

MIPS Member Handbook

Combined Product Disclosure Statement
and Financial Services Guide

Product Disclosure Statement

Welcome to MIPS

Thank you for choosing MIPS. We are a member-owned, medical defence organisation operating as a mutual on behalf of our members. We are here to protect you and your professional reputation with access to comprehensive insurance cover, expert advice and personalised support.

Key membership benefits



Indemnity Insurance Policy

Up to \$20 million cover for claims against you.

As a member, you have access to the Indemnity Insurance Policy. This cover is simple and transparent so you can be clear on what you are covered for:

- Civil liability
- Adverse clinical outcomes
- Breach of privacy
- Telehealth consultations
- Legal costs
- Regulatory processes such as coronial and other public inquiries, criminal matters
- Employment disputes
- Pursuit matters including defamation, indemnity and personal safety



Expert medico-legal advice and support, when you need it

We're here for you 24/7.

Protect yourself and your career with confidential and expert advice on medico-legal risks, claims, and complaints.



Cover for your unique needs

We're committed to helping and supporting you when you need it most.

We understand that insurance can seem complex. The insurance cover is designed for the unique needs of Healthcare Practitioners supporting where, how, and what you practise.



Education and resources to help manage risk

We'll support you with resources and CPD accredited education to help you manage risk in your practice.

We offer accredited risk education modules designed to support your professional development and enhance preparedness for unexpected events.

What is a Product Disclosure Statement?

A Product Disclosure Statement (PDS) is a document that financial service providers must provide when offering a financial services product. It is designed to tell you about membership with MIPS, which is a miscellaneous financial risk product. It will assist you in making an informed decision about whether this product meets your requirements. The PDS includes information about the product's key features, fees, benefits, risks and MIPS' complaints handling procedure. This includes information about the master insurance policy that MIPS holds (as custodian and policyholder) which provides professional indemnity insurance cover for the benefit of members.

This PDS is issued by the Medical Indemnity Protection Society Limited (MIPS). You should read it carefully, together with any supplementary PDS we have provided to you and your Member Benefit Statement.

Neither MIPS nor membership in MIPS is authorised under or subject to the provisions of the Insurance Act 1973 (which establishes a system of financial supervision of general insurers in Australia), and are not regulated by the Australian Prudential Regulation Authority (APRA). However, the master insurance policy held by MIPS for the benefit of its members is underwritten by MIPS Insurance Pty Limited (MIPS Insurance), which is a wholly owned subsidiary of MIPS, and holds a General Insurance licence with the APRA (and so MIPS Insurance is authorised under the Insurance Act 1973 to conduct insurance business in Australia). For the avoidance of doubt, insurance is issued by MIPS Insurance to MIPS who holds the policy for the benefit of its members. While members are not the contracting insured, the primary benefit of MIPS membership is access to cover under the Policy held by MIPS.

MIPS estimates its future liabilities, and ensures it has adequate resources to meet its obligations, to members by undertaking, via its wholly owned subsidiary, MIPS Insurance Pty Limited, actuarial valuations to ensure ongoing compliance with liquidity and capital requirements.

Information in the PDS that is not materially adverse information (e.g. contact email addresses) is subject to change from time to time and may be updated by notice provided on the MIPS website. A paper copy of any updated information will be given, or an electronic copy made available without charge on request.

How to read the MIPS Member Handbook

As a registered Healthcare Practitioner, cover under the master insurance policy held by MIPS meets your professional indemnity obligations required by the Australian Health Practitioner Regulation Agency (Ahpra).

The MIPS Member Handbook has been designed to help you understand the master insurance policy, and the support and cover available to members. Capitalised terms used in this PDS have the meaning given to them in the definitions set out in Section 02, including that any references to the 'Policy' are to the master insurance policy held by MIPS for the benefit of members.

Product Disclosure Statement



Section 01

About your membership

Find out who is eligible for membership and how we assess it, as well as information on calculating membership fees and eligibility for government premium support.



Section 02

Indemnity Insurance Policy

Understand where and what you are covered for, along with exclusions, conditions and definitions for terms throughout the Indemnity Insurance Policy.



Section 03

How your cover works

Get a breakdown of the specifics of medical indemnity insurance and find out why you may still want cover even if you are indemnified by your employer.



Section 04

How to make a claim or notification

Understand what you need to do in the case of a claim or formal complaint being made against you, and how we're with you every step of the way.



Section 05

Other information you need to know

Outlines the steps to follow in the unlikely scenario you would need to lodge a complaint or cancel your membership, and other information you should be aware of.



Section 06

Membership Classification Guide

Ensure you have the right membership classification for the type of healthcare you provide and your career stage and find out what it can mean if you have indemnity cover from your employer (so you can access cover under the Policy that is applicable to you).



Section 07

Privacy Policy

We are committed to protecting the privacy of your personal information. You will find out how we collect, protect, store, and use your personal information here.

Financial Services Guide

Our financial services guide (FSG) informs you of your rights, entitlements and details the services we provide.

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Section 01

About your membership

Benefits of your membership

The primary benefit of being a member of MIPS is the ability to access cover under the Policy. The Policy provides cover for professional indemnity risks, on the terms set out in Section 02 of this PDS. Section 04 of PDS sets out how you can make a claim or notification in order to access cover under the Policy. Any claim under the Policy may be subject to an excess, which is an amount that you must meet for the claim (see Section 02 of this PDS for more details).

Who is eligible for membership?

Healthcare practitioners

All medical, dental, and nuclear medicine technologist practitioners who are registered with Ahpra are eligible to apply for MIPS membership.

Healthcare students

All students studying a course that will qualify them to become an Ahpra-registered medical, dental, or nuclear medicine technologist practitioner are eligible to apply for MIPS membership.

Getting the right cover for you

Your cover under the Policy is determined by your MIPS membership classification, which in turn is determined by the type of healthcare you provide. It is important that you tell us about the full scope of healthcare services you deliver including your qualifications, training, and experience, requirements for supervision where relevant and the state or territory of your practice. You must also tell us the extent to which the healthcare you provide is indemnified by your employer. Using this information, we will assess and advise you of your MIPS membership classification.

Note, any healthcare provided outside your membership classification will not be covered automatically under the Policy. Some of the healthcare you provide may also need an extension of practice before you are covered. Please refer to the 'Membership Classification Guide' section of this handbook for further information.

If you are an existing member, you can find your current classification information on your Member Benefit Statement.

What you need to tell us

When you apply for, renew or vary your membership, you will be required to respond to a series of mandatory questions, including about:

- Your Ahpra registration type;
- Your practice, including the scope of healthcare services you deliver, your level of billings and the primary state or territory of your practice;
- Your qualifications, training and experience;
- Requirements for supervision (where relevant); and
- The extent to which the healthcare you provide is indemnified by your employer.

A minimum membership fee may apply.

You must give us true, complete, and accurate information when answering these questions and keep us informed of changes throughout the course of your MIPS membership. This includes where you provide information on someone else's behalf.

You must notify us if you have restrictions or conditions placed on your ability to practice healthcare by a regulator or employer, or if you are stood down by your employer due to your performance or conduct.

MIPS will consider the information you provide when deciding to accept your application for, or offer renewal of, your membership. This information will also determine your MIPS membership classification and the cover you can access under the Policy.

The information you provide to MIPS may be provided to MIPS Insurance to meet its duty of disclosure as the holder of the Policy.

If any of your answers are misleading, incomplete, inaccurate, or fraudulent this may affect entitlement to cover under the Policy and we may cancel your membership, or treat it as if it never existed.

You should also keep us informed of changes that might impact the calculation of your membership fee or classification, including changes to:

- Your Ahpra registration type.
- Your practice – including the type of healthcare you provide, your level of billings and your primary state / territory. This includes that you must notify us in advance of your travel if you intend to provide healthcare outside Australia.
- The indemnity arrangement provided by your employer.

If you do not inform MIPS of such changes (or of restrictions/conditions placed on your ability to practice healthcare by a regulator or employer), this may affect entitlement to cover under the Policy.

Accepting and renewing your MIPS membership

Acceptance of new members and renewal of MIPS membership is subject to an assessment of eligibility based on underwriting criteria.

A full membership period is from 1 July to 30 June. This is also the 'Policy Period'. For your initial membership period, membership commences on acceptance of membership by MIPS.

Renewal is not automatic and invitations to renew membership are issued annually. If membership is not renewed, you will cease to be a member of MIPS and your entitlement to cover under the Policy will cease.

We may refuse to offer or renew your membership or offer you membership with a risk surcharge and/or other special conditions.

This can occur if you:

- Fail to comply with the duty of the utmost good faith or make misrepresentations when applying for MIPS membership.
- Fail to pay your MIPS membership fee.
- Fraudulently claim under the Policy.
- Practise in a way that poses an unreasonable risk of substantial harm to the public or patients.
- Pose an unreasonable risk of harm to MIPS staff.
- Fail to comply with this PDS.
- Practise in breach of a condition, restriction or undertaking on your Ahpra registration, or imposed by us.

These factors may also affect entitlement to cover under the Policy or mean that We may cancel your membership.

Further, as a member of MIPS, you must agree to stop providing or carrying out a specific procedure or treatment (clinical activity) if it is determined:

- By MIPS or MIPS Insurance that the treatment, procedure or practice poses an unreasonable risk of an Incident occurring.
- That a registration board, professional body, or specialist college does not endorse such treatments, procedures or practices.
- That an educational body, a Healthcare facility, a supervisor, or Your employer does not endorse Your provision of such treatments, procedures or practices.

You will have a maximum of 14 days to cease the specified clinical activity from the date you are notified by the relevant party, unless instructed to do so earlier. If you subsequently continue to carry out that clinical activity, this may affect entitlement to cover under the Policy or mean that MIPS may cancel your membership.

Your membership fee

Your membership details for the current and three prior Policy Periods, as stated on your Member Benefit Statement, are used to calculate your membership fee.

These include:

- Your **category** and **practice basis**.
- Your **annual gross billings and/or salary** or **hours** worked for practice that is not employer indemnified.
- Your **extensions of practice** (e.g. Minor cosmetic services, Spinal surgery or Bariatric surgery); and
- Your **practice state/territory**.

Generally, the membership fee will be higher if your category or practice basis covers practice that is considered a higher risk. An increase in billings, salary or hours for practice where you are not indemnified will likely generate a higher membership fee. Different practice states may also generate a higher membership fee even if all other membership details remain the same.

Additional factors may also impact the calculation of your MIPS membership fee including:

- Your claims history (type, claim amount, the number of claims and the recency of those claims), and any specific factors that impact your risk, the higher the specific risk factor, the higher the membership fee. For example, claims history, depending on the type, claim amount, the number of claims and the recency of those claims, may increase your membership fee, and
- Any additional loadings including a risk surcharge may increase your membership fee. If applicable, the risk surcharge will be applied in accordance with the Medical Indemnity Act (2002) Cth.

A minimum membership fee may apply. This means MIPS considers the minimum amount it is prepared to offer membership for and may adjust your membership fee to ensure it does not fall below this amount.

Your membership fee can be paid in full by the due date, or by monthly direct debit instalments, as shown on your Member Benefit Statement. To opt in for direct debit, complete the [Direct Debit Instalment Request](https://mips.com.au/forms) at mips.com.au/forms

Your Member Benefit Statement

If you join MIPS or if your membership is renewed, we will issue you a statement that contains your membership details (including the cover you can access under the Policy) and any special conditions on your cover (if applicable). If any details are incorrect, contact MIPS on 1800 061 113 (from outside Australia +61 3 9959 2100) or info@mips.com.au.

Fee support through the Premium Support Scheme

The Premium Support Scheme (PSS) is an Australian Government initiative designed to help eligible doctors with the costs of their medical indemnity insurance. MIPS administers our members' applications for the scheme on behalf of the government. If you are eligible, you will receive a subsidy under the PSS.

To apply for the PSS subsidy, complete the [Premium Support Scheme \(PSS\) Application](https://mips.com.au/forms) online at mips.com.au/forms. For more information visit the [Department of Health and Aged Care](https://www.health.gov.au) website. If you apply for the PSS subsidy, the relevant details will be outlined on your Member Benefit Statement.

How we deliver the support we promise

We take our responsibility to protect your reputation seriously. We ensure we have the financial resources and capabilities to meet our obligations to you. Our financial position is outlined in our annual reports, which are available at mips.com.au/about-us/member-reports

Section 02

Indemnity Insurance Policy

About the Policy

This section of the PDS sets out the terms and conditions on which MIPS Insurance agrees to cover MIPS members under the Policy.

The Policy includes cover for civil liability claims for up to \$20 million, which allows You to meet Your registration requirements as a Healthcare Practitioner in Australia. This section describes the coverage of the insurance that MIPS has obtained for the benefit of its members.

Subject to its terms and conditions, and Your classification, the Policy can provide the following cover for Claims arising from Your provision of Healthcare as summarised in the table on page 13.

When reading this section of the PDS, You should also refer to Your Member Benefit Statement which will state whether Your cover under the Policy is subject to any special conditions, including excesses.

Important Information

The Policy is issued by MIPS Insurance to MIPS and is held by MIPS for the benefit of members. Members have a statutory right to make a claim under the Policy as a third party beneficiary pursuant to section 48 of the Insurance Contract Act 1984, but are not contracting insureds. As a third party beneficiary, you have a duty of utmost good faith under the Insurance Contracts Act 1984. This duty requires you to act towards MIPS, MIPS Insurance and any other third party beneficiary, in respect of any matter arising under or in relation to the Policy, with the utmost good faith.

MIPS has been appointed to receive notifications and manage claims under the Policy on behalf of MIPS Insurance and so any notifications made to MIPS will be treated as having been notified to MIPS Insurance. In addition, a right or obligation of MIPS Insurance under the Policy may be performed by MIPS where MIPS Insurance has appointed MIPS to perform that right or obligation on its behalf.

A reference to a statute, regulation, code or other law (or a provision of any of them), or any professional body or organisation in this PDS includes any amendment or replacement of it and any regulation or other statutory instrument made under it (or made under it as amended or replaced).

