

Membership categories guide

Members are required to take particular care in selecting the membership category that best describes the health services they provide including, where applicable, the private practice gross fees band.

Accurate selection of your membership category is very important. That is because you are not entitled to the benefits of membership, including indemnity cover, for the provision of healthcare outside your membership category.

MIPS staff are authorised to provide general not personal advice. MIPS cannot select the membership category on your behalf. If you do not select the correct category you may prejudice the membership entitlements available to you including insurance covers.

There is a general requirement that every member has the appropriate recognised training, qualifications and experience for the health services they provide including appropriate supervision if required. This applies even if such services are normally provided by the majority of practitioners in the membership category.

Members must also comply with guidelines issued by AHPRA and practice within the constraints of any restrictions or practice conditions imposed by AHPRA or its health practitioner boards. Members are also required to comply with guidelines issued by their registration body and colleges, and practice within the constraints of any restrictions or practice conditions imposed by such bodies.

Members are required to notify MIPS of any change in the nature of health services they provide as soon as they become aware of the change. Any changes to your membership details may result in an amendment to your membership subscription fee. You may also be required to sign a disclaimer confirming that you have notified or otherwise disclosed to MIPS all material matters when you seek retroactive changes to your membership.

Selecting your membership category

MIPS provides over 100 membership categories to better reflect the healthcare our members provide. We've divided these into different groups to help you find your category more easily.

There is a smaller number of categories for students and health professionals who are not medical or dental practitioners. If you belong to such a group you may find it easier to skip to the appropriate pages to see the available categories. If you are a medical or dental practitioner there are many categories to consider and you may like to use the framework below to help find your appropriate category.

Category selection guide

Step 1	Step 2	Step 3	Step 4
<p>Select your broad category group:</p> <ul style="list-style-type: none"> • student • medical • dental • other health professional 	<p>If you are in a medical or dental category you need to consider the following groups:</p> <p>Medical</p> <ul style="list-style-type: none"> • Recent graduates • General practitioners • Physicians and psychiatrists • Hospital employed doctors • Specialists • Extended Reporting Period and Run-off Cover <p>Dental</p> <ul style="list-style-type: none"> • General dentists excluding specified procedures • General dentists including specified procedures • Dental Specialist • Oral and maxillofacial surgery • Dental hygienist/therapist • Dental prosthetist/ technician • Dental run-off cover 	<p>Consider the nature of your work and how this may relate to a membership category. Things you should consider include whether you:</p> <ul style="list-style-type: none"> • belong in a procedural or non procedural category • perform 'limited private practice' • perform cosmetic, anaesthetic or obstetric procedures • are a specialist and there is a category specifically for your occupation (eg Neurosurgery) • are going into run-off cover (eg maternity leave or retirement) 	<p>Select a membership category that correctly reflects your annual private practice gross fees.</p> <p>This is only applicable to some membership categories.</p> <p>Note: if the category you select does not correctly reflect your annual fees it may prejudice your entitlements to membership benefits.</p>

Billing bands and limited private practice categories

Some categories allow for private practice gross fees for 'limited private practice'. For example, if you are a GP, physician or psychiatrist, work part-time and generate private practice gross fees less than \$100,000 you may apply for a limited practice category.

However, practitioners involved in any private obstetric, neurosurgical, cosmetic, orthopaedic, spinal or bariatric surgery procedures may not choose 'limited private practice' membership categories.

If you are in a 'limited private practice' membership category and find that during or after the financial year your private practice gross fees will or have exceeded the band you selected, you must inform us immediately. If you don't inform MIPS and pay the adjusted membership subscription fee it may prejudice your entitlements to membership benefits, including MIPS Protections and insurance covers.

Limited private practice categories can include employer indemnified practice if your employer indemnified practice constitutes less than half of the hours of your practice.

List of treatments and procedures

The lists of treatments and procedure per category or category group in this handbook are not intended to be exhaustive and may vary from year to year dependent upon our claims experience, treatment developments and innovations, claims expectations and views of insurers and reinsurers. Queries should be directed to info@mips.com.au

How to calculate your private practice gross fees

Some categories require you to consider your gross private practice fees. Gross private practice fees are 'the total of all fees (amounts greater than \$0) generated by you from all areas of your practice for which you require medical indemnity cover (ie fees charged in your name or for work for which you are personally liable), including: Medicare Australia benefits, payments by individuals; and payments by the Commonwealth Department of Veterans Affairs, worker compensation schemes and third party and/or vehicle insurers, whether retained by you or otherwise, and before any apportionment or deduction of any expenses and/or tax.

Where indemnity is provided by the employer, the salary from that employment is not included in the calculation of private practice gross fees. If you are unable to determine your fees for work that is not employer indemnified then you may submit a written request to MIPS providing details of:

- salary or hourly rate
- number of work hours per week
- type of work or procedures you will be performing
- whether or not you will be supervised
- any other information that may be relevant to the selection of an appropriate category.

