, almost a decade ago.³ It is a voluntary system where prescribers and pharmacists can access information about Schedule 4 opioids and Schedule 8 medications dispensed from pharmacies in the State. Last year the ACT also introduced DORA.⁴ In time, it is intended that DORA will connect other RTPM systems across the country.⁵

Other states are progressively introducing RTPM systems which require mandatory checking of the system by prescribers before prescriptions are given for certain medications. MIGA has been closely involved in consultations around the development of these systems in South Australia, Victoria and Queensland.

From April 2020, Victorian prescribers have been required to check its RTPM system, SafeScript, before prescribing Schedule 8 or certain Schedule 4 medications for their patients.⁶

Over the coming months, the RTPM systems of ScriptCheckSA for South Australia⁷ and QScript for Queensland⁸ are expected to be introduced, initially on a voluntary basis before becoming mandatory after an implementation period. This will monitor a similar range of medications to SafeScript in Victoria, but with some differences around Schedule 4 medications included.

MIGA is conscious that these systems can be complex. We encourage you to take the time before they are introduced to learn about how to use them in your practice.

Timothy Bowen
Manager – Advocacy & Legal Services

1 Details on locations of communities of interest are at www.digitalhealth.gov.au/get-started-with-digital-health/electronic-prescriptions
2 Available at www.digitalhealth.gov.au/get-started-with-digital-health/electronic-prescriptions/for-prescribers
3 See www.dhhs.tas.gov.au/psbtas/real_time_prescription_monitoring for more information
4 See www.health.act.gov.au/health-professionals/pharmaceutical-services/real-time-prescription-monitoring about the ACT version of DORA
5 More information about the National Data Exchange is available at www.health.gov.au/initiatives-and-programs/national-real-time-prescription-monitoring-rtpm
6 More information on Victoria's SafeScript is available at www.safescript.vic.gov.au
7 More information on South Australia's ScriptCheckSA is available at www.sahealth.sa.gov.au/wps/wcm/connect/public-content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/medicines+and+drugs/drugs+of+dependence/scriptchecksa+real+time+prescription+monitoring+in+south+australia
8 More information on Queensland's QScript is available at www.health.qld.gov.au/clinical-practice/guidelines-procedures/medicines/real-time-reporting



Case Study

Silence is golden

Marie-Clare Elder
Manager – Legal Services



As you can imagine, the MIGA Legal Services team has been extremely busy assisting our members and clients during Covid-19. We have had hundreds of enquires ranging from access to and use of PPE, telehealth and State and Territory government restrictions on procedures just to name a few. Like you, we have had to adapt to the use of video technology whilst working from home. Most Courts, Tribunals and Regulators are conducting matters on-line or by way of paper submissions/responses. MIGA has adapted to video conferencing, working remotely and in isolation quickly and efficiently but like our members' experiences, there have been challenges.

Social media has been flooded with observations and commentary in the wake of Covid-19. Millions of people around the world have used various platforms to share their thoughts and opinions on home schooling and working during lock down and how countries are dealing with the pandemic.

Frustrations have also been vented on public forums leading to an increase in requests from members for assistance when comments have not been well received. Seemingly, innocent remarks have triggered disciplinary action from employers or investigations by the regulator when a patient, colleague or peer complains. Broad examples include urging the public not to attend A&E, publicly complaining about how their employer is not providing adequate PPE and medical opinions on the virus itself and treatment of it.

AHPRA and the Medical Board of Australia have historically taken a dim view of health professionals' use of social media in relation to their practice. This was recently affirmed by the Victorian Civil and Administrative Tribunal in an Appeal brought by a medical practitioner who was to be suspended following 56 posts on his Facebook pages¹. The posts contained information and opinions about vaccines, chemotherapy, other medical topics and opinions about certain religious and other groups². Importantly, the decision goes into some detail regarding the doctor's posts about treating Covid-19 with vitamin C. Although admitting to never treating a patient with Covid-19, he posted a statement on 2 March alleging that vitamin C is "very effective at killing the [corona] virus – and boosting the immune system"³. Despite receiving correspondence from the RACGP that effectively stated that there was no evidence to support the statement in relation to vitamin C in April 2020, the practitioner did not remove the post until he received the Board's notice of proposed suspension (in May 2020)⁴. This fact later went to the level of the doctor's insight and whether or not he was remorseful for posting misleading information.