Where you give notice in writing to us of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of insurance, you may have rights to be indemnified in respect of any claim subsequently made against you arising from those facts (even though the claim is made after the expiry of the period of insurance).

Area of Cover	Clause/s	Sub-limit*
Civil liability		
Adverse clinical outcomes	4	No sub-limit
Breach of privacy	5	No sub-limit
Telehealth consultations	6	No sub-limit
Supervising others	7	No sub-limit
Reporting others	8	No sub-limit
Clinical trials and research projects	9	No sub-limit
Medical retrievals and repatriation	10	No sub-limit
Independent Medical Examination	11	No sub-limit
Professional and disciplinary matters		
Regulatory processes	12	No sub-limit
Coronial and other public inquiries	13	No sub-limit
Criminal matters	14	\$500,000
Medicare investigations and audits	15	No sub-limit
Other billing investigations and audits	16	No sub-limit
Removal from proceedings	17	No sub-limit
Statutory breaches	18	No sub-limit
Mandatory reporting	19	No sub-limit
Employment, training and university disputes		
Employment Disputes	20	
Workplace bullying or harassment	21	\$100,000 combined sub-limit
Training program, professional association and university disputes	22	
Pursuit matters		
Defamation pursuit	23	\$150,000 (\$20,000 excess [^])
Pursuit of indemnity	24	No sub-limit
Personal safety pursuit	25	\$100,000
Pursuing an objection to a subpoena	26	No sub-limit
Review of restrictions, reprimands or findings on registration	27	No sub-limit
Other cover		
Sole Practitioner entity and Practice Staff	28	No sub-limit
Human rights or equal opportunity complaints	29	\$15,000
Contagious disease	30	\$100,000
Employer indemnified		
Employer indemnified members	31	Per clauses 12-27, 29 and 30
Cover for students		
Student members	32	As above

*Sub-limits apply per Claim and in the aggregate for all Claims notified in the Policy Period for each clause or group of clauses under an area of cover. Sub-limits form part of the overall policy limit and are not additional. Where an alternative sub-limit or excess is noted on Your Member Benefit Statement, that sub-limit and excess apply to Your cover under the Policy.

[^]The excess of \$20,000 is the amount that You must pay for each separate defamation pursuit before MIPS Insurance is liable to make a payment under this cover. This means if the cost of any individual defamation pursuit does not exceed \$20,000, MIPS Insurance has no liability to make a payment under this clause. The sub-limit of \$150,000 is the maximum amount MIPS Insurance will pay for all Claims notified in the Policy Period for this clause.

Your cover

1. When You are covered

1.1 You are covered under the terms of the Policy (as set out in this section of the PDS) and Your Member Benefit Statement, while You are a current member of MIPS.

2. Where You are covered

2.1 The Policy applies to Healthcare You provide within Australia.

2.2 You are not covered for Healthcare You provide in the United States of America (USA) or anywhere USA law applies (except for Good Samaritan Acts, which are covered worldwide).

2.3 In all other circumstances, You are only covered for Healthcare You provide outside Australia where it is provided:

2.3.1 for no more than 120 days in aggregate within the Policy Period; (excluding any Healthcare provided in accordance with Clause 11); and

2.3.2 in accordance with applicable laws and regulations for registration in that country; and

2.3.3 with appropriate local insurance cover in place (if this is required); and

2.3.4 in the following circumstances:

- a. gratuitously as a volunteer for a charitable organisation or for disaster relief work; or
- b. where You are the official team doctor accompanying members of an Australian sporting team or cultural group performing or participating in a competition and to people travelling with them such as coaches or family members, but You are only covered with respect to Claims against You by members of that team or group who are Australian residents; or

c. as part of a clinical placement, rotation or fellowship that is approved by an Australian Medical Council (AMC) accredited college for the purpose of qualifying as a specialist medical or dental practitioner in Australia, but only where You are insured for civil liability outside of Australia by Your employer; or

d. as specified under 'Telehealth consultations' or 'Medical retrievals and repatriation'; or

2.3.5 it is provided in accordance with Clause 11; or

2.3.6 agreed to by Us in writing.

2.4 You must notify Us in advance of Your travel if You intend to provide Healthcare outside Australia.

3. How much We will pay under this Policy

3.1 The maximum amount We will pay under the Policy including Legal Costs is \$20 million for one or more Claims in the aggregate, notified by You in the Policy Period (reduced by any applicable excesses).

3.2 The maximum We will pay is subject to the sub-limits set out in the table above, 'Areas of Cover'.

Civil liability

We will cover You for Your legal liability, including Legal Costs, for a Claim made against You in relation to an Incident that occurred on or after the Retroactive Cover Date and that is notified to Us during the Policy Period in relation to the following:

4. Adverse clinical outcomes

4.1 Healthcare that results in physical or psychological harm to, or the death of, Your Patient (or dependent parties).

5. Breach of privacy

- 5.1 Any actual or alleged breach of a duty of confidentiality that is owed to a Patient, or the contravention of any provision of the 'Privacy Act 1988 (Cth)', or equivalent legislation.
- 5.2 In relation to Clause 5.1, We will not cover You with respect to:
- a. any breach of privacy which occurs or continues after You knew, or reasonably ought to have known that You would contravene the 'Privacy Act 1988 (Cth)' or equivalent legislation; or
 - b. any breach of privacy which occurs in relation to a criminal Cyber Act or Cyber Incident; or
 - c. any breach of privacy relating to clinical trials or research projects; or
 - d. any civil, statutory, or pecuniary penalty or fine that You agreed, or are ordered or directed to pay.

6. Telehealth consultations

Unless otherwise agreed in writing by Us, Telehealth is only covered where:

- 6.1 At the time of the Telehealth consultation:
- a. You and the Patient were in Australia; or
 - b. The Patient was in Australia and You were outside of Australia, but only if You had been outside Australia for less than 120 days in the aggregate during the Policy Period; or
 - c. the Patient had been outside Australia for less than 90 days and You were in Australia at the time the Healthcare was provided; and
 - d. neither You nor the Patient were in the USA or anywhere USA law applies.
- 6.2 In the case of the use of Asynchronous Telehealth:
- a. there was a pre-existing real-time clinical relationship between You (or a doctor from Your practice) and the Patient; or
 - b. You practice in Pathology, Radiology, Nuclear Medicine or Dermatology, and You read or analyse samples or images for diagnostic purposes.
- 6.3 It is provided in accordance with Clause 11.

7. Supervising others

7.1 Where You are observing, supervising, mentoring, or teaching another person providing Healthcare.

8. Reporting others

- 8.1 Arising directly out of You reporting the health, conduct and/or performance of another healthcare professional to a regulator, hospital, area health authority, or professional body; or participating in the review of the Incident or healthcare professional; and
- 8.2 Where You were acting in good faith and in accordance with Your professional responsibilities, or You were required to do so by law (including a demand for compensation against You alleging defamation).

9. Clinical trials and research projects

- 9.1 Where You undertake a clinical trial or research project and:
 - a. ethics approval was obtained from a Human Research Ethics Committee registered with the National Health and Medical Research Council; and
 - b. You only treated research participants located within Australia.

10. Medical retrievals and repatriation

- 10.1 Where You undertake a medical retrieval and repatriation where:
 - a. the Patient was repatriated into Australia; and
 - b. the repatriation occurred anywhere in the world, excluding the USA or where USA law applies; unless
 - c. it was agreed to by Us in writing.

11. Independent Medical Examinations

- 11.1 Where You are conducting an Independent Medical Examination via Telehealth or in person on a Patient; and
- 11.2 Where the Independent Medical Examination of the Patient relates to any physical or psychological harm that first occurred in Australia and is conducted as part of a claim, application, dispute, proceeding, hearing, or process made under Australian law or an Australian compensation scheme, or is being pursued or defended in an Australian Court or Tribunal; and
- 11.3 Where You either provide Independent Medical Examinations as a sole trader who does not employ or engage any other staff, or are engaged to provide Independent Medical Examinations through an Australian-based company.

Professional and disciplinary matters

We cover You for Legal Costs that We incur on Your behalf or that You are ordered to pay, in relation to the following types of matters which are notified to Us in the Policy Period, arising from or in connection with Your provision of Healthcare on or after the Retroactive Cover Date:

12. Regulatory processes

- 12.1 Defending or responding to complaints, notifications, investigations, audits, hearings, proceedings, or inquiries that:
- are brought before or managed by a registration board, tribunal, court, complaints entity, employer, or workplace (including a hospital), government department (including Drugs and Poisons Units), human right or equal opportunity commission, statutory authority, private authority or similar; and
 - relate to Your health, conduct, performance or compliance with rules, regulations, laws, guidelines or codes of conduct in relation to Healthcare provided by You.
- 12.2 In relation to Clause 12.1, We will not cover You:
- for any costs (including Legal Costs) incurred in complying with directions or orders made, conditions, undertakings, or restrictions imposed by any body; or
 - in relation to or any costs or repayments arising from audits undertaken by the Australian Tax Office, or a State or Territory Revenue Office(s).

13. Coronial and other public inquiries

- 13.1 Defending or representing You, or responding to, a coronial inquiry, investigation, inquest or a commission of inquiry (including a Royal Commission) in Your capacity as a healthcare professional.

14. Criminal matters

- 14.1 Defending or responding to a criminal allegation, charge, investigation or proceeding against You arising directly from Your provision of Healthcare, but only where You:
- deny the allegation and/or charge, or You have not admitted guilt and/or pleaded guilty; and
 - have not been found or determined to be guilty of a criminal act by a court.
- 14.2 We reserve the right to recover all Legal Costs paid in connection with the criminal matter if You admit guilt or are found guilty.
- 14.3 A sub-limit of \$500,000 applies to claims under this clause.

15. Medicare investigations and audits

- 15.1 Defending or responding to an audit, investigation or proceeding initiated by Medicare or the Professional Services Review, including responding to a notice, investigation, or complaint that is related to an allegation of inappropriate practice within the meaning of the 'Health Insurance Act 1973 (Cth)' and brought under that Act.
- 15.2 This includes assistance negotiating an agreement, but excludes any repayments You are ordered to make or that You agree to make, to Medicare, the Pharmaceutical Benefits Scheme, the Professional Services Review or other government body.
- 15.3 In relation to Clause 15.1, We will not cover You where You have acted fraudulently.

16. Other billing investigations and audits

- 16.1 An investigation by the National Disability Insurance Scheme (NDIS), the Department of Health, a private health insurer, worker's compensation insurer, or motor accident compensation scheme, in relation to billing for Healthcare You have provided.
- 16.2 In relation to Clause 16.1, We will not cover You for any repayments You are required to make, or where You have acted fraudulently.

17. Removal from proceedings

- 17.1 To remove You from the proceedings in which You have been named due to Your association with another healthcare professional or other entity for Healthcare You did not provide or supervise, or for which another entity is vicariously liable.

18. Statutory breaches

- 18.1 Defending a complaint in relation to a breach of workplace health and safety law, environmental law, consumer protection law or privacy law.
- 18.2 This does not include cover for payment of fines or statutory/civil penalties.

19. Mandatory reporting

- 19.1 Defending a complaint against You that arises from You carrying out a mandatory reporting obligation.

Employment, training, and university disputes

We cover You for Legal Costs, up to a maximum combined sub-limit of \$100,000, that We incur on Your behalf, or that You are ordered to pay, in relation to the following types of matters which are notified to Us in the Policy Period, connected to Your provision of Healthcare on or after the Retroactive Cover Date:

20. Employment Disputes

- 20.1 Defending an Employment Dispute.
- 20.2 Pursuing an Employment Dispute where, in Our opinion, there are reasonable prospects of success. At Our sole discretion, a decision about reasonable prospects of success may be informed by legal advice obtained by Us.
- 20.3 In relation to Clause 20.2, MIPS Insurance will only pay/incur, or continue to pay/incur, Legal Costs of pursuing an Employment Dispute that relates to unpaid remuneration or other monies owed to You up to the value of the unpaid remuneration or other monies reasonably sought by You, and within the sub-limit. Recovery of money and refund of fees is otherwise subject to exclusion Clause 44.

21. Workplace bullying or harassment

- 21.1 Pursuing a complaint where You have been subject to workplace bullying or harassment where Your employer/ workplace is unable or unwilling to assist.
- 21.2 In relation to Clause 21.1, We will only pay/incur, or continue to pay/incur, Legal Costs of pursuing any complaint where, in Our opinion, there are reasonable prospects of success. At Our sole discretion, a decision about reasonable prospects of success may be informed by legal advice obtained by Us.

22. Training program, professional association and university disputes

- 22.1 Defending a complaint, responding to an investigation, or pursuing a right of appeal that relates to:
- Your involvement in a training program approved or recognised by an AMC accredited college; or
 - a dispute arising from Your membership with a professional association or an AMC accredited college; or
 - a decision of a university where the university course or degree that You undertake is a requirement for qualification as a registered healthcare professional, or is a requirement of Your specialist training program.
- 22.2 Clause 22.1 will only apply where:
- it is alleged You have engaged in misconduct; or
 - You have not been afforded procedural fairness, or were subject to unlawful discrimination.
- 22.3 Clause 22.1 will not apply in matters relating to recognition of prior learning.

Pursuit matters

We cover Your Legal Costs, that We incur on Your behalf or that You are ordered to pay, for pursuing the following matters connected to Your provision of Healthcare on or after the Retroactive Cover Date and which are commenced and notified to Us during the Policy Period, but only where, in Our opinion, there are reasonable prospects of success. At Our sole discretion, a decision about reasonable prospects of success may be informed by legal advice obtained by Us:

23. Defamation pursuit

- 23.1 Where a person (a Patient or another person acting on behalf of the Patient) defamed You in connection with Your provision of Healthcare.
- 23.2 You must obtain Our consent, which will not be unreasonably withheld, before commencing any proceedings.
- 23.3 This cover is subject to a sub-limit of \$150,000, which is the maximum MIPS Insurance will pay under this clause, and a \$20,000 Excess payment for each separate pursuit of one or more defamation allegations.
- 23.4 We will not cover You for an allegation of defamation that occurred outside of Australia or against a person who is a healthcare professional.