Practice location

The benefits of MIPS membership apply throughout all Australian states and territories. You are required to select the practice state where the majority of your private practice gross fees (non-employer indemnified) are generated in any membership year.

You should notify MIPS of any change in practice location to ensure you do not prejudice your membership benefits, including insurance covers and MIPS Protections. A change to your

membership details may result in an amendment to your membership subscription fee.

Members are expected to undertake the provision of healthcare services in a facility that holds appropriate accreditation and have available appropriate resources for the range of services that will be provided. Health practitioners should refer and adhere to any guidelines and/or requirements from their registration body and college of practitioners.

Category groups	Page
Student membership categories	24
Medical membership categories	25
Recent graduates	25
General practitioners	27
Physicians and psychiatrists	30
Hospital employed (employer indemnified) doctors	31
Specialists	33
Extended reporting period and medical run-off cover	37
Dental and oral health membership categories	38
General dentists excluding specified procedures	38
General dentists including specified procedures	38
Dental specialists	38
Employer indemnified	39
Oral and maxillofacial surgery	39
Dental hygienist/therapist	40
Dental prosthetist/technician	40
Dental run-off cover	40
Other health practitioner membership categories	41

Student membership categories

Medical students

Category Code	
Medical Student	099

The Medical Student category is suitable for students currently studying medicine at a recognised medical school/education provider.

Dental students

Category Code	
Dental Student	097

The Dental Student category is suitable for students currently studying dental healthcare sciences at a recognised education provider. This includes oral health and dental hygiene/therapist/prosthetist/technician studies.

Overseas trained practitioners

Category Code	
Overseas Trained Practitioner Awaiting Registration	098

This category is suitable for overseas trained healthcare practitioners undertaking relevant Australian qualifications but currently not qualified to practice in Australia. This category is also suitable for overseas trained healthcare practitioners undertaking a supervised observership in Australia.

Members in this category may undertake healthcare placements under complete supervision of an Australian registered healthcare practitioner but must not provide any healthcare of a type required to be provided by a registered healthcare practitioner.

Members in this category cannot be responsible in any way for patient management, but may take part in 'pre-registration' activities commensurate

with normal student activities, for example

- take a history or perform a physical examination
- write a patient management plan
- administration and principles of admitting and discharging patients
- ordering and interpreting investigations
- communicating with patients, relatives and staff.

General conditions for student membership categories

The definition of an education provider under Federal law is broad. It includes education providers delivering Australian Health Practitioner Regulation Board approved programs of study leading to registration; other education providers, health services and other organisations, and in some cases individuals who provide clinical experience placements for people who are undertaking clinical training but are not enrolled in a health practitioner board approved program of study leading to registration and do not hold registration in Australia in that profession. This includes international students.

All education providers must meet the requirements of the National Law in relation to student registration. For further details please refer to ahpra.gov.au

Once a Student member becomes a registered healthcare practitioner they must contact MIPS and select a membership category that accurately reflects the healthcare they provide. Failure to do so may prejudice the level of cover and assistance MIPS can provide.

Please note that the cover under the MIPS Members' Practice Entity Policy does not apply to the Student membership categories. Students have limited cover under the Members' Personal Accident Policy. See the *Members' Insurance Covers Handbook* for terms and conditions.

Medical membership categories

Recent graduates

Category Code	
New Medical Graduate (graduation: 1 July 2013 to 30 June 2014)	040
Recent Medical Graduate Level 1 (graduation: 1 July 2012 to 30 June 2013)	045
Recent Medical Graduate Level 2 (graduation: 1 July 2011 to 30 June 2012)	050
Recent Medical Graduate Level 3 (graduation 1 July 2010 to 30 June 2011)	055

If you are a student member applying for the New Medical Graduate category you need to select the year you intend to graduate.

You are only eligible to select a recent graduate category if you attained your qualifications during the period specified.

The 'New Graduate' (Code 40) category applies to medical practitioners who have recently obtained their MBBS qualification. This category covers the first six months of internship up to 30 June. Then from 1 July, the appropriate category becomes 'Recent Graduate Level 1' (Code 45). If you are New Graduate, there is no charge for membership up until 30 June of the financial year in which you graduated.

International graduates should not declare as their year of graduation the year they were awarded their AMC certificate, but rather the year they first obtained a degree equivalent to the Australian MBBS degree.

Exclusions

The following practices for which you are personally liable are not covered under recent graduate categories:

- cosmetic/aesthetic procedures
- obstetric services (other than 'shared care' antenatal consulting)
- bariatric surgery
- neurosurgery
- spinal surgery
- anaesthetic practice
- orthopaedic practice.