When weighing up the risk this (and many other) comments posed to the public, the Tribunal members noted that "The coronavirus pandemic has increased the risk that vulnerable or unqualified persons would, out of fear or desperation, turn to "advice" from unreliable sources"⁵.

Further the Tribunal stated "there is the obvious point to make that the practice of medicine is not limited to the physical acts involved in treating patients. The practice of medicine includes the discussions that a doctor has with his patient⁶ . . . We consider that there is a real possibility that he will engage in conduct that could be harmful to persons – whether by

publishing (in one form or another) statements that are the same as or similar to the Medical Statements we have been considering; or by practicing medicine in accordance with the view he has expressed in those statements rather than in ways that have a proper clinical basis and are in accordance with accepted medical practice"⁷.

Given the risk to the public, the Medical Board's decision to suspend the doctor was upheld by the Tribunal.

Guidance for members

The Tribunal turned to two important pieces of guidance:

1. Good Medical Practice: A Code of Conduct for Doctors in Australia⁸
2. Social media: How to meet your obligations under the National Law⁹

In summarising these¹⁰, the Tribunal highlighted that "doctors have the responsibility to protect and promote the health of individuals and the community. Doctors must be culturally aware and respectful of the beliefs and cultures of others. The Social Media Guidelines require that doctors ensure that any comments they make on social media – whether by commenting, sharing or "liking" – are consistent with the codes, standards and guidelines of the profession and do not contradict or counter public health campaigns or messaging, lest they give legitimacy to false health-related information and breach their professional responsibilities.

Dissemination of material by a registered medical practitioner to the general public that is disparaging, denigrating and demeaning, or that otherwise has the capacity to cause harm to the community in the ways we have identified, is expression of a different kind altogether".

Conclusion

The decision has cemented the long held view that where possible, medical practitioners should be very cautious when considering the use of social media.

The Legal Services team is here to assist and guide you should you require support when considering social media in your practice or if you are the subject of a complaint, claim or disciplinary action that has arisen in this context.

1 *Ellis v Medical Board of Australia* [2020] VCAT 862

2 *Ibid* at paragraph 7 (next sentence – end of 'groups')

3 *Ibid* at paragraph 34 (para 4 – end of 'immune system')

4 *Ibid* at paragraph 41 (para 4 – end of 'May 2020')

5 *Ibid* at paragraph 82 (end of para 5)

6 *Ibid* at paragraph 91

7 *Ibid* at paragraph 92

8 www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx

9 www.ahpra.gov.au/Publications/Advertising-resources/Social-media-guidance.aspx

10 *Ibid* 1 at paragraphs 109 & 112

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

Terminating the doctor patient relationship

Mark Helier
Solicitor – Legal Services



“Relationships based on respect, openness, trust and good communication will enable you to work in partnership with your patients.”¹ The cornerstone to any doctor patient relationship is trust. This is a two-way street – the patient trusting the doctor and the doctor trusting the patient. Patients will change doctors if they feel they have a poor relationship with them. But what if it is the doctor who feels trust is missing? Can you or should you terminate the relationship?

MIGA receives many calls from practices and doctors questioning whether the relationship can be terminated and if so, how that should occur.

The Medical Board of Australia notes where the relationship between doctor and patient becomes ineffective or compromised, it may be appropriate to end the relationship. This involves adequately informing the patient of your decision and facilitating arrangements for continuity of care including passing on clinical information².

There are circumstances where the behaviour of the patient warrants immediate termination from care. The calls we commonly receive in this space are where the patient is abusive, threatening, forges sickness certificates or prescriptions, makes inappropriate comments to the doctor or staff at the practice and lying about medications.

Then there are those patients that are extremely difficult to manage. This can be for a variety of reasons including where the patient refuses to follow the recommendations of the doctor. Patient autonomy is vitally important so we are

not referring to those patients that have made a fully informed decision to refuse certain treatments or management plans.