24. Pursuit of indemnity

- 24.1 Pursuing indemnity cover on Your behalf, where Your employer, other insurer or any body through which You have a contract of insurance (other than through the Policy), has declined to assist or indemnify You.

25. Personal safety pursuit

- 25.1 Pursuing a personal safety protection order, intervention order (or equivalent) in a Court (or equivalent), where there is a threat posed to the personal safety of You, or Your immediate family, by another person in connection with Your provision of Healthcare.
- 25.2 This cover extends to Your Practice Staff when You are a Sole Practitioner.
- 25.3 This cover is subject to a sub-limit of \$100,000, which is the maximum MIPS Insurance will pay under this clause.

26. Pursuing an objection to a subpoena

- 26.1 Assisting and representing You in objecting to a subpoena, summons or similar court order to produce Healthcare records or attend court, where there are reasonable grounds to challenge the order.

27. Review of restrictions, reprimands or findings on registration

- 27.1 Assisting and representing You in an application or request to a registration body to review, amend or remove restrictions, reprimands or findings on Your Ahpra registration.
- 27.2 Assistance and representation under Clause 27.1 will only be provided where:
- We believe there are reasonable grounds to request the review, amendment or removal; and
 - the restrictions, reprimands or findings that were imposed on Your registration arose from a Claim that was accepted by MIPS.

Other cover

28. Sole Practitioner entity and Practice Staff

When you are a Sole Practitioner:

- 28.1 We will cover You (as a Sole Practitioner) for a Claim made against You in relation to Healthcare provided by Your Practice Staff on or after the Retroactive Cover Date and that is notified to Us during the Policy Period.
- 28.2 Your Practice Staff are covered for personal safety pursuit matters under Clause 25.2 and Claims made against them by Your Patients and notified to Us during the Policy Period:
- when they were acting under Your (or Your Locum Practitioner's) instruction, direction or supervision or otherwise supporting You in Your provision of Healthcare (or Your Locum Practitioner in their provision of Healthcare); but
 - only in relation to Claims under Clauses: 4-6, 17, 18 and 24 of the Policy and only in relation to their administrative work on or after the Retroactive Cover Date.
- 28.3 We will not cover Your Practice Staff under the Policy for Claims arising out of or in connection with:
- cosmetic or anti-ageing treatment, therapies or procedures performed by them; or
 - their provision of Healthcare which requires them to hold registration with Ahpra.

29. Human rights or equal opportunity complaints

- 29.1 In addition to the Legal Costs cover under Clause 12, We will cover Your legal liability for the cost of compensation or damages where a complaint is brought against You before a human rights or equal opportunity commission, and notified to Us during the Policy Period, where:

- 29.1.1 the circumstances of the complaint arose after the Retroactive Cover Date;
- 29.1.2 the complaint is resolved through a statutory conciliation process; and
- 29.1.3 the complaint is connected with the following
 - a. Your provision of Healthcare; or
 - b. Your employment or prospective employment of an employee or contracted staff member that was/is/ will be engaged to assist You in Your practice as a Healthcare Practitioner.
- 29.2 This cover is subject to a sub-limit of \$15,000 which is the maximum MIPS Insurance will pay under this clause.

30. Contagious disease

- 30.1 If You are first diagnosed during the Policy Period with Human Immunodeficiency Virus (HIV), Hepatitis B, Hepatitis C, Extremely Drug-Resistant Tuberculosis (XDR TB), Multidrug-Resistant Tuberculosis (MDR TB) or New Delhi metallo-enzyme enterococci (NDM-1), and You notify Us of Your diagnosis during the Policy Period, MIPS Insurance will pay You \$100,000 if You:
 - a. retire due to disability; or
 - b. significantly revise Your practice or significantly train or re-train to enable You to continue to practise Healthcare.
- 30.2 If MIPS Insurance makes a payment to You under Clause 30.1, Your cover under this clause will cease and will not be reinstated in a subsequent Policy Period.
- 30.3 This cover does not apply:
 - a. where You notify Us more than 24 months after You knew or ought to have reasonably known about Your diagnosis; or
 - b. if You are diagnosed within three months of Your Commencement Date; or
 - c. if You refuse to undergo any tests which We reasonably request to verify the diagnosis, or if such tests do not verify the diagnosis.

Employer indemnified

31. Employer indemnified members

- 31.1 If the practice basis listed on Your Member Benefit Statement states that your practice is employer indemnified, We will only cover You:
 - a. under Clauses: 12-27, 29 and 30 of the Policy; and
 - b. for matters relating solely to professional, disciplinary, regulatory, statutory, employment, and pursuit matters specified in the above clauses. For the avoidance of doubt, no cover is provided for civil liability under this practice basis; and
 - c. where You were acting within the course and scope of Your employment and not undertaking work in a separate self-employed or contractor capacity.

Cover for students

32. Student members

- 32.1 If You are a Student Member We will only cover You:
- a. under Clauses: 1-5, 8, 12-14, 17, 19, 21, 22, 24-26, 29 and 30 of the Policy; and
 - b. under Clauses 4 to 11 of the Policy, but only where:
 - i. You do not hold Yourself out as a healthcare professional;
 - ii. where You do not act in any capacity other than as a Student, trainee, or observer;
 - iii. Healthcare You provide is not outside of the terms and guidelines of Your university course or placement, or without required supervision (except for Good Samaritan Acts); and
 - iv. in respect to Clause 9, when Your assistance or involvement in research is a requirement of Your university course or qualification; and
 - c. where You were appropriately supervised by a suitably qualified healthcare professional.

What we do not cover – general exclusions

We will not cover You (including as a Sole Practitioner) or Your Practice Staff under any section of the Policy, for Claims arising out of, or in connection with the following:

33. Prior Incidents

- 33.1 An Incident, proceeding or other matter that occurred before the Policy Period, about which:
- a. You knew or a reasonable person in Your position could be expected to have known and thought might give rise to a Claim, matter or proceeding being brought against You; and
 - b. You either notified Us or failed to notify Us before the Policy Period commenced; or
 - c. You notified, or it would have been reasonable and feasible to have notified another insurer/indemnifier before the Policy Period commenced.

34. Breach of registration, conditions, lack of qualifications or appropriate facility

Unless in relation to an emergency, Healthcare provided by You:

- 34.1 while You are not registered to practice or do not have the appropriate and recognised registration, training, qualifications and/or experience to provide that Healthcare (including without required supervision) and/or supervision of the Healthcare provided by others; or
- 34.2 that in Our reasonable opinion, is in breach of any conditions or restrictions or scope of practice imposed on You or Your practice (whether by consent or otherwise) by Ahpra, any registration or regulatory body, any court/tribunal, Your employer, an educational body, Healthcare facility, supervisor or MIPS; and

- 34.3 that gives rise to a request for indemnity under the Policy due to a breach of any conditions or restrictions referred to in Clause 34.2; or
- 34.4 in a facility or organisation that does not hold appropriate accreditation and/or licensing, or where You are aware that the facility does not have appropriate access to resources for the Healthcare You provide.
- 34.5 In relation to Clauses: 34.1 and 34.3, conditions or restrictions imposed in Australia will be deemed by MIPS to apply to Your practice outside of Australia.

35. Sexual misconduct

- 35.1 Sexual harassment, sexual touching, sexual assault or sexual misconduct by You.
- 35.2 Legal Cost cover is provided to You only in relation to such Claims under Clauses 12 and 14 when there is no:
- adverse factual finding or determination by an Adjudicative or Determining Body of the circumstances outlined in clause 35.1, or
 - admission of guilt or concession by You of any of the facts that could give rise to an adverse finding or determination, or
 - charge of sexual assault that arises from an allegation brought by a Colleague.
- 35.3 In relation to Clause 35.2, We reserve the right to recover from You all Legal Costs paid in connection with any Claim under Clause 14 from the point at which an adverse finding, determination, admission or concession is made, or a relevant charge is brought.

36. Fines, penalties, or punitive damages

- 36.1 The payment of a fine, or civil, criminal, or statutory penalty; or
- 36.2 punitive, aggravated, additional or exemplary damages.

37. Outside of Australia

- 37.1 Proceedings, judgements or orders by a court, or other body against You, brought or held outside of Australia, or where laws of another country apply.
- 37.2 Exclusion 35.1 does not apply if the requirements of Clause 2 are satisfied.

38. Outside of Membership Classification Guide or regular practice

Only in respect to Clauses 4 to 11, unless agreed to by Us in writing or in relation to an emergency, Healthcare provided:

- 38.1 that is not included in (or is excluded from) Your membership classification or is not specifically endorsed and stated on Your Member Benefit Statement (unless the act was a Good Samaritan Act); or
- 38.2 which is not normally associated with Your category; or
- 38.3 includes elective procedures You have carried out on family members; or
- 38.4 involves Your provision of services to a pharmaceutical, medical device/implants or technology company; or
- 38.5 is alternative or complementary Healthcare that is not provided in accordance with relevant AMC-accredited college or professional association guidelines; or
- 38.6 includes cosmetic procedures except where specifically included in Your membership classification as described in the Membership Classification Guide or endorsed on Your Member Benefit Statement; or

- 38.7 whilst You were under the influence of any substance that impairs Your ability to provide Healthcare; or
- 38.8 in a facility (or for an organisation) that does not hold appropriate accreditation or licensing (if required).

39. Defamation

- 39.1 For defamation, libel or slander committed or allegedly committed by You, other than when arising from Clause 8 or Clause 23.

40. Criminal and dishonest acts

- 40.1 Only in respect to Clauses 4 to 11, any criminal or dishonest act, or omission or wilful or reckless breach of any legislation, contractual obligation, duty of care, Code of Conduct, or order of any government or statutory authority.

41. Bullying or unlawful discrimination

- 41.1 Only in respect to Clauses 4 to 11, any form of bullying or unlawful discriminatory conduct by You.

42. Indemnity elsewhere

- 42.1 To the extent allowed by law, for which You are entitled to indemnity from or have the benefit of an indemnity arrangement with any other entity or person including an employer, insurer, government agency, university, hospital, or education provider.

43. Other healthcare professional

- 43.1 Only in respect to Clauses 4 to 11, any Healthcare provided by another healthcare professional, or any Claims made against You because of any association or arrangement You have with another healthcare professional, except as provided by Clause 7.

44. Recovery of money and refund of fees

- 44.1 Any action or dispute relating to the recovery or collection of professional fees charged by You to a Patient or trading debts, business guarantees, or other similar non-professional accounts; or
- 44.2 the refund or waiver of any fees charged by You to a Patient including by agreement or order by an Adjudicative or Determining Body.

45. Public Liability

- 45.1 Any bodily injury, shock, fright illness, disease, disability, mental anguish, mental injury or death not arising from the provision of Healthcare; or
- 45.2 the ownership, use, lease, occupation or state of premises, or the contents of such premises, or anything done or omitted to be done in respect of the state of any premises owned/used/leased/occupied by You; or
- 45.3 any damage to or destruction of tangible property including any resulting loss of use of that property or any other tangible property.

46. Product Liability

- 46.1 Arising out of the design, manufacture, invention, creation, commercial distribution, advertising, promotion or sale of any goods or product including any commercial advice and training in relation to the design, manufacture, invention, or creation of any goods or product, including in relation to clinical trials or research projects.
- 46.2 Where You have personally designed, manufactured, invented, or created any goods or product, We will not cover you in relation to any Claims where you have also prescribed, recommended, promoted, used, advertised or endorsed those goods or product.

47. Property Damage

47.1 Arising from loss or damage to property.

48. Business related issues

Circumstances arising from any of the following:

- 48.1 any anti-competitive conduct or restrictive trade practices under the 'Competition and Consumer Act 2010 (Cth)'; or
- 48.2 the sale of Your practice or business including any debts, guarantees, or contracts for services negotiated as part of the sale; or
- 48.3 Your role as a director/officer/principal/trustee/associate/franchisor/shareholder of a trust/company/partnership/business/franchise; or
- 48.4 in relation to or any costs, repayments or liability incurred arising from audits undertaken by the Australian Tax Office or the State or Territory Revenue offices(s); or
- 48.5 liability You assume by contract, waiver, guarantee or warranty; or
- 48.6 in relation to infringement of a third party's intellectual property rights.

49. Employment liability

- 49.1 Any bodily injury, shock, fright, illness, disease, disability, mental anguish, mental injury, death, or property damage suffered, or allegedly suffered by You, or any of Your employees/ contractors/ Colleagues/volunteers during Your or their employment/engagement.
- 49.2 Any matter arising directly or indirectly from/in respect of any unemployment or liability arising under workers compensation, disability benefits, or other similar law.
- 49.3 Any compensation related to employee entitlements that You, Your employer, or a hospital may be obligated to, or is found liable to pay, including any backpay, remuneration, superannuation, redundancy or benefits, as well as outstanding taxes, fines, penalties and punitive damages, except in respect to any Legal Costs covered under Clause 20.

50. Contagious disease

50.1 Your transmission of a notifiable contagious disease with which You were infected where You:

- a. knew or should reasonably have known that You were infected with; or
- b. failed to comply with an order by any government or statutory authority, for the purpose of limiting the spread of a notifiable contagious disease.

51. War or terrorism

51.1 War (whether declared as such or not), invasion, act of foreign enemy, terrorism, hostilities, civil war, rebellion, revolution, insurrection or military or usurped power. This exclusion does not apply to the provision of Healthcare to persons injured as a result of any such act or threat.

52. Radioactive materials

52.1 Circumstances arising from ionising radiation or contamination by radioactive materials of any type, except when used in the ordinary course of radiation oncology, radiotherapy, radiology or nuclear medicine by You.

53. Pollution and asbestos

- 53.1 Unlawful disposal of any waste that introduces contaminants into the environment which have harmful or poisonous effects; or
- 53.2 Actual, alleged or threatened pollution from, or exposure to asbestos or any materials containing asbestos in whatever form or quantity.

54. Loss of documents

54.1 Only in respect to Clauses 4 to 11, loss of/damage to or the failure to properly protect the security of electronic or hard copy Healthcare records.

55. Cyber

55.1 Only in respect to Clauses 4 to 11, any circumstance that arises out of/in connection to/is contributed to/or results in, either a direct or indirect Cyber Act or Cyber Incident, or fear or threat of a Cyber Act or Cyber Incident.