If you are employed in a hospital and do some private practice or work in privatised outpatient settings (excluding the practices listed above), you may elect a recent graduate category if otherwise eligible.

There is no cap on the private practice gross fees generated under the recent graduate categories; however as with every membership category, it is expected that members have the appropriate recognised qualifications, training and experience for the health services they provide.

GP registrar

Category Code	
GP Registrar	071

This category is appropriate if you are a GP trainee in an Australian General Practice Training Program or RACGP accredited Training Program and work either in an accredited hospital post or in an accredited registrar post in a private practice.

You may select this category irrespective of your year of graduation. This category does not provide indemnity for any private practice (non-employer indemnified practice) outside of the training program but will provide cover and benefits for any employer indemnified practice undertaken in addition to the training program.

It is expected that GP Supervisors have recognised qualifications, training, experience and an appropriate level of medical indemnity cover for the supervision they provide and that the supervision is:

- commensurate to/appropriate for the qualifications, training and experience of the trainee being supervised and
- in accordance with the GP Registrar's training program requirements.

Employer indemnified work may also be performed outside of the GP Training Program under this category.

If you intend to also practice outside of, and independent of, the Australian General Practice Training Program, please refer to the GP Registrar Plus categories.

GP registrar plus

Category Code	
GP Registrar Plus Non Procedural: Gross Private Fees less than \$40,000	100
GP Registrar Plus Non Procedural: Gross Private Fees less than \$75,000	101
GP Registrar Plus Some Procedures: Gross Private Fees less than \$40,000	102

These categories may be appropriate if you are a GP Registrar and intend to practice at times outside of, and independent of, the Australian General Practice Training Program.

These categories do not provide indemnity for private cosmetic/aesthetic procedures, neurosurgical, bariatric surgery, spinal surgery, orthopaedic (excluding minor fractures), obstetric or anaesthetic work for which you are personally liable.

Please note as these categories do not include cover for all procedures listed in the GP Procedural categories, queries should be referred to info@mips.com.au

General practitioners

Procedural versus non procedural general practice

If you select a GP category below you should contact MIPS before you provide healthcare such as undertaking a treatment, procedure or practice for which you have appropriate recognised qualifications, training and experience but that is outside your normal practice or that of your GP peers. This is to seek confirmation from MIPS that the proposed treatment, procedure or practice is appropriate for the membership category you selected.

Refer to the 'How to calculate your gross private practice fees' section in the 'Membership categories guide' if you are considering selecting a limited private practice gross fees category.

GP non procedural – consultations and office procedures (no cosmetic practice)

Category Code	
GP Non Procedural Gross Private Practice Fees less than \$40,000	080
GP Non Procedural Gross Private Practice Fees less than \$75,000	081
GP Non Procedural Gross Private Practice Fees less than \$100,000	082
GP Non Procedural Gross Private Practice Fees greater than \$100,000	026

The above GP Non Procedural categories are intended to aggregate general practitioners who have a common risk profile. They anticipate the treatments, procedures or practice most GPs commonly perform in their rooms. They do not include all the treatments, procedures or practice that GPs could perform in their rooms.

Procedures commonly undertaken under non procedural categories include:

- repair of superficial lacerations of skin and subcutaneous tissue
- removal of superficial skin lesions, tumours and cysts
- biopsy of skin lesions (including punch biopsies)
- small skin grafts under local anaesthetic (including minor simple skin flaps)
- removal of foreign bodies, including superficial corneal and aural
- incision and drainage of superficial abscesses
- eyelid – excision/curettage of chalazion
- cautery and cryotherapy of superficial skin lesions
- electrocautery of nose bleeds
- drainage of thrombosed external haemorrhoids
- reduction of simple closed joint dislocations
- treatment of simple fractures – not requiring reduction or anaesthesia
- local anaesthesia (not including regional blocks)
- acupuncture (including laser acupuncture)
- aspiration of and/or intra-articular injections into peripheral joints (not spine)
- insertion of IUCDs when approved (requests to be directed to info@mips.com.au)
- removal of IUCDs
- avulsion of a toenail (may include wedge resection but excluding total removal of nail bed)
- implanon insertion and removal (provided you have completed an Organon approved training course)
- implanon NXT insertion and removal (provided you have completed MSD training and certificate is provided to MIPS)
- hormonal implants (subcutaneous)

- proctoscopy/sigmoidoscopy (without biopsy)
- syringing of the external auditory canal
- insertion of urinary catheters
- venepuncture and simple insertions of IV lines/IV drug therapy
- allergy testing/desensitisation
- arterial blood gas estimations
- blood transfusions
- surgical assistance
- shared antenatal care in consultation with a hospital or specialist obstetrician or GP obstetrician (see 'shared antenatal care' definition)
- exercise ECG (with appropriate resuscitation facilities)
- post mortems
- lumbar puncture.