An example of a frustrating scenario is, a patient with a number of chronic medical conditions that are uncontrolled largely due to their non-compliance with the recommended treatment regime. The doctor recommends blood tests; the patient does not have them. The doctor recommends a GP management plan and the patient doesn't attend to have this. The patient repeatedly books in but either cancels at the last minute or fails to attend the appointment. Here, the patient is unwilling to follow up on their own healthcare resulting in a loss of trust in the relationship. As an initial step, it would be appropriate for the doctor to explain to the patient the expectations of the relationship and advise the patient that if they do not follow up their healthcare then the relationship would be terminated and the patient would need to find another doctor. It is important to set the boundaries of the relationship when 'red flags' arise which should be documented in the medical records. Then if the patient fails, terminating the relationship may be appropriate.



We know that not all circumstances for terminating the relationship arise due to difficult patients. It may be appropriate to cease to treat when doctors are placed into a situation of conflicting interests between patients. In particular, this occurs where knowledge of one patient may potentially affect the management of another patient.

It is common for a GP to see all of the members of one family, parents and children, but what happens if the parents decide to separate? There is no hard and fast rule about this. As a starting point the continuity of care of the children should be a priority. If the relationship breakdown is not acrimonious it may be possible to continue to manage all of the family. If the breakdown is acrimonious it may be necessary to refer both parents to other doctors/practices.

We dealt with an interesting situation when a long term patient of a GP attended for advice on injuries sustained as a result of an alleged assault. Another patient of the GP attended for counselling in relation to mental health issues and it became apparent they were the alleged assailant. It became clear with the information the GP had about both patients, the GP's ability to manage them was conflicted. The GP contacted MIGA for support and ultimately terminated the relationship with both and recommended to each they attend other practices.

Some interactions between patients and medical practitioners have the potential to result in a complaint to AHPRA by a patient. Terminating the relationship is no different. So when considering terminating the relationship, if you are in doubt, contact the MIGA Legal Services team to discuss.

1 Clause 3.1 Medical Board of Australia Good Medical Practice: A Code of Conduct for Doctors in Australia
2 Clause 3.13 Medical Board of Australia Good Medical Practice: A Code of Conduct for Doctors in Australia

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WE ARE HIRING

Considerations when employing or contracting staff

MIGA often receive queries from our clients regarding the considerations to be taken into account when employing or contracting staff. These queries often arise under circumstances where the client is wanting to minimise the risk of a dispute regarding the terms and conditions of an employment contract or services agreement. Common themes and key messages arising from these queries include:

1 Establish and know the key differences between an employee and a contractor

Understanding the differences between an employee and a contractor is critical, particularly to avoid penalties under the Fair Work legislation for sham contracting.

- An employee does not perform tasks independent of their employer while a contractor can operate their own organisation independently and can choose to accept or refuse certain tasks
- An employer provides the majority of equipment used by an employee while a contractor may provide their own equipment
- An employer dictates and controls the work which is performed by an employee while a contractor has a level of control over the work they perform
- An employee is paid regularly based on their time worked (i.e. annual salary payments) while a contractor submits invoices for their completed tasks
- An employer is responsible for the commercial and financial risks of an employee while a contractor is responsible for their own commercial and financial risks (and will require their own insurance policies to manage those risks)
- An employee is engaged personally while a contractor can be engaged personally or via a company entity
- An employee cannot delegate their tasks to a subcontractor while a contractor can delegate and hire a subcontractor to perform their tasks
- An employee is required to perform their tasks during designated hours while a contractor has control over the flexibility of their working hours
- An employee usually has an ongoing expectation to perform certain tasks for their employer while a contractor may be engaged to perform a specific task
- An employer withholds income tax from an employee's remuneration while a contractor pays their own tax and is responsible for meeting their own personal GST obligations
- An employee is entitled to accrue paid leave (personal leave, annual leave, sick leave, long service leave) while a contractor is not entitled to accrue any paid leave benefits.

2 The importance of written contracts / agreements and job descriptions

While it is not uncommon for a worker to be hired as an employee or contractor based on a verbal agreement (or 'gentleman's agreement') this is not recommended and it is preferable for the terms and conditions of an employment contract or services agreement to be in writing. This will help to avoid any ambiguity or confusion in the event of a dispute arising between the two parties.

Common disputes which are difficult to resolve in the absence of a written employment contract or services agreement include:

- Disputes about the appropriate classification of the worker (employee versus contractor)
- Disputes about the term of the employment contract or services agreement
- Disputes about the reasonable notice period required to terminate the employment contract or services agreement
- Disputes about the ownership of confidential information and intellectual property following the termination of an employment contract or services agreement
- Disputes about the reasonable restraint of trade and non-solicit conditions following the termination of the employment contract or services agreement.