56. Prescribing of Growth hormone and Anabolic compounds and unregistered peptides

56.1 Prescribing of the following drug classes unless you hold specialist endocrinologist or oncologist registration or are following a treatment plan provided by a specialist endocrinologist or oncologist:

56.1.1 Growth hormone secretagogues/ mimetics, including but not limited to:

- a. growth hormone releasing hormones; or
- b. growth hormone releasing peptides; or
- c. ghrelin mimetics; or

56.1.2 Selective Androgen Receptor Modulators (SARMs).

56.1.3 Peptides that are not approved by the Therapeutic Goods Administration (TGA) and not listed on the Australian Register of Therapeutic Goods, unless agreed to in writing by Us.

57. Non-Therapeutic Goods Administration (TGA) approved intravenous infusions

57.1 Prescribing or administration of intravenous infusions that are not approved by the Therapeutic Goods Administration (TGA) and are not listed on the Australian Register of Therapeutic Goods, except in an approved clinical trial.

58. Cosmetic genital procedures

58.1 Any cosmetic genital procedure or cosmetic genital treatment.

General conditions of the Policy

These conditions apply to You, and if You are a Sole Practitioner, to Your Practice Staff.

You must notify us

As a condition of this Policy, You must notify Us of the following:

- As soon as practicable, of any facts or circumstances, of which You became aware, that could lead to a Claim under this Policy. If You do not notify Us of these circumstances, You may not be covered under the Policy and Your right to indemnity may be prejudiced.
- If there are any changes/ additions to any condition, undertaking, notation or endorsement on Your Ahpra registration, or if You receive notice that any registration authority intends to change them.
- In advance of Your travel if You intend to provide Healthcare outside Australia.

You must tell Us Your correct gross billings/salary amount

Where You are not indemnified by Your employer, as a condition of the Policy, You must supply Us with an accurate estimate of Your gross billings/salary at the beginning of the Policy Period and/or an estimate of Your salary for elements of Your practice where there are no billings generated. You must tell Us if this estimate changes during the Policy Period.

If You supply Us with an inaccurate estimate of Your gross billings/salary, We may void Your cover entirely (that is, MIPS Insurance may treat the cover as never being of any force or effect).

Continuous cover

If You first became aware of facts or circumstances that may give rise to a Claim, or request for indemnity in a previous Policy Period and You failed to notify Us, then notwithstanding Clause 33 We will extend cover where:

- You have held uninterrupted MIPS membership since You first knew, or a reasonable person in Your position could be expected to have first known that the facts or circumstances might give rise to a Claim under the Policy; and
- If You had notified Us when You first became aware of the facts or circumstances, under that Policy years' conditions, You would have qualified for indemnity; and
- Your delay in notifying Us was not fraudulent non-disclosure or fraudulent misrepresentation.

Our liability is confined to the terms of Your cover that was effective when You first became aware, or a reasonable person in Your position could be expected to have first become aware of the facts or circumstances that may have led to a Claim.

If You are eligible for indemnity under continuous cover, We may reduce Your entitlements by the amount of prejudice Your delay in the notification of the facts or circumstances has caused, as determined by Us.

Your duty to cooperate

We require You to cooperate fully with Us, Our investigators, authorised third parties and legal representatives. This includes that You must:

- Provide a full and truthful account of relevant facts.
- Provide any relevant information or documents in Your possession that We (or Our investigators, authorised third parties or legal representatives) ask for.
- Execute any documents We (or Our investigators, authorised third parties or legal representatives) ask You to.
- Attend any meetings that We (or Our investigators, authorised third parties or legal representatives) ask You to.
- Follow any advice of the lawyer/s We appoint to act on Your behalf.

We require this cooperation to the extent reasonably necessary for Us to assess and manage the defence or representation of the Claim of which We have assumed conduct in Your name or on Your behalf. We also require You to provide Us with accurate information, including Your correct gross billings/salary for Your practice that is not employer indemnified, and by informing Us when this changes.,

If You do not fully cooperate or provide accurate information as requested, We may cease to incur any additional Legal Costs or reduce Our liability under the Policy (possibly to nil).

Conduct of a Claim

You or Your Practice Staff must not make any admission of liability, offer, promise of payment, or take any action that may be considered an admission of liability for an Incident or Claim without Our prior written consent.

We will have full discretion over:

- The conduct of any Claim, including its investigation, pursuit, defence, avoidance, reduction, settlement, and appeal, and may do so in Your name;
- The appointment of any solicitor/s in relation to any Claim, who will be appointed by Us, and will act in accordance with Our instructions

We will not admit liability for an Incident or Claim without Your prior consent, provided Your consent is not, in Our opinion, unreasonably withheld. If Your consent is unreasonably withheld, We may not cover You and may withdraw assistance for that Claim under the Policy, or may reduce MIPS Insurance's liability to indemnify You under the Policy.

If You:

- Request to pursue an alternative strategy than as recommended by Us or any solicitor/s appointed by Us in relation to any Claim, We will consider Your request and issue You a decision;
- Elect to formally withdraw a Claim for indemnity under the Policy, Our liability to indemnify You in relation to any settlement or subsequent damages awarded for that Claim may be limited to any settlement range and/or Legal Costs determined by Us, acting reasonably.

Legal Costs and consent

Legal Costs will only be covered if Our written consent (which will not be unreasonably withheld) is obtained before the costs are incurred. The costs of any appeal will not be covered unless We have given written consent for pursuing an appeal before it is commenced.

If a Claim is only partially covered under the Policy, We will determine a reasonable allocation of Legal Costs which are covered under the Policy.

Where We appoint a lawyer or other person to act on Your behalf, that person is engaged by Us to provide services to MIPS and not to You for the purpose of Goods and Services Tax (GST). Any GST input tax credit relating to the services provided by the lawyer or other person may be claimed by Us.

Withdrawal of indemnity for Legal Costs

We may decide not to incur any further Legal Costs in defending, responding to or pursuing any of the matters under Clauses: 12-32 if We believe there are no reasonable grounds for defending, responding to or pursuing the matter or there are no reasonable prospects of success if it does. We will consider any legal advice in making that decision. If We do that, We will inform You in writing. We will pay the Legal Costs incurred prior to the date on which We write to You telling You of Our decision. After this point, You may still conduct the matter at Your own expense.

If You are ultimately successful, We will pay (to an agreed amount and in accordance with any relevant sub-limits) the reasonable Legal Costs You incurred in defending, responding to or pursuing the matter (excluding Goods and services tax (GST) if You are GST registered).

Excesses and other special conditions

Your cover may be subject to 'special conditions'.

This might include an Excess, a requirement that You undertake risk education training or the limitation or exclusion of certain procedures.

Should We determine that an Excess or special condition applies, this will be shown on Your Member Benefit Statement. Any Excess will need to be paid within 21 days of Our written request.

If You fail to pay the Excess on or before the due date, We may reduce the amount We will pay towards Your Claim by the amount of the Excess and any prejudice We have suffered because of Your non-payment of the excess by the due date.

Recoveries

If Legal Costs are awarded to You from another party or insurer in relation to a Claim, We reserve the right to recoup from You those costs incurred in relation to that Claim. Where You have paid an Excess, Your Excess (or part thereof) will be reimbursed to You in proportion to Your relative contribution to the total Legal Costs incurred on Your behalf for that Claim.

If We make a payment or incur Legal Costs in relation to a Claim under the Policy, We reserve the right to recoup those costs, or seek contribution, indemnity or recovery from another party or insurer without the need for Your consent. You must not settle any claim for contribution, indemnity or recovery without Our prior written consent.

Appeals

If You are dissatisfied with the outcome of a Claim, You can request that We assist You with an appeal. You must set out in writing Your reasons for wanting to bring an appeal. We will respond to You in writing. Alternatively, We may recommend to You that the outcome of Your Claim be appealed. In either case, We will assess whether there are reasonable prospects of success and if Your Legal Costs will be covered by Us. Strict time limits for lodgement of the appeal may apply and We will advise You in relation to these time limits.

We will only cover the costs of an appeal in relation to a matter that MIPS has indemnified under the Policy.

If We agree to cover the pursuit of an appeal, then this will be a continuation of the existing Claim that is the subject of the appeal. As such, the relevant policy limit or sublimit in relation to the original Claim continues to apply.

If We have agreed to cover the cost of an appeal under the Policy, We may decide not to incur any further Legal Costs in pursuing the appeal if We believe there are no longer reasonable grounds for pursuing the appeal, or there are no longer reasonable prospects of success if We do pursue the appeal. We will consider relevant legal advice in making that decision. If We do that, We will inform You in writing. We will pay the Legal Costs incurred prior to the date on which We write to You telling You of Our decision. After this point, You may still conduct the appeal at Your own expense. If You are ultimately successful in Your appeal, We will pay the reasonable Legal Costs You incurred in pursuing the appeal (excluding Goods and services tax (GST) if You are GST registered), to an agreed amount and in accordance with any relevant sub-limits.

Definitions

Adjudicative or Determining Body includes but is not limited to, a court, tribunal, commission, coroner's court, special commission or inquiry, agency and entity under the Health Practitioner Regulation National Law including a national board, board, tribunal, panel, committee and professional council.

AFSL means Australian Financial Services Licence.

Ahpra means Australian Health Practitioner Regulation Agency.

AMC means Australian Medical Council.

APPs means Australian Privacy Principles.

APRA means Australian Prudential Regulation Authority.

Asynchronous Telehealth means Patient interactions that are solely by means of transmission of images and/or data where there is no real time interaction with the Patient that is face-to-face or via audio or video communication.

Australia means, when referring to a specific practice location, the Commonwealth of Australia and its external territories. It does not include embassies, consulates, high commissions and/or other similar sites operating in sovereign nations. For the avoidance of doubt these locations are considered overseas territories.

Claim means, as the context requires, any:

- demand for compensation made against You, while you hold a current MIPS membership, in relation to an Incident; or
- request for indemnity in relation to a Claim or matter that is covered under the Policy.

We regard each of the following as a single Claim:

- All Claims arising from Your provision of Healthcare to any one Patient.
- All Claims arising from Your provision of Healthcare to any one childbearing person and their unborn child/children or newly born child/children.
- All Claims by one or more claimants arising from any one Incident or any one series of related Incidents arising from Your provision of Healthcare.
- All such Claims constituting a single Claim will be deemed to have been first made on the date on which the earliest single Claim was first made, regardless of whether such date is before or during the Policy Period.

Colleague means any natural person other than a Patient where there is, or has previously existed, a professional relationship arising out of Your provision of Healthcare.

Commencement Date means the first date on which You held MIPS membership that is uninterrupted with Your current Policy Period.

Continuous Cover Period means the membership term that commences on the Commencement Date and continues to the end of the current Policy Period.

Cosmetic Procedure means a cosmetic/ aesthetic treatment or procedure where the primary purpose is to alter the nonpathological external appearance of a Patient.

CPD means Continuing Professional Development.

Cyber Act means an unauthorised, malicious or criminal act (including cybercrime) or series of related unauthorised, malicious or criminal acts, regardless of time and place, involving access to, processing of, use of or operation of any Cyber System.

Cyber Incident means:

- Any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any Cyber System; or
- Any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any Cyber System.

Cyber System means any computer, hardware, software, communications system, electronic device (including, but not limited to smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by You or any other party.

Employment Dispute means allegations, complaints or proceedings:

- under unfair dismissal, discrimination, equal opportunity or human rights legislation in relation to Your engagement as a Healthcare Practitioner; or
- in relation to a breach of contract under which You were/are/will be engaged as a Healthcare Practitioner, including credentialling
- matters that pertain to Your qualifications, certifications, or credentials as a Healthcare Practitioner; or
- an allegation by You of a lack of procedural fairness in the making of a decision which has resulted in a mid-term suspension, limitation or revocation of Your credentialling with a hospital or health service, either as an employee of the hospital or health service or under a contract of service You have with the hospital or health service; or

- where You are a Sole Practitioner, allegations, complaints or proceedings against You by Your former/current/prospective employee or contracted staff member that relates to the contract or proposed contract under which the employee or staff member was/is/will be engaged to assist You in Your practice as a Healthcare Practitioner.

Excess means the amount of money You must contribute or bear for each Claim covered under the Policy. Excess is costs-inclusive, meaning You must pay the Excess amount towards any payment of compensation, settlement, or Legal Costs in respect of that Claim.

Good Samaritan Act means Healthcare provided by You voluntarily and without remuneration in relation to an emergency where You would not normally be expected to be available to provide Healthcare.

Gratuitous Services means Healthcare provided by You where You received no remuneration or other reward and Patients or others were not charged for Your services including prescribing, writing referrals and volunteer services.

Healthcare means:

- any consultation, interaction, support, treatment, advice, or service provided for the physical or mental health of a Patient; or
- supervising, educating, coaching and training of others in their provision of Healthcare; or
- education or training You undertake to enable Your current or future provision of Healthcare; or
- any health-related examination, report or opinion prepared by You at the request of a third party, such as a lawyer, insurer or statutory body; or
- Your provision of health system management, health-related research, or health-related advice; or
- other activities You undertake for which Ahpra requires You to maintain registration; or
- other activities which MIPS has agreed in writing will be covered under the Policy.

In the case of Student Members, the above clauses do not apply, and the definition of Healthcare is limited to Patient interactions that occur while You are undertaking a healthcare placement, or elective as part of a university course or degree, that is required for You to qualify as a registered healthcare practitioner. For international medical graduates, this includes activities related to any observerships You are required to undertake to obtain Ahpra registration.

Healthcare Practitioner means an individual who practices in an Ahpra registered profession.

Independent Medical Examination means any independent health-related examination, report or opinion prepared by You at the request of a third party in relation to a Patient, but excludes any treating relationships with a Patient.

Incident means any actual or alleged act, error, omission or circumstance arising from or in connection with Your provision of Healthcare.

Locum Practitioner means a Healthcare Practitioner within Your category of practice (as described in Your Member Benefit Statement) that is engaged by You as an employee or independent contractor to temporarily cover Your practice during Your absence from it.