This list is not exhaustive, any queries should be directed to info@mips.com.au

Although such procedures or treatments are usually carried out in a GP's surgery/ consulting rooms, they may also be performed in patients' residences, hospitals and other healthcare facilities.

Administering and monitoring sedation for procedures such as (but not limited to) gastroscopy and colonoscopy is not encompassed in these categories.

These GP non procedural categories also apply when such procedures are performed under local anaesthesia (including finger and toe blocks); however, no other type of anaesthesia or intravenous/intravascular sedation is permitted in these membership categories.

Shared antenatal care

If as a GP you provide shared antenatal care you may select one of the non procedural categories above. Shared antenatal care includes uncomplicated low risk pregnancies when the patient has been referred to and accepted as a patient in writing at an early stage of pregnancy by either:

- a hospital for obstetric management as a public patient or
- a GP obstetrician or specialist obstetrician for obstetric management as a private patient.

Shared care arrangements require that you work collaboratively under the direction (that may include protocols and supervision) of the practitioner or hospital responsible for the patient's obstetric care. You must not become involved, or have the intention of becoming involved, in the induction or management of labour or delivery. The only exception is for public patients in a public setting where you are indemnified by the hospital.

MIPS member benefits do not provide cover in relation to matters arising from perinatal care under the GP non procedural categories. If you are undertaking perinatal care you should select another category or ensure that your hospital will provide indemnity.

GP non procedural and minor cosmetic – consultations and office procedures

Category Code	
GP Non Procedural & Minor Cosmetic Consultations/Office Procedures	126

This category may be appropriate if you perform minimally invasive office-based cosmetic procedures in addition to procedures commonly undertaken under the GP Non Procedural membership categories.

Minor cosmetic procedures commonly undertaken by members choosing this category include:

- botulinum toxin injections
- injections of non permanent dermal fillers (including collagen, fat)
- superficial chemical peels
- superficial dermal resurfacing, including laser procedures.

This list is not exhaustive, any queries should be directed to info@mips.com.au

GP procedural – no anaesthetics/obstetrics/ cosmetics

Category Code	
GP Procedural Private Practice Gross Fees less than \$40,000	023
GP Procedural Private Practice Gross Fees less than \$75,000	021
GP Procedural Private Practice Gross Fees less than \$100,000	022
GP Procedural Private Practice Gross Fees less than \$150,000	087
GP Procedural Private Practice Gross Fees greater than \$150,000	027

The above categories may be appropriate if you perform procedures not covered under the Non Procedural category definition and/or procedures usually performed under regional or general anaesthesia or sedation or neuroleptanalgesia. A category in this group should be selected even if you perform such procedures without anaesthesia. They may also be appropriate if, as a GP, you provide sedation not including muscle relaxant or anaesthesia agents such as Diprivan, whilst another medical practitioner performs a procedure. Please ensure any such sedation services are submitted to MIPS for consideration and approval.

Practice in these categories may include:

- accident and emergency activities undertaken in rural and remote settings
- arterial line insertion
- bronchoscopy
- vasectomy
- circumcision
- colposcopy
- chest tube/drains
- sclerotherapy of varicose veins
- D&C uterus and termination of pregnancy (up to 20 weeks)
- syringing tear ducts
- hyperbaric medicine
- non cosmetic skin flap/skin graft procedures
- regional anaesthesia excluding spinal or epidural
- minor general surgical procedures (eg haemorrhoids and hernia repairs).

This list is not exhaustive, any queries should be directed to info@mips.com.au

GP procedural including minor cosmetic – no anaesthetics/obstetrics

Category Code	
GP Procedural & Minor Cosmetic no Anaesthetics/Obstetrics	127

This category may be appropriate if you perform minimally invasive office-based cosmetic procedures (minor cosmetic) in addition to GP Procedural practice.

Minor cosmetic procedures commonly undertaken by members choosing this category include:

- botulinum toxin injections
- injections of non permanent dermal fillers (including collagen, fat)
- superficial chemical peels
- superficial dermal resurfacing, including laser procedures.

This list is not exhaustive, any queries should be directed to info@mips.com.au

GP procedural – including anaesthetics and/or obstetrics

Category Code	
GP Procedural with Anaesthetics and/or Obstetrics	005

This category may be appropriate for general practitioners who:

- hold DRANZCOG or RANZCOG advanced qualifications
- perform regional anaesthesia (beyond digital blocks)
- provide general anaesthesia
- administer agents other than narcotic/benzodiazepine combinations
- provide obstetric services beyond shared antenatal care
- may undertake other procedures (excluding cosmetics procedures, neurosurgery, bariatric surgery, spinal surgery).