3 The importance of pre and post-employment checks

Pre and post-employment checks are critical, particularly in the context of hiring a medical professional in order to avoid the following potential risks:

- An employee or contractor breaching the terms of a provisional or conditional registration issued by the Medical Board of Australia
- An employee or contractor working with children or vulnerable persons without undergoing the appropriate Police and reference checks
- An employee or contractor compromising the security of a medical practice by retaining security access to the premises, emails and patient records following their exit from the practice.

4 Additional considerations to be taken into account when hiring professional staff

When hiring professional staff, it is critical to sight and keep a record of the following additional information:

- Current registration from the professional body governing their role e.g. Medical Board of Australia. It is important to check that the registration is "clean" and that there are no conditions that would be of concern to the employer, or that could give rise to further investigations
- That all obligations for effecting and maintain insurance have been complied with. In the case of Medical Indemnity Insurance for Doctors that the cover is consistent with the individual's role and provides adequate cover. Note that Certificates of Insurance are generally only suitable for confirming currency of insurance. Policy Schedules provide full details of insurance and may therefore be more valuable.

Issues around employment and contractual arrangements can be extremely complex. This article is intended to reinforce the importance of obtaining advice about these important business contracts. Your insurance with MIGA will respond in the event of a dispute, but it is a great risk minimisation strategy to get your documentation in order from the start.

Nicholas Maycock
Solicitor – Legal Services

2020 Annual General Meeting

With varying COVID restrictions and border closures around Australia the format of our 2020 AGM has been changed from a face-to-face meeting to an online one.

AGM

An invitation to the AGM will be e-mailed to members (or mailed if we do not have your e-mail address). It will include a link to enable you to register your attendance, to lodge a proxy if you do not plan to attend and to access the relevant documentation. After registering you will be emailed a link to attend the online meeting.

The Meeting is scheduled for **6.00pm (ACDT) on Wednesday, 25 November 2020, concluding at 7.00pm**. If you would like to attend please ensure you register your attendance before Monday, 23 November 2020 at 6.00pm (ACDT).

The business of the AGM will include:

- Adoption of the Financial Report, Financial Statement and Annual Report for June 2020
- Election of Directors to the Board of MDASA.

KEY DATES TO NOTE

AGM invite and notices to be sent to all members by email or postcard

In the week commencing Monday 26 October 2020

Close date to register to attend the AGM and Proxy Forms must be received by MIGA

Monday 23 November 2020 at 6.00pm (ACDT)

Election of Directors

As per articles 46 and 47, the following Directors retire by rotation and stand for re-election:

- Dr Andrew Pesce, and
- Professor Owen Ung

Nominations have been received from the following:

| NOMINEE & PRACTICE ADDRESS | PROPOSED | SECOND |
|--|-----------------------|---------------------|
| Dr Stephen Holmes 16 Victoria Rd CLARE SA 5453 | Dr Anthony Lian-Lloyd | Dr Nes B Lian-Lloyd |
| Dr Andrew Pesce Suite 3, Westmead Private Hospital Cnr Mons and Darcy Rds WESTMEAD NSW 2145 | Dr Peter Cundy | Dr Stephen Parnis |
| Professor Owen Ung Suite 6.3, Level 6, Specialist Services St Andrew's War Memorial Hospital 457 Wickham Terrace SPRING HILL QLD 4000 | Dr Andrew Pesce | Dr Stephen Parnis |

At the AGM every member of the Association shall have one vote and each member entitled to vote may do so in person (which will be online at the AGM) or by proxy.

All members will be provided with Candidates' Statements and a Proxy Form, for use if they are unable to attend the AGM. In order to be valid at the AGM, Proxy Forms must be received by MIGA by 6.00pm (ACDT) on Monday, 23 November 2020. Proxy Forms received after this time will not be accepted. Detail of the voting and proxy process and how members will be able to participate in the meeting will be provided with the AGM Notices, which will be distributed to members by email or post in the week commencing Monday 26 October 2020.