Legal Costs means the reasonable and necessary legal fees, disbursements and related expenses that We incur in relation to the defence, pursuit or settlement of, or otherwise representing You in relation to, a Claim, matter or proceeding covered under the Policy. Legal Costs do not include the cost of any appeal unless otherwise agreed in writing with Us.

Member Benefit Statement means the most recent statement issued to You referencing this Member Handbook.

Membership Classification Guide means Section 06 of this document.

MIPS/MIPS Insurance/Us/We/Our means Medical Indemnity Protection Society Ltd. (ABN 64 007 067 281) and its subsidiaries including MIPS Insurance Pty Ltd (ABN 81 089 048 359).

Patient means a person who has received or is receiving Healthcare from You.

PDS means Product Disclosure Statement.

Policy Period means the start and end date shown on Your most recent Member Benefit Statement, but the Policy Period will end when You cease to be a member of MIPS if that occurs before the end date.

Policy means the Indemnity Insurance Policy, issued by MIPS Insurance to MIPS, the Membership Classification Guide, and Your Member Benefit Statement. Policy includes all documents that provide terms, conditions, definitions, exclusions, endorsements, or extensions and includes the Policy wording and any amendments to this wording.

Practice Staff means a person employed directly or indirectly by You to the extent that they assist You to provide Healthcare to Your Patients including but not limited to administrative staff, practice managers, nurses, and dental assistants. This excludes any Locum Practitioner.

Prohibited Substance means drugs or compounds banned by a regulatory agency or where drugs or compounds are used at unlawful concentrations.

Public Patient means a person to whom a public hospital, area health service or government health authority has agreed to provide medical care as a public patient, including medical, nursing or diagnostic services provided within or arranged by that facility.

Retroactive Cover Date means the date on or after which the Healthcare must have occurred to be covered under the Policy. It is shown on Your Member Benefit Statement.

ROCS means Run-Off Cover Scheme.

Run-off means the continuation of indemnity for Claims arising from Healthcare provided by You while previously practicing in Australia, after permanent or temporary cessation of practice (including retirement, maternity leave, sabbatical, or relocation overseas).

Sole Practitioner means You operate and control a single practice entity for the purpose of providing Healthcare, You are the sole Healthcare Practitioner within that practice (except for any Locum Practitioner) and are a beneficial owner of the practice. Your beneficial ownership of the practice can include direct ownership, joint ownership or ownership via a trust, company, partnership or business but does not include franchise arrangements or ownership through a corporate entity that is within a corporate group comprising multiple corporate entities. For clarity, the presence of allied health practitioners within the practice does not affect Your status as a Sole Practitioner.

Student Member means a member of MIPS in the 'Healthcare student' or 'Observership only (pre-registration)' category in the Membership Classification Guide.

Sub-limit means a specific maximum amount set within the Policy or the Member Benefit Statement that applies to selected (or specified clauses) categories, types of events, or areas of cover. If the sub-limit(s) in the Policy and Your Member Benefit Statement are different, the sub-limit(s) noted in Your Member Benefit Statement apply. A sub-limit forms part of, and is not in addition to, the aggregate limit of liability of \$20 million for all Claims notified by You in the Policy Period.

Telehealth means Healthcare provided by You where the means of delivering Healthcare involves the transmission of audio, video, images and/or data between You and a Patient. This may occur in real time. However, where it does not occur in real time, We separately define this as Asynchronous Telehealth.

TGA means Therapeutic Goods Administration.

USA means United States of America.

You/Your/Yourself means the Healthcare Practitioner or Student Member named on the Member Benefit Statement.

Section 03

How your cover works

Claims made cover

Australian medical indemnity insurers must provide 'claims made' cover. This means that cover for civil liability is provided under the Policy for claims that are made against you and first notified to Us during the Policy Period.

This means civil liability cover will apply (subject to the terms of the Policy) if:

- you hold a current MIPS membership at the time the claim is made against you and reported to Us; and
- the incident giving rise to the claim occurred on or after your retroactive cover date.

The Policy also provides legal costs cover for certain types of professional and disciplinary matters, employment, training and university disputes and pursuit matters. The Policy requires that these matters must be notified to Us during the Policy Period. This means cover for these matters will apply (subject to the terms of the Policy) if:

- you hold a current MIPS membership at the time the matter is reported to Us; and
- the matter is connected to healthcare you provided on or after your retroactive cover date.

MIPS has been appointed to manage claims under the Policy on behalf of MIPS Insurance and so any claims notified to MIPS will be treated as having been notified to MIPS Insurance.

Should a claim or complaint be made against you, or you are the subject of an investigation, make MIPS your first call to ensure any notification falls within your Policy Period – and we will provide you with the guidance you need.

What is my retroactive cover date?

Claims can arise years after an incident occurred. Ahpra requires all healthcare practitioners have 'retroactive cover' i.e. cover against otherwise unknown claims relating to your prior practice in Australia.

If you have held a 'claims incurred' policy prior to 1 July 2003, your retroactive cover date should be the end date of that policy. If you have been employer indemnified for any period after 1 July 2003, your retroactive cover date should be the earliest date you commenced practice that was not indemnified by your employer.

For a claim to be covered under the Policy it must arise from or be connected with healthcare provided after your retroactive cover date. This date is shown on your Member Benefit Statement. The Policy does not cover you for healthcare provided prior to your retroactive cover date or matters previously known to you, or your past indemnity provider(s).

Please contact us if you require assistance to determine the appropriate retroactive cover date for your practice.

Run-off cover

Claims can arise at any time. When you (temporarily or permanently) stop practising healthcare in Australia, it is important to maintain cover for potential claims that may arise in the future based on your past practice. Ahpra requires you to have this 'run-off cover' if you decide to take a sabbatical, go on maternity leave, move countries, or retire.

You will find more information and guidance in '[Section 06: Membership Classification Guide \(Ceasing practice in Australia\)](#)' on page 47. If you cease practising in Australia, complete the [Ceasing Practice](#) form at mips.com.au/forms

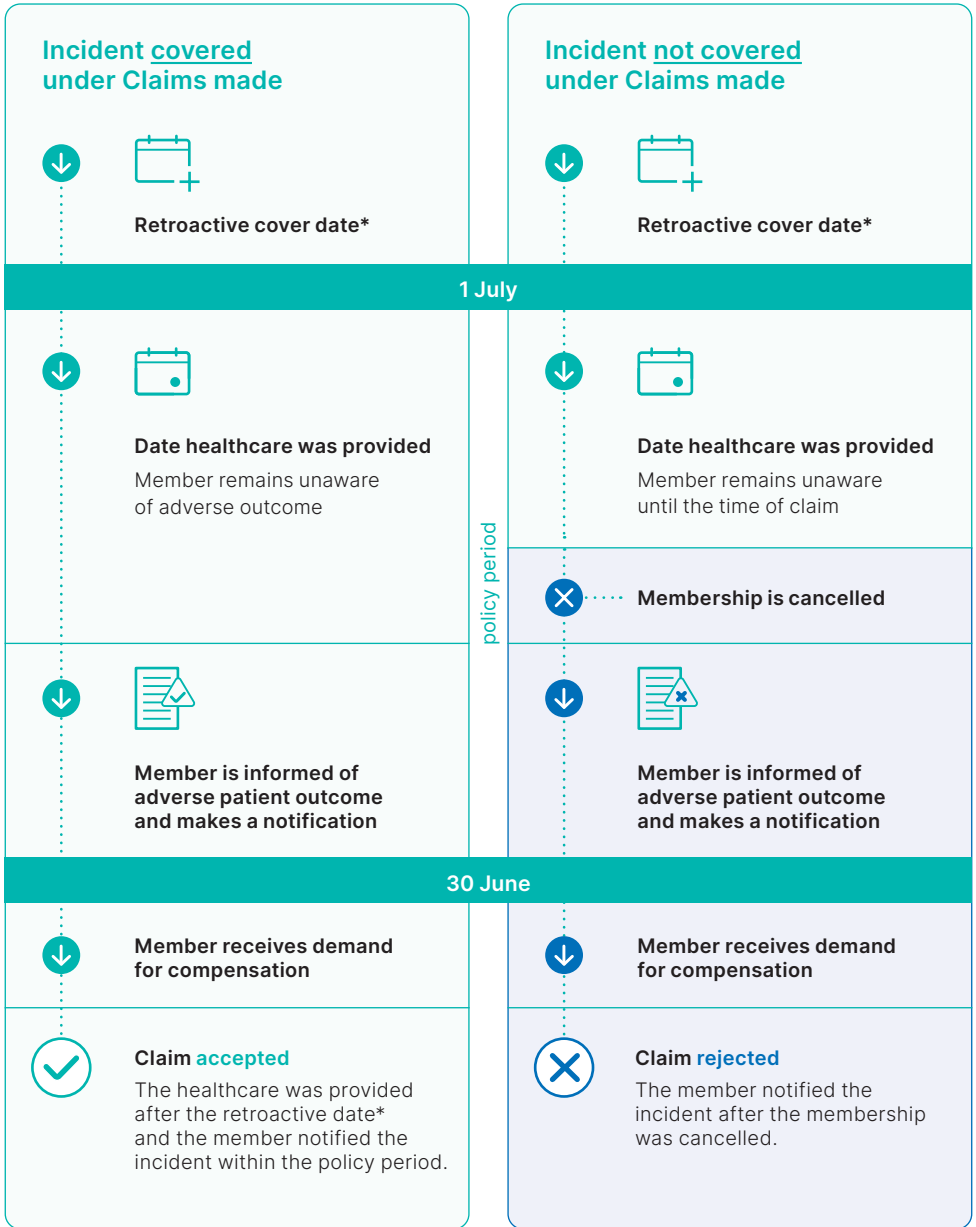
I am indemnified by my employer – do I still need insurance?

If you have indemnity provided by your employer, you might be wondering if you still need insurance. It is important to check what insurance is provided by your employer, as cover may be limited to claims arising from your civil liability only.

While cover for civil claims is the only cover required by Ahpra to meet its requirement for holding appropriate professional indemnity insurance, coverage is extended under in the Policy to include following matters:

- Professional and Disciplinary matters
- Employment, Training Program and University Disputes
- Pursuit Matters

If you are uncertain of your employment indemnity arrangements, you should seek advice from your employer.



policy period

*See definition on page 35.

Section 04

How to make a claim or notification

How to notify us

If you are concerned about an incident or circumstance that could lead to a claim, notify us as soon as possible. Your cover and right to indemnity under the Policy depend on the timely sharing of information. This includes that if you do not notify us about an incident or circumstances that could lead to a claim, this may affect your entitlement to cover under the Policy.

Your full rights and obligations in the event of a claim, along with the process MIPS will follow, are set out in '[Section 02: Indemnity Insurance Policy](#)' and can also be found online at mips.com.au/publications

We are here for you 24/7

You can contact us at any time for advice and support even before a claim arises. We encourage you to check in with us, even if it is just for peace of mind.

MIPS Member Advice and Support Line:
1800 061 113 (from outside Australia
+61 3 9959 2100).

Stay connected

We'll email you updates and important information to keep you informed. Need to chat? We're here when you need us.

Keep your contact details current through MyMIPS Online or call us on 1800 061 113 (from outside Australia +61 3 9959 2100).

Notifying us of potential claims



Contact MIPS as soon as possible

Even if you are not sure an incident will result in a claim, contact MIPS as soon as possible.

Email: claims@mips.com.au

Phone: 1800 061 113 (from outside Australia +61 3 9959 2100)

Submit: Incident Notification Form at mips.com.au/claim



MIPS will assess the incident

We will look at the facts to determine the best course of action, including whether your notification meets the definition of a 'Claim' under the Policy.



MIPS will respond

An experienced medico-legal advisor, claims specialist, or a lawyer will contact you, which will depend on whether the notification amounts to an accepted 'Claim' under the Policy.



Keep MIPS informed

If the incident escalates e.g. you receive a letter from Ahpra or a notice of legal action, notify us straight away.



MIPS will take action

If appropriate, MIPS will initiate action to protect your interests.

Section 05

Other information you need to know

How to make a complaint

MIPS is committed to dealing openly and efficiently with all member feedback and complaints. If you are not satisfied with our products or services, or a decision made in relation to your MIPS membership, please let us know so we can help.

To help to address your complaint effectively, it is important that you follow the process outlined below.

Step 1: Contact MIPS.

It is often possible to resolve issues by simply contacting MIPS Member Services. If necessary, we may refer your complaint to a more appropriate contact at MIPS, to ensure you are dealing with the right person. A response is usually provided to you within five business days.

MIPS Member Service

Phone: 1800 061 113
(from outside Australia +61 3 9959 2100)

Email: complaints@mips.com.au

Address: MIPS, PO Box 24240,
Melbourne VIC 3001

Step 2: Refer your complaint for review.

If you are not satisfied with the outcome of your complaint, you can request the complaint be referred to the Internal Dispute Resolution Manager who will conduct an independent review of the matter. The manager will respond to your complaint within 30 calendar days of the complaint, provided they have all the necessary information to complete their review. If we need more information or need to undertake further investigation, we will agree with you a reasonable alternative timeframe. When a decision about your complaint has been made, we will notify you of our decision in writing, setting out the reasons for our decision.

MIPS Internal Dispute Resolution Manager

Phone: 1800 061 113
(from outside Australia +61 3 9959 2100)

Email: complaints@mips.com.au

Address: MIPS, PO Box 24240,
Melbourne VIC 3001

Step 3: External dispute resolution.

We expect our procedures and staff will deal with your complaint fairly and promptly. However, if you remain dissatisfied, you may be able to access the services of the Australian Financial Complaints Authority (AFCA), an independent external dispute scheme.

Australian Financial Complaints Authority

Website: www.afca.org.au

Phone: 1800 931 678
(from outside Australia +61 1800 931 678)

Email: info@afca.org.au

Address: Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001

How do I cancel my membership?

A cooling off period, for peace of mind

You have a 30-day cooling off period for your MIPS membership every Policy Period. If you cancel your membership within the cooling off period, the membership fee you paid will be refunded provided you haven't made an incident notification with MIPS.