Queries related to procedures appropriate for this category should be referred to info@mips.com.au

Physicians and psychiatrists

Physicians (non procedural) and medical oncologists and physicians (occupational/rehabilitation)

Category Code	
Physician Non Procedural: Gross Private Fees less than \$40,000	080
Physician Non Procedural: Gross Private Fees less than \$75,000	081
Physician Non Procedural: Gross Private Fees less than \$100,000	082
Physician Non Procedural and Medical Oncologists	014
Physician Occupational/Rehabilitation	006

These categories may be selected by consultant physicians who do not perform procedures at all or, alternatively, only minimally invasive, lower risk procedures such as proctoscopy, sigmoidoscopy, fiberoptic bronchoscopy, gastroscopy (but not ERCP) and renal biopsy. Medical oncologists may select these categories.

Physicians (procedural)

Category Code	
Physician Procedural	015

This category applies to those physicians who perform invasive procedures, for example, cardiac catheterisation (with or without further procedures such as stenting), insertion of Swan Ganz catheters and endoscopic procedures such as colonoscopy.

Physicians in a non procedural category with gross private fees greater than \$100,000 pa must select a specialist category.

Psychiatrists

Category Code	
Psychiatrist: Gross Private Fees less than \$40,000	080
Psychiatrist: Gross Private Fees less than \$75,000	081
Psychiatrist: Gross Private Fees less than \$100,000	082
Psychiatrist: Gross Private Fees more than \$100,000	016

Hospital employed (employer indemnified) doctors

If you are practising in an employed position and you are satisfied that your employer will indemnify you in respect of any action arising from that employment, then an Employer Indemnified category may be suitable for your needs. You should obtain written confirmation from your employer that they will provide indemnity as MIPS cannot provide that confirmation.

All employer indemnified categories will provide cover and assistance for matters that may not be covered by your employer, which may include:

- professional disputes with your employing hospital
- registration boards complaints
- coroner's inquests
- health services commissioners matters (eg NSW Health Care Complaints Commission, Victoria Health Services Commissioner, Health Quality and Complaints Commission Queensland)
- investigations by state drug and poisons services
- general assistance and clinico-legal advice on issues such as informed consent testamentary capacity, when to report to the coroner, release of medical records etc.

The Employer Indemnified no Private Practice category will not provide indemnity for civil claims arising from salaried work.

Doctor – no private practice

Category Code	
Employer Indemnified no Private Practice	068

This category applies where a practitioner is employer indemnified and/or where there is no private practice. If your employer has agreed to indemnify you for all your practice regardless of whether it is in a public or private setting, this category may be appropriate. If you are uncertain of your indemnity insurance arrangements with your employer, you should request that it be confirmed in writing by them. Medical practitioners employed under contract in the public hospital system may contact the Australian Salaried Medical Officers Federation (ASMOF) for advice regarding the indemnity provided under their contract.

This category may also be selected by practitioners where no advice is given which could have clinical consequences or by medical practitioners who temporarily cease undertaking the provision of health services in Australia for a period of up to 12 months. If you have ceased practice and do not intend to provide gratuitous health services but wish to maintain medical indemnity insurance arrangements for the purposes of registration, this category may be appropriate.

If you are uncertain whether you should select this category, forward the details of your practice to info@mips.com.au

Employer indemnified practitioner with limited Private Practice

Category Code	
Employer Indemnified with Gross Private Fees less than \$10,000	030
Employer Indemnified with Gross Private Fees less than \$40,000	036
Employer Indemnified with Gross Private Fees less than \$75,000	037
Employer Indemnified with Gross Private Fees less than \$100,000	033
Employer Indemnified with Gross Private Fees less than \$150,000	032
Employer Indemnified with Gross Private Fees less than \$200,000	035

The above categories may be selected by general practitioners, specialists or any other medical practitioner with private practice gross fees (non employer indemnified) of up to \$200,000 pa in addition to their employer indemnified position. These categories exclude undertaking private cosmetic, bariatric, obstetric, neurosurgical procedures or spinal surgery.

Specialists

Category Code	
Emergency Medicine and Intensive Care	090
Anaesthesia	028
Cardio Thoracic Surgery	003
Cosmetic Proceduralist	007
Dermatology – Cosmetic	017
Dermatology – General	018
ENT / Otolaryngology including Head and Neck Surgery	004
General Surgery	020
General Surgery including Bariatric Surgery	008
Gynaecology (including IVF)	025
Head and Neck Surgery	096
Neurosurgery	002
Non-Operating Specialist (including Medico-Legal Practice)	075
Obstetrics including Gynaecology	019
Ophthalmology	039
Orthopaedic Surgery	001
Orthopaedic Surgery including Spinal Surgery	010
Paediatric Surgery	094
Pathology	029
Plastic Surgery	024
Radiation Oncology	034
Radiology	031
Urology	038
Vascular Surgery	093

If you are a specialist but only practice in an employer indemnified role, (that is you are not involved in any non-indemnified public or private practice), then; Employer Indemnified no Private Practice (Code 068) may be selected.