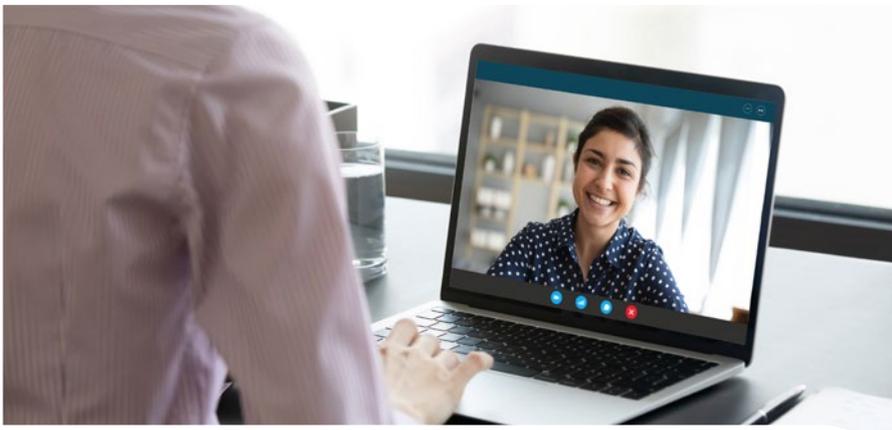
We encourage members who cannot attend the meeting to nominate a Proxy Holder by completing and submitting a Proxy Form. It is your vote that will count on the very important issue of election of Directors to the Board of MDASA.

We hope you will join us online at the AGM to hear about developments in the last year at MIGA and to ask questions of the Chairman and CEO. We look forward to presenting our year-end results and an overview of the financial year.

Mandy Anderson

CEO & Managing Director

Please contact us if you do not receive your AGM Invite, Candidates' Statement and Proxy Forms



Risk Management Education The impact of Covid-19

We know that last year many of you joined us at a Risk Management Conference or a face-to-face workshop. Unfortunately, these events are not an option at the moment.

It is disappointing for us and the team will miss seeing you but we want to reassure you that we will make it as convenient as possible for you to complete 2 activities and earn your 10% discount when you renew in June 2021.

The great news is that, the presenters you know, and love, Sue, Jane, Peter, Craig and Katy are all sharing their knowledge via our online workshops. 2 hours, same content and same great tools and resources. It also gives you an opportunity to catch up with friends and colleagues to share stories and support.

The big difference is that you can choose to attend in the evening, in the comfort of your own home with your slippers on. Please also note a few Saturday morning sessions are available as well.

We will send you an electronic booklet that you can save and then make notes in. If you need assistance with technology, we are here to help you before the workshop. To see the topics available or to book a Workshop log into REO.

Are you keen to try something new this year? How about a self-directed activity? It's convenient, you can start and finish in your own time and access them on any device.

Introducing our online Modules

They are interactive and focus on topics that are current and relevant to practice, no matter your area of speciality. Maybe a refresher on opioid issues would be valuable for you or find out what you can do to manage bullying in the profession. We are sure that you will find a topic of interest.

How about a health check on your practice?

We have a tool that is designed to assess the risks in your practice. There are around 13 areas to choose from; privacy and complaints are just two. You answer a few questions and we give you a report of where you may have some gaps. The next step is for you, and the practice manager, to make some improvements. We are always here to help you if needed.

Doctors' Health

Take this opportunity to focus on your own health. Life has been stressful recently, both personally and professionally so we highly recommend this option. It's time to check in with your GP and why not combine that with the Doctors' Health module that helps you identify the slippery slope of ill health in yourself and your colleagues. We will allocate Points for both of those activities.

So, you can see that there are many options for you to choose this year. We are here to help you every step of the way.

Log into REO and have a look around. If you aren't registered for Risk Management just let us know and we can do that for you.

If you need more information, risk management advice, or wish to discuss aspects of our education in more detail, contact Jane Clark or Kerry-Ann Klop on 1800 777 156 or at reo@miga.com.au.

Liz Fitzgerald

National Manager - Risk Services

 **Call 1800 777 156**
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Letters to the Editor

We encourage clients to contact us with their views by email to mandy.anderson@miga.com.au or follow the links on our website.



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Information in this Bulletin does not constitute legal or professional advice. Call us if you need advice on any of the issues covered in this Bulletin.