The option to cancel, with reasonable terms

You may cancel your membership for any reason by providing us with one day's notice.

If you cancel your MIPS membership outside the cooling off period, we will refund the value of your membership fee from the day we receive your cancellation request (or a future date requested by you before the next renewal date), minus an administration fee of 20% of that refund, or \$50 – whichever is greater.

For members paying via direct debit instalments, there may be an outstanding balance to pay, depending on your chosen cancellation date.

Please contact us for an estimate before you cancel your membership.

All membership benefits including cover under the Policy end the date that your membership is cancelled. Be sure to notify us of any incidents that may result in a claim before you cancel your membership, as these may be covered under the Policy.

When can MIPS cancel my membership?

MIPS may cancel your membership by giving you 30 days written notice if:

- At any time, you have failed to comply with a provision of this PDS.
- When applying for MIPS membership, you made a misrepresentation to MIPS upon which MIPS relied.

- You are paying your MIPS membership fee in instalments and at least one instalment has remained unpaid for a period of one month.
- You threaten or abuse MIPS staff.

A written notice will be sent to your last known address.

If your membership ends or is cancelled, you might be in breach of your legal obligations to have appropriate professional indemnity insurance arrangements in place.

Financial Claims Scheme

The Policy may be a 'protected policy' for the purposes of the Federal Government's Financial Claims Scheme (FCS).

The FCS is administered by the Australian Prudential Regulation Authority (APRA). MIPS Insurance, a wholly owned subsidiary of MIPS, is authorised by APRA. In the unlikely event that an insurer authorised by APRA becomes insolvent, the Federal Treasurer may make a declaration that the FCS applies to that insurer. If the FCS applies, you may be entitled to have valid claims paid under the FCS. Access to the FCS is subject to eligibility criteria.

Information about the scheme can be obtained from the APRA website at www.fcs.gov.au and the APRA hotline on 1300 55 88 49 (outside Australia +61 2 8037 9015).

Other information

As part of your membership with MIPS, you are entitled to benefit from the Policy held by MIPS for the benefit of its members with its wholly owned subsidiary, MIPS Insurance, as a third-party beneficiary. You should be aware of the risk that if the Policy held by MIPS lapses or ends during the Policy Period, your entitlement to insurance cover will cease and you may be in breach of your legal obligations to have professional indemnity insurance arrangements in place.

Section 06

Membership Classification Guide

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Understanding your membership classification

To meet your Ahpra obligations, it is mandatory to have appropriate professional indemnity insurance in place for all aspects of your practice. As a MIPS member, entitled to the benefits of the Policy, you are required to check your membership classification (category, practice basis and extensions of cover) covers all the healthcare you provide and need cover for. The purpose of this section is to provide you with an overview of the different elements of your membership classification to ensure your cover under the Policy is tailored to the healthcare you provide.

Your classification comprises of your **Category**, **Practice Basis**, **Practice State** and **Extension of practice** and an estimate of your level of **Billings**, **Salary**, and **Hours** (if applicable). Together, these determine the healthcare that is covered by under the Policy. More information on each element of your membership classification is provided below. You are required to accurately provide this information to us.

Any reference in this Section to 'cover' is to the cover you can access under the Policy as a member of MIPS.

Category

Your category is based on your Ahpra registration.

If you are a medical or dental practitioner, a specialist category will apply if:

- You hold a specialist registration with Ahpra; or
- You are undertaking a specialist training program; or
- You have a specialist qualification outside of Australia and you are practising under supervision before obtaining your Ahpra specialist registration.

If your specialty has more than one possible category (e.g. procedural or non-procedural), the category selected will be based on the treatments and procedures you undertake where you are not employer indemnified or under supervision. These treatments and procedures are listed under each respective category but are not exhaustive and may change from time to time. You must ensure that different procedures and treatments you perform are not excluded under your category.

Where you hold more than one Ahpra registration (e.g. both medical and dental), the category will be based on your practice that is not indemnified by your employer that carries the higher risk, as determined by MIPS.

Practice basis

Your 'Practice basis' (if applicable) describes the type of practice you undertake. For example:

- If your practice is employer indemnified, not employer indemnified, or a combination of both.
- If you have obtained specialist registration, or you are currently undertaking or enrolled in a specialist training program.
- If you have completed your healthcare studies within the last five years.
- If you undertake practice that requires an extension of practice.

Employer indemnified practice

Employer indemnified practice is where your employer has agreed to indemnify you for any civil claims arising from your provision of healthcare. This usually applies to practice undertaken in a public healthcare setting, although it may also apply to a private setting.

If you are uncertain of your indemnity arrangements, you should seek advice from your employer. Medical practitioners employed under contract in the public hospital system can contact the Australian Salaried Medical Officers Federation for advice regarding the indemnity provided under their contract.

Even if your employer provides indemnity for civil claims, your employer's indemnity may not extend to other types of claims. In this situation, the Policy provides cover to you for professional and disciplinary matters, coronial investigations, certain types of employment and pursuit matters.

You may approach MIPS for assistance if you have concerns that your employer is not meeting or is unable to meet their obligations to you (e.g. due to conflict of interest).

The 'Employer indemnified only' may be appended to your classification if your practice is solely employer indemnified. All members undertaking practice that is indemnified by their employer are eligible for this cover.

Estimating billings, salary and hours

A 'billings/salary' or 'hours' band may be appended to your Practice basis if you require cover for practice that is not employer indemnified.

You are required to provide an estimate of your annual gross billings for all practice not indemnified by your employer. Note that this is not the same as the income you receive.

If you receive a salary for practice where no billings are generated, you are required to provide the gross amount of salary you receive if the practice is not indemnified by your employer.

What to include when estimating billings and/or salary?

Provide the gross value (whether retained by you or otherwise) before any apportionment or deduction of any expenses and/or tax for:

- All amounts billed to patients under your provider number, either directly by you or by a third party (include payments by individuals, bulk billing amounts); and/or
- Salary you receive for practice where there are no billings generated (for example salary received for the supervision of other practitioners or ward rounds).

What to exclude when estimating billings and/or salary?

Exclude estimated amounts for:

- Billings and/or salary generated from practice where you are indemnified by your employer.
- Salary received where you have already provided billings in your estimate (only provide the billings amount in these circumstances).

If you are commencing practice not indemnified by your employer and are unable to obtain an estimate of billings from your practice manager, locum agency or hospital, you may initially provide your gross salary.

Your estimated gross billings or salary will be applied to your classification for the full Policy Period and a billings/salary or hours band may be appended to your practice basis.

You must notify us as soon as you are aware that your estimated billings/salary band does not accurately reflect the actual level of your practice over the Policy Period. An adjustment to your estimated annual gross billings and/or salary for the Policy Period can be made at any time by providing this information to MIPS before the Policy Period expires.

We are entitled to request evidence or conduct an audit of your gross billings/salary. If we find that the gross billing/salary you estimated was not accurate, we may adjust your membership fee or cancel your membership.

Contact MIPS on 1800 061 113 (from outside Australia +61 3 9959 2100) if you need assistance with estimating your billings/salary.

Estimating hours

You are required to provide your average total hours per week for all healthcare practice and indicate the percentage of hours that relate to practice that is not indemnified by your employer.

Practice state

The MIPS membership benefits apply throughout Australia. However, your Practice state is where you generate most of your billings and/or salary in a Policy Period, or where you undertake most of your practice if you are employer indemnified.

Extensions of Practice

Your extension of practice can either extend or restrict cover for certain procedures, or healthcare that is not included in your category.

Cosmetic practice

If you undertake, prescribe, or supervise any cosmetic services, you are required to have recognised qualifications, training, and experience, and maintain an appropriate level of indemnity cover, even if the services are undertaken by a third party.

The 'Minor cosmetic extension' extension of practice is required if you undertake procedures outlined in 'Extension of Practice' below and your category does not include cover for those services.

If you undertake any other cosmetic procedures, you must provide these details to us. This does not apply if the services you undertake are already covered under your category.

The Policy excludes cover for all cosmetic procedures and cosmetic treatments to genitalia.

Ceasing practice in Australia

If you cease practising (temporarily or permanently) in Australia, you need to maintain 'run-off cover' for claims arising from your prior practice, to meet your professional indemnity obligations required by Ahpra.

The Policy can offer run-off cover for your past practice in a continued cover (run-off) membership classification. The cost of continued cover varies as it is calculated on your individual risk history. If you have been with MIPS for five continuous years and you are permanently retiring from practising healthcare, you will be eligible for 'continued cover loyal run-off cover'.

After three years of no private practice in Australia, medical practitioners may become eligible for the Run-off Cover Scheme (ROCS), an Australian Government scheme that offers run-off cover at no cost. In some circumstances, such as maternity leave or retirement, medical practitioners may immediately be eligible for ROCS from the date they cease practice.

Whilst your run-off cover is active, you will continue to be able to access cover for Good Samaritan acts in line with the current Policy terms.

If you have ceased practising in Australia (or you will cease prior to MIPS membership renewal date), complete the [Ceasing Practice](#) form online. Refer to '[Run-off cover basis](#)', on page 50 for further information.

Practice basis

International Medical Graduate preparation program

You are an International Medical Graduate (IMG) on Limited Ahpra registration undertaking a Preparation Program prior to commencing a role as a remunerated practitioner in Australia.

Doctor in training

You have completed your medical qualification within the last four years and have not commenced an accredited specialist training program.

This basis includes cover for practice not indemnified by your employer.

This basis is not eligible for the 'Minor cosmetic extension' as an extension of practice.

Recent graduate

You have completed your healthcare qualification within the last four years and have not commenced a dental specialist training program.

If your basis states 'Recent graduate – Employer indemnified only', your membership classification excludes cover for practice that is not indemnified by your employer.

If your basis only states 'Recent graduate', your membership classification includes cover for practice not indemnified by your employer.

This basis is not eligible for the 'Minor cosmetic extension' or 'Dental implants (surgical placement) extension' As an extension of practice.

Specialist in training

You are undertaking a specialist training program approved by an Australian Medical Council (AMC) accredited college.

This basis also applies to international specialists who are undertaking a period of supervised practice in Australia as a registrar, specialist, fellow, or consultant, where that practice is part of an approved program by an AMC accredited college, for the purpose of obtaining an Australian specialist qualification and registration.

Your membership classification includes cover for practice not indemnified by your employer outside of your training program listed under the [GP non-procedural](#) category.

This basis is not eligible for the 'Minor cosmetic extension' as an extension of practice.

You are not eligible for this basis if:

- You are undertaking unsupervised obstetrics (other than shared antenatal care), bariatric surgery, spinal surgery or neurosurgery.
- You are practising in an unaccredited registrar position (i.e. not accepted into an accredited specialist training program).
- You are an international specialist undertaking supervised practice where you bill as a specialist, or where that practice is not within an AMC accredited program at an Australian Specialist College.

Dental specialist in training

You are a general dentist currently undertaking an Ahpra approved program of study for a dental specialist registration.

If your basis states 'Dental specialist in training - Employer indemnified only', your membership classification excludes cover for practice that is not indemnified by your employer.

If your basis only states 'Dental specialist in training', your membership classification includes cover for practice not indemnified by your employer.

This basis is not eligible for the 'Minor cosmetic extension' or 'Dental implants (surgical placement) extension' as an extension of practice.

Employer indemnified only

You are indemnified by your employer for all your healthcare practice regardless of whether you are in a public or private setting. This basis will not provide indemnity for civil claims.

Refer to '[Employer indemnified practice](#)' on page 46 for further information.

Refer to '[Run-off cover basis](#)' on page 50 if you have the ROCS past private practice basis appended.

Gross billings/salary

You undertake practice not indemnified by your employer and your type of practice means you are ineligible for another basis. A billings/salary band will be appended to this basis.

Refer to '[Estimating billings, salary and hours](#)' on page 46 for further information.

Hours per week

You are a dental hygienist, dental therapist, prosthetist or oral health therapist and you undertake practice not indemnified by your employer.

Non-operating specialist

You undertake practice not indemnified by your employer that is limited exclusively to consultations including:

- seeing patients for second opinions.
- medico-legal assessments and examinations.

You may also undertake surgical assisting in this basis.

If you undertake any procedures in your consultations, you should refer these to MIPS for assessment.

Surgical assisting only

You are a medical practitioner who practises as a surgical assistant and only assists healthcare practitioners with Fellowship of the Royal Australasian College of Surgeons (FRACS), Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG) or Fellowship of the Royal Australian and New Zealand College of Ophthalmologists (FRANZCO) qualified surgeons who hold Ahpra specialist qualifications.

If you act as a primary or supervising surgeon or undertake other clinical practice that is not indemnified by your employer, this practice basis does not apply.

Gratuitous services only

You no longer undertake paid healthcare practice in Australia. However, you undertake gratuitous (unpaid) healthcare activities in Australia, such as volunteering or prescribing, and referral services. This basis provides run-off cover for your previous practice. You are required to maintain appropriate Ahpra registration for the gratuitous healthcare services you continue to provide.

This basis does not include any cover for:

- services where patients (or third parties) are charged by others for the healthcare you provide for which you receive no remuneration;
- prescribing medications or providing treatment for yourself, family members or close personal relationships;
- initiating treatment outside of Good Samaritan context.

Non-practising

You have ceased all healthcare practice in Australia and your membership provides run-off cover for previous practice. The type of run-off cover you are eligible for will be appended to this basis.

This basis does not include any cover for employer indemnified practice or gratuitous services.

Refer to '[Run-off cover basis](#)' on page 50 and '[Ceasing practice in Australia](#)' on page 47 for further information.

Refer to '[Employer indemnified practice](#)' on page 46 for further information.

Run-off cover basis

If you have ceased healthcare practice in Australia, you may be eligible for one of four types of 'run-off cover' that covers you for future claims that may arise from your past practice.

The type of run-off cover you are eligible for will be appended to your category.

If you have ceased all healthcare practice in Australia, you may be eligible for **run-off cover only**.

If you have ceased all healthcare practice except for gratuitous services, then you may be eligible for **run-off cover with gratuitous services**.