Specialist categories apply to practitioners involved in any private obstetric, bariatric, neurosurgical, orthopaedic spinal surgery or cosmetic practice. They also apply to non-procedural physicians with gross private fees over \$100,000 pa.

Bariatric Surgery, commonly referred to as weight loss surgery, refers to the various surgical procedures performed to treat obesity by modification of the gastrointestinal tract to reduce nutrient intake and/or absorption. Members may select General Surgery including Bariatric Surgery if they are undertaking locums or volunteering to cover for colleagues where they may have to surgically manage postoperative care of bariatric patients.

Please check carefully that you select the right category from the above list. If your specialty is not listed, please contact us for assistance.

Limited practice specialists

Category Code	
Specialist Limited Practice: Gross Private Fees less than \$100,000	083

This category is for non-employer indemnified procedural specialists who anticipate that their gross private fees from all their medical work will be less than \$100,000 in the full financial year.

The following groups are not eligible for this category even if their private practice gross fees will be less than \$100,000:

- ophthalmologists who perform refractive laser therapy outside peer-reviewed university departments
- doctors who perform cosmetic procedures
- obstetricians
- surgeons who perform bariatric surgery
- neurosurgeons
- surgeons who perform spinal surgery.

Non-operating specialists

Category Code	
Non-Operating Specialist including Medico Legal	075

This category is for surgeons who have ceased operating but continue to consult patients in private practice (eg seeing patients for second opinions, medico legal assessments etc). If you select this category you may also undertake surgical assisting.

Obstetricians/gynaecologists

GP and specialist obstetricians' membership subscription fees reflect the high cost of a very small subgroup of obstetric claims, that is, those relating to neurologically impaired babies.

If you are a specialist obstetrician and/or gynaecologist and the following scenario describe your practice, then you may wish to apply for the 'Gynaecologist' membership category:

- you see no 'private' obstetric patients but provide antenatal care in your consulting rooms on behalf of, or at the direction of, the hospital for patients booked into hospital as 'public' patients, and
- you deliver those patients as public patients (in circumstances in which you are satisfied that the hospital will indemnify you in any matter arising from your management of the pregnancy, labour and delivery), and
- you provide private gynaecology services.

We advise members to obtain written confirmation that the hospital will provide indemnity before choosing their membership category for intra-partum and postpartum work.

Private gynaecological practice

If, as a gynaecologist, you perform no procedures at all, that is, neither in your rooms nor in theatre, it may be appropriate to select the non-operating specialists category. This will also permit antenatal consulting (where care is shared with another obstetrician who will be managing the labour and delivery).

Gynaecologists working in the IVF field may select the Gynaecology (including IVF) category for IVF work if they are not involved at all in the induction or management of labour.

First Trimester Emergencies – The Gynaecology membership category is appropriate for treatment of first trimester emergencies such as miscarriages and tubal pregnancies.

Shared care arrangements require that you work collaboratively under the direction (that may include protocols and supervision) of the practitioner or hospital responsible for the patient's obstetric care. You must not become involved, or have the intention of becoming involved, in the induction or management of labour or delivery. The only exception is for public patients in a public setting where you are indemnified by the hospital.

Cosmetic proceduralists/plastic surgeons

A cosmetic/aesthetic treatment or procedure is defined as a procedure which has as its primary purpose the alteration of the non pathological external appearance of a patient.

If you are a plastic surgeon you may continue to remain in the 'Plastic Surgery' category for cosmetic procedures, provided cosmetic work generates less than half your private practice gross fees and you:

- are eligible for membership of the Australian Society of Plastic Surgeons; and
- now hold, or have at any time held an established (ie not a locum tenens) hospital appointment as an accredited plastic or reconstructive surgeon in Australia; and
- hold a specialist qualification accepted by the National Specialist Qualification Advisory Committee of Australia (in plastic or reconstructive surgery).

However, if cosmetic procedures produce more than half a plastic surgeon's private practice gross fees, the 'Cosmetic Proceduralist' membership category should be selected.

Cosmetic proceduralists/other specialists requirements

You may continue to remain in your membership category if the cosmetic procedures performed fall within the scope of the accredited basic training for that category provided you are a practitioner who:

- holds or has held at any time an established hospital appointment in a sub-specialty such as otolaryngology including head and neck surgery, ophthalmic surgery, dermatology and vascular surgery; and
- has received the appropriate training and accreditation for procedures ordinarily undertaken within that sub-specialty; and
- holds a qualification accepted by the National Specialist Qualification Advisory Committee of Australia as appropriate for that sub-specialty; and
- where your gross private practice fees for 'cosmetic' work is less than half your total gross private practice fees for the membership year.

Please note:

- MIPS regards laser blepharoplasty, meloplasty and similar procedures as cosmetic procedures, not as procedures ordinarily undertaken by dermatologists
- Ophthalmic surgeons performing refractive laser therapy, outside a peer-reviewed university department, must select the 'Cosmetic Proceduralist' category.

All other doctors excluding cosmetic proceduralists/plastic surgeons who perform cosmetic/aesthetic procedures will not be eligible to apply for assistance for complaints or claims arising from such procedures unless they are in an appropriate category. The limited practice categories of membership do not provide cover for claims and complaints arising from cosmetic procedures.

Cosmetic proceduralist work

MIPS requires specialists performing procedures within the scope of their specialty to select the Cosmetic Proceduralist Category if cosmetic work constitutes the bulk of their practice (ie if more than 50% of their gross private fee income for a membership year is generated from cosmetic work).

All other doctors performing any cosmetic work, irrespective of what percentage it constitutes of their gross fee income, will need to select the 'Cosmetic' membership category to be eligible for assistance and indemnity in matters arising from their cosmetic work.

The membership subscription fee charged reflects the very high risk associated with cosmetic work.

Actions are more readily defensible where a procedure is performed by a doctor who can demonstrate certified satisfactory completion (preferably by formal examination) of accredited postgraduate training.

Extended reporting period and medical run-off cover

Category Code	
Extended Reporting Period three year Run-off Cover	110
Extended Reporting Period three year Run-off Cover (Loyal)	111
ERP three year Run-off Cover with Gratuitous Services	210
ROCS under age 65 with No Practice for Three Years	103
ROCS Permanent Disability	104
ROCS Maternity	105
ROCS Temporary Resident/Visa 422/457	106
ROCS over age 65 Permanent Retirement	109
ROCS under age 65 with Gratuitous Services	203
ROCS permanent Disability with Gratuitous Services	204
ROCS over age 65 Years Permanent Retirement with Gratuitous Services	209

When you cease practice, liability or potential liability relating to your past clinical practice continues.

The potential for claims to arise from 'incurred but not reported incidents' (IBNRs) may exist for many years after you cease practice. For this reason it is very important that you know that if you wish to remain covered for those incidents then you will be required to maintain an appropriate MIPS membership category. Medical practitioners may also be eligible for the Run-off Cover Scheme (ROCS).

ERP 3 year Run-off Cover (loyal) is available to members who permanently retire from practice (both in Australia and overseas), who have been a MIPS member for five continuous years and who do not wish to undertake any gratuitous services.

Dental and oral health membership categories

Members are required to have the appropriate recognised qualifications, training and experience for the health services they provide even if such services are normally provided by the majority of practitioners in the membership category selected.

Members are also required to comply with guidelines issued by their registration body and practice within the constraints of any restrictions or practice conditions imposed by such bodies.

General dentists excluding specified procedures

Category Code	
Dental New Graduate (graduation 1 July 2013 to 30 June 2014)	GD
Recent Dental Graduate Level 1 (graduation 1 July 2012 to 30 June 2013)	GD1
Recent Dental Graduate Level 2 (graduation 1 July 2011 to 30 June 2012)	GD2
Recent Dental Graduate Level 3 (graduation 1 July 2010 to 30 June 2011)	GD3
Dentist excluding Specified Procedures	GD4
Dentist excluding Specified Procedures, Limited Private Practice less than 20 hrs	PPP

These categories may be selected by general dentists who do not perform the specified procedures listed.

Specified procedures are:

- surgical placement of dental implants
- bridgework in excess of four units per treatment plan
- veneers in excess of four units per treatment plan
- Botulinum toxin for appropriate dental treatment purposes as prescribed by the Dental Board of Australia
- maxillo-facial or dento-alveolar surgery by non-specialists in high risk situations – high risk situations include severe tooth impaction and where teeth are in close approximation to critical structures such as nerve supply and sinuses.

Limited private practice including part time practice, means that total involvement in dentistry (clinical and non-clinical) does not exceed 20 hours per week on average (1,000 hours maximum during membership year).

General dentists including specified procedures

Category Code	
Dentist including Specified Procedures	GDx

This category may be selected by general dentists who perform specified procedures.

Dental specialists

Category Code	
Dental Specialist	DSA

Specialists in this category are as prescribed by the Dental Board of Australia Specialists Registration categories: www.dentalboard.gov.au

Employer indemnified

Category Code	
Dental Employer Indemnified no Private Practice	EIF
Dental Employer Indemnified Limited Private Practice less than 20 hours excluding Specified Procedures	EIP

These categories may be selected by dentists whose practice is indemnified by their employer.

The Dental Employer Indemnified no Private Practice category does not cover work undertaken in private practice.