Depending on your circumstances, you may be eligible for one of four types of run-off cover:

Run-off Cover Scheme (ROCS)

Applies if you are a medical practitioner and have ceased healthcare in Australia and you have met the Australian Government Scheme eligibility criteria.

ROCS past private practice

Applies if you are a medical practitioner and have met the Australian Government eligibility criteria for ROCS for past private practice and you continue to work in the public sector in an employer indemnified role.

Run-off Standard

Applies if you have ceased all healthcare practice (temporarily or permanently) in Australia and you are not eligible for ROCS.

Run-off Loyal

Applies if you are eligible for run-off standard, but you have retired permanently from all healthcare practice and have been a MIPS member for five continuous years.

Extension of practice

An extension of practice is required if the following procedures are undertaken where you are not indemnified by your employer. If an extension of practice is added to your membership classification, it will apply for the remainder of the current Policy Period and will be included for any future Policy Period(s) unless you request to remove it at the time of renewal.

Medicinal cannabis prescribing

You are a medical practitioner and you prescribe (or supervise the prescription of) medicinal cannabis products that are not approved by the Therapeutic Goods Administration (TGA) and are not listed on the Australian Register of Therapeutic Goods.

Minor cosmetics extension (<50% billings)

You undertake, prescribe, or supervise minimally invasive office-based cosmetic procedures that contribute to less than 50% of your billings not indemnified by your employer.

Minor cosmetic procedures covered under this extension of practice:

- Botulinum toxin injections (Botox, Dysport, Xeomin etc.).
- Non-ablative lasers
- TGA-approved non-ablative lasers, radiofrequency and ultrasound- devices for fat reduction, skin resurfacing or skin tightening (medical practitioners only).

- Dermal resurfacing (superficial) including peels, needling/dermal rolling, and microdermabrasion (medical practitioners only).
- Non-permanent dermal filler injections (including collagen, fat, and hyaluronic acid).
- Non-permanent facial thread lift (polydioxanone (PDO), polylactic acid (PLA), polycaprolactone (PCA) (medical practitioners only).
- Platelet-rich plasma (PRP) injections (autologous only) for skin rejuvenation purposes (medical practitioners only).

The Policy excludes cover for all cosmetic procedures and cosmetic treatments to genitalia.

Teeth whitening or bleaching performed by dental practitioners does not require this extension of practice.

Non-cosmetic use of botulinum toxin does not require the Minor cosmetic extension as an extension of practice.

All other cosmetic procedures should be referred to us for assessment. Refer to '[Cosmetic practice](#)' on page 47 for further information.

Minor cosmetics extension (≥50% billings)

You undertake, prescribe, or supervise minimally invasive office-based cosmetic procedures, and the billings relating to those services is more than, or equal to, 50% of your total billings not indemnified by your employer. Refer to 'Minor cosmetic extension (<50% billings)' for a list of included and excluded procedures.

Spinal surgery extension

You are an orthopaedic surgeon undertaking spinal surgery.

Non-specialist undertaking procedural GP activities

You are in the category 'Medical officer – general practice' or 'Medical officer' and you undertake unsupervised procedural General Practitioner (GP) activities. Refer to '[GP procedural](#)' on page 56 for further information.

Dental implants (surgical placement) extension

You are a general dentist undertaking the surgical placement of dental implants.

Bariatric surgery extension

You are a general surgeon undertaking bariatric surgery including where you are undertaking locums or volunteering to cover colleagues managing postoperative care of bariatric surgery patients.

This extension is not required if:

- you are on call for emergencies and must treat a patient with complications from bariatric surgery (where you are not the surgeon who performed the original procedure); or
- reversing a previous bariatric procedure (where you have not been the surgeon who performed the original procedure).

Gratuitous services in Australia

You undertake gratuitous services not indemnified by your employer and all your other healthcare practice is indemnified by your employer.

Category Guide

This guide is designed to provide you with information about your category. If you are performing procedures that are not normally associated with your category or you are unsure whether your category is appropriate, contact MIPS.

Student categories

Healthcare student

You are studying to obtain your healthcare qualification in medicine, dentistry, oral health, or nuclear medicine technology:

- at an education provider in Australia; or
- outside of Australia and undertaking a temporary student healthcare placement in Australia.

This category provides cover for student healthcare placements (including electives) where the placement is undertaken with the approval of the university at which you are studying to obtain a qualification that will lead to registration as a healthcare practitioner.

If you attend an education provider in Australia, cover is extended to student healthcare placements outside of Australia (excluding the USA and where USA laws apply).

If you are unsure if your student healthcare activities are covered, visit mips.com.au/placement

Observership only (pre-registration)

You are undertaking a healthcare placement (e.g. medical observership) and you are not registered with Ahpra.

This category provides cover for pre-registration healthcare placements where you are under the appropriate supervision of a registered healthcare practitioner who holds the appropriate qualifications.

Appropriate supervision includes direct or indirect supervision that provides adequate access to communication, oversight, interaction, direction, and support from your supervisor throughout the activity.

You are not covered for the provision of healthcare:

- in any capacity other than as an observer; or
- where you are remunerated for the provision of healthcare services; or
- where you represent yourself or hold yourself out as an Australian-registered practitioner.

You are not eligible for this category if you are registered with Ahpra.

New graduate categories

Final year student / Intern

You are a final year student and you will complete (or have completed) your medical qualification within the current Policy Period.

Once you have obtained your qualification, cover is limited to practice only as allowed under your provisional registration.

Final year student / Dental graduate

You are a final year student and you will complete (or have completed) your dental qualification within the current Policy Period.

This category includes cover for practice not indemnified by your employer.

This category is not eligible for the 'Minor cosmetic extension' or 'Dental implants (surgical placement) extension' as an extension of practice.

Final year student / Nuclear medicine technology graduate

You are a final year student and you will complete (or have completed) your nuclear medicine technologist (NMT) qualification within the current Policy Period.

This basis includes cover for practice not indemnified by your employer.

Medical non-specialists

Medical officer – general practice

You hold general, limited, or provisional registration and most of your practice is undertaken in a general practice setting. You have not been accepted into a specialist training program that is approved by an Australian Medical Council (AMC) accredited college.

For a list of treatments and procedures covered under this category refer to '[GP non-procedural](#)' on page 55.

You require an endorsement if you are undertaking any services listed under the '[GP procedural](#)' category and/or any 'Minor cosmetic services' as defined by MIPS.

Medical officer

You hold general, limited, or provisional registration, and most of your practice is undertaken in a hospital (or non-general practice) setting.

For a list of treatments and procedures covered under this category, refer to '[GP non-procedural](#)' on page 55.

You require an extension of practice if you are undertaking any services listed under the '[GP procedural](#)' category and/or any 'Minor cosmetic services' as defined by MIPS.

Specialist General practice categories

These categories also apply if you are undertaking an accredited specialist training program.

GP non-procedural

You hold specialist registration in General Practice with Ahpra and you undertake treatments, procedures, or practice ('activities') most GPs commonly undertake including but not limited to:

- acupuncture, including laser acupuncture
- after hours deputising services
- allergy testing/ desensitisation program
- arterial blood gas estimations
- blood transfusions
- exercise electrocardiogram (ECG) - with appropriate resuscitation facilities
- external auditory canal syringing
- eyelid – excision/curettage of chalazion
- foreign bodies, including superficial corneal and aural removal
- fracture treatment not requiring reduction or anaesthesia
- hormonal contraceptive implant insertion and removal
- intrauterine contraceptive device (IUCD) insertion and removal
- iron infusion
- local anaesthesia, including digital nerve blocks but excluding regional blocks
- lumbar puncture excluding administration of spinal or epidural anaesthesia
- nosebleed electrocautery
- peripheral joint aspiration and/or intra-articular injections, excluding spine
- post-mortems
- proctoscopy/sigmoidoscopy (without biopsy)
- shared antenatal care in consultation with a hospital, specialist obstetrician or GP obstetrician where you are not involved in the induction or management of labour or delivery of the infant
- simple closed joint dislocation reduction
- skin flaps and grafts, limited to:
 - single-stage skin flaps on the face (including nose, eyelids, eyebrows and ears) where the diameter of the lesion prior to excision, including the margin to be excised, is 15mm or less
- skin flaps and skin grafts (split/partial only) on any location other than the face (including scalp, neck, trunk, limbs, digits) where clinically appropriate and where the diameter of the lesion prior to excision, including the margin to be excised, is 50mm or less. Note that full thickness grafts are excluded under this category on any part of the body.
- skin lesions biopsy, including punch biopsies
- superficial abscess incision and drainage
- superficial lacerations of skin and subcutaneous tissue repair
- superficial skin lesion cautery and cryotherapy
- superficial skin lesion, tumour, and cyst removal
- surgical assistance
- thrombosed external haemorrhoids drainage
- toenail avulsion, including wedge resection, excluding total removal of nail bed
- urinary catheter insertion
- venepuncture and simple insertions of Intravenous (IV) lines/IV drug therapy (excluding IV sedation)
- voluntary assisted dying (VAD) medication administration in accordance with relevant legislation.

This list is not exhaustive.

You require an extension of practice if you undertake any 'Minor cosmetic services' as defined by MIPS on page 51. The 'GP non-procedural' category excludes cover for the following practice where you are not indemnified by your employer:

- Activities listed under GP procedural
- Administering and monitoring sedation for procedures such as (but not limited to) gastroscopy and colonoscopy
- Obstetric services other than shared antenatal care
- General anaesthesia, regional anaesthesia, or intravenous/intravascular sedation.

GP procedural

You hold specialist registration in General Practice with Ahpra and you perform procedures not covered under the non-procedural category definition and/or procedures usually performed under regional or general anaesthesia, sedation, or neurolept-analgesia. This category should be selected even if such procedures are performed without anaesthesia.

Activities include:

- accident and emergency activities undertaken in rural and remote settings
- arterial line insertion
- bronchoscopy
- chest tube/drains
- colposcopy

- hyperbaric medicine
- intravenous (IV) sedation for medical and dental procedures using narcotic/benzodiazepine combinations (contact MIPS for cover for other sedatives)
- male circumcision
- minor general surgical procedures (e.g. haemorrhoidectomy by banding or excision, and hernia repairs)
- regional anaesthesia excluding spinal, or epidural
- skin flaps and grafts, including full thickness grafts
- surgical termination of pregnancy (up to 20 weeks)
- uterine dilation and curettage (D&C)
- vasectomy
- varicose veins sclerotherapy.

This category also includes cover for all activities listed in 'GP non-procedural' category. This list is not exhaustive.

You require an extension of practice if you undertake any 'Minor cosmetic services' as defined by MIPS on page 51. The 'GP procedural category' excludes cover for the following activities where you are not indemnified by your employer:

- Obstetric services other than shared antenatal care
- Administration of sedative muscle relaxant or anaesthesia agents such as propofol
- Neurosurgery, bariatric surgery, and spinal surgery.

GP procedural anaesthetics and/or obstetrics

You hold Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) Associate Training Program (Procedural) (PTP), RANZCOG Associate Training Program (Advanced Procedural) (AFTP), Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (DRANZCOG) or equivalent, or you hold certification in anaesthesia as a Rural Generalist Anaesthetist (RGA) or Joint Consultative Committee on Anaesthesia (JCCA) or equivalent and you undertake:

- Administering agents other than narcotic/benzodiazepine combinations
- General anaesthesia
- Pain medicine within individual scope of training, qualification, and experience, including spinal cord stimulator implantation via open partial or total laminectomy
- Private obstetric services beyond shared antenatal care in a healthcare facility
- Regional anaesthesia (beyond digital blocks)
- Spinal or epidural anaesthesia.

This category also includes cover for all activities listed in the 'GP procedural' and 'GP non-procedural' categories. This list is not exhaustive.

If you are training and undertaking unsupervised obstetrics or anaesthetic services, and you are not indemnified by your employer for those services, contact MIPS so we can advise on the right cover.

You require an extension of practice if you undertake any 'Minor cosmetic services' as defined by MIPS on page 51.

The 'GP procedural including anaesthetics and/or obstetrics' category excludes cover for any planned involvement in home births not indemnified by your employer.

Rural Generalist non-procedural

You hold specialist registration in General Practice with Ahpra and you hold specialist qualification as a Rural Generalist through ACRRM or RACGP and you undertake treatments, procedures, or practices most rural generalists commonly undertake.

For a list of included activities see 'GP non-procedural' category

This list is not exhaustive.

Rural Generalist procedural

You hold specialist registration in General Practice with Ahpra and you hold specialist qualification as a Rural Generalist through ACRRM or RACGP and perform procedures not covered under the non-procedural category definition and/or procedures usually performed under regional or general anaesthesia, sedation, or neurolept-analgesia. This category should be selected even if such procedures are performed without anaesthesia

For a list of included activities see 'GP procedural' category

This category also includes cover for all activities listed in 'GP non-procedural' category. This list is not exhaustive.

Rural Generalist anaesthetics and/or obstetrics

You hold specialist registration in General Practice with Ahpra and you hold specialist qualification as a Rural Generalist through ACRRM or RACGP.

You also hold Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) Associate Training Program (Procedural) (PTP), RANZCOG Associate Training Program (Advanced Procedural) (APTP), Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (DRANZCOG), or you hold Advanced Certificate in Rural Generalist Anaesthesia (ACRGA) or equivalent and you undertake:

See '[GP procedural anaesthetic and/or obstetrics](#)' for list of activities

This category also includes cover for all activities listed in the 'GP procedural' and 'GP non-procedural' categories. This list is not exhaustive.

Specialist non-surgical categories

These categories also apply if you are undertaking an accredited specialist training program.

Addiction medicine

You hold Ahpra specialist registration for Addiction medicine and you practise in this specialty.

Anaesthesia

You hold Ahpra specialist registration for Anaesthesia and you practise in this specialty.

This category also applies if you are an anaesthesia specialist who also holds specialist registration in intensive care medicine, and you undertake practice in both specialties including where you are not indemnified by your employer.

Dermatology

You hold Ahpra specialist registration for Dermatology and you practise in this specialty.

This category includes cover for any cosmetic services that are listed under the 'Minor cosmetic extension' as noted under extension of practice.