The Dental Employer Indemnified Limited Private Practice less than 20 hours excluding Specified Procedures category does provide membership benefits for matters that may not be covered by your employer such as:

- professional disputes with your employer
- dental Practitioner Board complaints;
- Coroner's inquests
- Health Commissioner matters
- general assistance and dento-legal advice.

Private Practice cover is also provided as per full-time employer indemnified practice, but practice is limited to less than 20 hours per week on average (1,000 hours maximum during the membership year).

Private practice excludes specified procedures. Specified procedures are:

- surgical placement of dental implants
- bridgework in excess of four units per treatment plan
- veneers in excess of four units per treatment plan
- Botox for appropriate dental treatment purposes as prescribed by the Dental Board of Australia
- maxillo-facial or dento-alveolar surgery by non-specialists in high risk situations.

High risk situations include severe tooth impaction, and where teeth are in close approximation to critical structures such as nerve supply and sinuses.

Oral and maxillofacial surgery

Category Code	
Oral and Maxillofacial Surgery	OMF

Includes the full range of dento-alveolar and maxillofacial procedures as detailed in the RACDS curriculum document for the specialty. The 'cosmetic proceduralists/other specialists requirements' apply to this category, see the 'Specialists' section for details.

Dental hygienist/therapist

Category Code	
Dental Hygienist/Therapist New Graduate (graduation 1 July 2013 to 30 June 2014)	HTG
Dental Hygienist/Therapist	HTF
Dental Hygienist/Therapist Limited Private Practice less than 20 hours	HTP

Limited private practice means practice that does not exceed 20 hours per week on average (1,000 hours maximum during membership year).

Dental prosthetist/technician

Category Code	
Dental Prosthetist/Technician New Graduate (graduation 1 July 2012 to 30 June 2013)	DPG
Dental Prosthetist/Technician	DPF
Dental Prosthetist/Technician Limited Private Practice less than 20 hours	DPP

Limited private practice means practice that does not exceed 20 hours per week on average (1,000 hours maximum during membership year).

Dental run-off cover

Category Code	
Dental Run-off Cover (loyal)	111
Dental Run-off Cover	112
Dental Run-off Cover (maternity)	MAT

When you cease practice, liability or potential liability relating to your past clinical practice continues. The potential for claims to arise from 'incurred but not reported incidents' (IBNR's) may exist for many years after you cease practice.

If you wish to remain covered for those incidents then you will be required to maintain an appropriate MIPS membership category.

ERP 3 year Run Off Cover (loyal) is available to members who permanently retire from all practice, who have been a MIPS member for five continuous years and who do not wish to undertake any gratuitous services.

If you have any queries or further information please contact MIPS on **1800 061 113** or email info@mips.com.au

Other health practitioner membership categories

Members are required to have the appropriate recognised qualifications, training and experience for the health services they provide even if such services are normally provided by the majority of practitioners in the membership category selected. It is important that members comply with guidelines as issued by AHPRA, their Board or other registration body and the constraints of any restrictions or practice conditions imposed by such bodies.

Nuclear medicine technologists

Category Code	
Nuclear Medicine Technologists – employer indemnified no private practice	401
Nuclear Medicine Technologists – with private practice	402

The Nuclear Medicine Technologists – employer indemnified no private practice category does not cover work undertaken in private practice.

These categories provide membership benefits for matters that may not be covered by an employer such as:

- professional disputes with your employer;
- AHPRA Board or registration body complaints;
- Coroner's inquests;
- Health Commissioner matters; and
- general assistance and clinico-legal advice.

The Nuclear Medicine Technologists – with private practice category applies to members that undertake work outside an employer indemnified position.

Other healthcare practitioner run-off cover

Category Code	
Other healthcare practitioner Run-off Cover	410

When you cease practice, liability or potential liability relating to your past provision of health services continues. The potential for claims to arise from 'incurred but not reported incidents' (IBNR's) may exist for many years after you cease practice. If you wish to remain covered for those incidents then you will be required to maintain an appropriate MIPS membership category.

MIPS ensures your personal information is collected, stored and used by MIPS in accordance with the Privacy Act 1988 (Cwlth). Your personal information may be passed on within MIPS and its associated companies for risk assessment, communications and promotional purposes. You may stop your personal information being used for this purpose at any time by contacting us on **1800 061 113**.

The personal information you provide to us may also be provided by us to our claims assessors, investigators, suppliers, contractors, insurance companies who provide MIPS members with insurance covers, our related companies or legal and professional advisers if you make a claim under MIPS Protections, for the purposes of dealing with your claim.

It may also be provided to the government if required by law in connection with Run-off Cover Scheme (ROCS) or Premium Support Scheme (PSS) payments.

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What information relating to me will you hold and can I access it?

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You have a right to access your personal information. Please contact MIPS on **1800 061 113** for further information about accessing your personal information.

For more information, see our privacy policy at mips.com.au/privacy

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