Cosmetic procedures not included above are also covered, if those services:

- fall within the scope of your accredited training; and
- generate less than 50% of your total billings from practice not indemnified by your employer.

If your other cosmetic procedures exceed 50% of your practice, or you undertake blepharoplasty, meloplasty, or similar cosmetic surgical procedures, you require cover under the 'Cosmetic proceduralist' category. The Policy excludes cover for all cosmetic procedures to genitalia.

Emergency medicine

You hold Ahpra specialist registration for Emergency medicine and you practise in this specialty.

This category also applies if you are an emergency medicine specialist who also holds specialist registration in anaesthesia or intensive care medicine, and you undertake practice in both specialties, including where you are not indemnified by your employer.

Intensive care medicine

You hold Ahpra specialist registration for Intensive care medicine and you practise in this specialty

Medical administration

You hold Ahpra specialist registration in Medical administration where your practice is restricted to non-clinical services only.

This category includes cover for clinical practice where it is indemnified by your employer.

Occupational and environmental medicine

You hold Ahpra specialist registration for Occupational and environmental medicine and you practise in this speciality.

Paediatrics and child health

You hold Ahpra specialist registration for Paediatrics and child health and you practise in this speciality.

Pain medicine

You hold Ahpra specialist registration for Pain medicine and you practise in this speciality.

This category includes cover for percutaneous/subcutaneous placement of spinal stimulation leads.

This category excludes cover for spinal cord stimulator implantation via open partial or total laminectomy. If you undertake this procedure, refer to [Physician procedural](#).

Palliative medicine

You hold Ahpra specialist registration for Palliative medicine and you practise in this speciality.

Pathology

You hold Ahpra specialist registration for Pathology and you practise in this speciality.

If you also hold specialist registration as a Physician and your pathology reporting activities generate less than 50% of your annual billings for practice not indemnified by your employer, category 'Physician non-procedural' will apply.

This category excludes analysing specimens or data, or providing opinions for genomic, embryonic, or foetal screening and testing, where the sample has been received from a country outside of Australia.

Physician non-procedural

You hold Ahpra specialist registration as a Physician in one of the below specialities and you undertake minimally invasive procedures:

- Cardiology (non-interventional)
- Clinical genetics
- Clinical pharmacology
- Endocrinology
- Gastroenterology and hepatology
- General medicine
- Geriatric medicine
- Haematology
- Immunology and allergy
- Infectious diseases
- Medical oncology
- Nephrology
- Neurology
- Nuclear medicine
- Respiratory and sleep medicine
- Rheumatology.

This category includes cover for procedures including but not limited to:

- Bone marrow biopsy
- Bronchoscopy
- Chemotherapy
- Gastroscopy [excluding Endoscopic retrograde cholangiopancreatography (ERCP)]
- Pain medicine within individual scope of training, qualification, and experience
- Percutaneous/subcutaneous placement of spinal stimulation leads, excluding spinal cord stimulator implantation via open partial or total laminectomy
- Proctoscopy
- Renal biopsy
- Respiratory medicine [including endobronchial ultrasound-guided transbronchial needle aspiration (EBUS TBNA) and transbronchial lung biopsy]
- Sigmoidoscopy.

If you also hold specialist registration in Pathology and your pathology reporting activities generate less than 50% of your annual billings for practice not indemnified by your employer, you remain eligible for this category.

Physician procedural

You undertake more invasive procedures in your specialty including but not limited to:

- Colonoscopy
- Endoscopic retrograde cholangiopancreatography (ERCP)
- Liver biopsy
- Pain medicine within individual scope of training, qualification and experience, including spinal cord stimulator implantation via open partial or total laminectomy.

Psychiatry

You hold Ahpra specialist registration for Psychiatry and you practise in this specialty.

Public health medicine

You hold Ahpra specialist registration for Public health medicine and you practise in this specialty.

Radiation oncology

You hold Ahpra specialist registration for Radiation oncology and you practise in this specialty.

Radiology

You hold Ahpra specialist registration for Radiology and you practise in this specialty. This category includes interventional procedures, including lung biopsies, joint injections, insertion of intra-arterial stents and image guided biopsies.

If you are a gynaecologist and you hold the Certificate of Obstetric and Gynaecological Ultrasound (COGU) of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), and the only practice not indemnified by your employer is the provision of ultrasound services [including diagnostic obstetrics and gynaecology imaging, amniocentesis, and chorionic villus sampling (CVS)] you are required to be in this category.

This category excludes analysing data, or providing opinions, for genomic, embryonic, or foetal screening and testing where the sample has been received from a country outside of Australia.

Rehabilitation medicine

You hold Ahpra specialist registration for Rehabilitation medicine and you practise in this specialty.

Sexual health medicine

You hold Ahpra specialist registration for Sexual health medicine and you practise in this specialty.

Sport and exercise medicine

You hold Ahpra specialist registration for Sport and exercise medicine and you practise in this specialty.

Specialist surgical categories

These categories also apply if you are undertaking an accredited specialist training program.

Cardiothoracic surgery

You hold Ahpra specialist registration for Cardiothoracic surgery and you practise in this specialty.

General surgery

You hold Ahpra specialist registration for General surgery and you practise in this specialty.

Bariatric surgery is excluded where this practice is not employer indemnified unless you have the 'Bariatric surgery extension' as an extension of practice.

Gynaecology including In Vitro Fertilisation (IVF)

You hold registration in a relevant Ahpra recognised field of specialty practice in Gynaecology and you practise in this specialty.

This category includes cover for shared antenatal care where you are not indemnified by your employer for these services. However, it does not include cover for the induction or management of labour or delivery where you are not indemnified by your employer.

If you undertake obstetric services where you are not employer indemnified for this practice, you require cover under the 'Obstetrics and Gynaecology' category.

If you undertake locums or provide on-call cover for practitioners who are the specialist obstetricians for obstetric management, you require cover under the 'Obstetrics and gynaecology' category.

If you hold the Certificate of Obstetric and Gynaecological Ultrasound (COGU) of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the only practice not indemnified by your employer is to undertake ultrasound services [including diagnostic obstetrics and gynaecology imaging, amniocentesis, and chorionic villus sampling (CVS)], you require cover under the 'Radiology' category.

Neurosurgery

You hold Ahpra specialist registration for Neurosurgery and you practise in this specialty.

Obstetrics and gynaecology

You hold Ahpra specialist registration for Obstetrics and gynaecology and you practise in this specialty. This category includes cover for managing and inducing labour in a healthcare facility, including where those services are not indemnified by your employer where your practice basis is 'Gross billings/salary'.

This category excludes cover for any involvement in planned home births.

Ophthalmology

You hold Ahpra specialist registration for Ophthalmology and you practise in this speciality.

This category includes cover for cosmetic services covered under the 'Minor cosmetic extension' as an extension of practice.

Cosmetic procedures not included above are also covered, if those services:

- Fall within the scope of your accredited training; and
- Generate less than 50% of your total billings from practice not indemnified by your employer.

If your other cosmetic procedures exceed 50% of your practice, you require cover under the 'Cosmetic proceduralist' category.

Oral and maxillofacial surgery

You hold Ahpra specialist medical registration (with or without specialist dental registration) for Oral and maxillofacial surgery and you practise in this speciality.

This category includes cover for cosmetic services covered under the 'Minor cosmetic extension' as an extension of practice.

Cosmetic procedures not included above are also covered, if those services:

- Fall within the scope of your accredited training; and
- Generate less than 50% of your total billings from practice not indemnified by your employer.

If your other cosmetic procedures exceed 50% of your practice, you require cover under the 'Cosmetic proceduralist' category.

Orthopaedic surgery

You hold Ahpra specialist registration for Orthopaedic surgery and you practise in this speciality.

Spinal surgery is excluded where this practice is not employer indemnified unless you have the 'Spinal surgery extension' as an extension of practice.

Otolaryngology head and neck surgery

You hold Ahpra specialist registration for Otolaryngology head and neck surgery and you practise in this speciality.

This category includes cover for cosmetic services covered under the 'Minor cosmetic extension' as an extension of practice.

Cosmetic procedures not included above are also covered, if those services:

- Fall within the scope of your accredited training; and
- Generate less than 50% of your total billings from practice not indemnified by your employer.

If your other cosmetic procedures exceed 50% of your practice, you require cover under the 'Cosmetic proceduralist' category.

Paediatric surgery

You hold Ahpra specialist registration for Paediatric surgery and you practise in this speciality.

Plastic surgery

You hold Ahpra specialist registration for Plastic surgery and you practise in this specialty.

This category includes cover for cosmetic services covered under the 'Minor cosmetic extension' as an extension of practice.

Cosmetic procedures not included above are also covered, if those services:

- Fall within the scope of your accredited training; and
- Generate less than 50% of your total billings from practice not indemnified by your employer.

If your other cosmetic procedures exceed 50% of your practice, you require cover under the 'Cosmetic proceduralist' category.

The Policy excludes cover for all cosmetic procedures and cosmetic treatments to genitalia.

Urology

You hold Ahpra specialist registration for Urology and you practise in this specialty.

Vascular surgery

You hold Ahpra specialist registration for Vascular surgery and you practise in this specialty.

This category includes cover for cosmetic services covered under the 'Minor cosmetic extension' as an extension of practice.

Cosmetic procedures not included above are also covered, if those services:

- Fall within the scope of your accredited training; and
- Generate less than 50% of your total billings from practice not indemnified by your employer.

If your other cosmetic procedures exceed 50% of your practice, you require cover under the 'Cosmetic proceduralist' category.

Cosmetic practice

Cosmetic proceduralist

This category applies if:

- You hold Ahpra registration as a specialist plastic surgeon, dermatologist, ophthalmologist, oral and maxillofacial surgeon, otolaryngologist or vascular surgeon and your approved cosmetic services exceed 50% of your annual total gross billings not indemnified by your employer; or
- You hold Ahpra registration as a gynaecologist or a surgeon, other than a plastic surgeon, oral maxillofacial surgeon, otolaryngologist or vascular surgeon, and You undertake any cosmetic surgery.

Cover for cosmetic surgery procedures is subject to individual application and approval.

If approved, cover will be limited to surgery performed in a licensed and/or accredited health facility in accordance with state requirements and in the presence of a specialist anaesthetist.

The Policy excludes cover for all cosmetic procedures and cosmetic treatments to genitalia.

For more information see '[Cosmetic practice](#)' on page 47.

Dental categories

Dental non-specialists

Dental hygienist/therapist

You hold Ahpra registration as a Dental hygienist or Dental therapist and you practise in this field. Practice in this category includes teeth whitening.

Oral health therapist

You hold Ahpra registration as an Oral health therapist and you practise in this field.

Dental prosthetist

You hold Ahpra registration as a Dental prosthetist and you practise in this field.

Dentist

You hold Ahpra registration as a General Dentist and you practise in this field.

This category includes cover for activities within the definition of dentistry, including:

- Services in assessment, diagnosis, treatment, management, and prevention
- Crowns, veneers
- Non-cosmetic use of botulinum toxin
- Orthodontic treatments within the scope of a General Dentist.

Surgical placement of dental implants is excluded unless you have the 'Dental implants (surgical placement) extension' as an extension of practice.

Cosmetic services are excluded unless you have the 'Minor cosmetic extension' under extension of practice, and you only undertake those services approved for dental practitioners.

Dental specialists

These categories also apply if you are undertaking an accredited specialist training program.

Dento-maxillofacial radiology

You hold Ahpra registration for Dento-maxillofacial radiology and you practise in this field.

Endodontics

You hold Ahpra registration for Endodontics and you practise in this field.

Forensic odontology

You hold Ahpra registration for Forensic odontology and you practise in this field.

Oral and maxillofacial pathology

You hold Ahpra registration for Oral and maxillofacial pathology and you practise in this field.

Oral and maxillofacial surgery (dental)

You hold Ahpra dental registration (but not medical registration) for Oral and maxillofacial surgery and you practise in this field.

This category includes cover for cosmetic services covered under the 'Minor cosmetic extension' as an extension of practice.

Cosmetic procedures not included above are also covered, if those services:

- Fall within the scope of your accredited training; and
- Generate less than 50% of your total billings from practice not indemnified by your employer.

If your other cosmetic procedures exceed 50% of your practice, you require cover under the 'Cosmetic proceduralist' category.

Oral medicine

You hold Ahpra registration for Oral medicine and you practise in this field.

Oral surgery

You hold Ahpra registration for Oral surgery and you practise in this field.

Orthodontics

You hold Ahpra registration for Orthodontics and you practise in this field.

Paediatric dentistry

You hold Ahpra registration for Paediatric dentistry and you practise in this field.

Periodontics

You hold Ahpra registration for Periodontics and you practise in this field.

Prosthodontics

You hold Ahpra registration for Prosthodontics and you practise in this field.

Public health dentistry (Community dentistry)

You hold Ahpra registration for Public health dentistry (Community dentistry) and you practise in this field.

Special needs dentistry

You hold Ahpra registration for Special needs dentistry and you practise in this field.

Cover for Nuclear medicine technology practitioners

Nuclear medicine technologist

You hold Ahpra registration for Nuclear medicine technologist and you practise in this field.

Section 07

Privacy Policy

Your privacy

MIPS takes your privacy seriously.

How we collect, use, hold and disclose information is governed by the Privacy Act 1988 (the Privacy Act) and the Australian Privacy Principles (APPs). This privacy policy applies to Medical Indemnity Protection Society Limited (ABN 64 007 067 281) and to all its related subsidiaries including MIPS Insurance Pty Ltd (ABN 81 089 048 359).

MIPS is committed to protecting the privacy of your personal information. Personal information includes any information or opinion, about an identified individual or an individual who can be reasonably identified from information about them. Information or opinion is still treated as personal information whether it is true or not and regardless of whether we have kept a record of it.

Why do we collect personal and sensitive information?

MIPS must collect, use, hold and disclose personal information to carry on its business operations. Types of information that we collect and hold about you could include: your name, sex, postal or email address, telephone numbers, and date of birth or relevant information about your current and past healthcare practice.

We collect this information so that we can:

- identify you, conduct appropriate checks and keep your information up to date
- understand your requirements and provide you with a product or service
- assess, approve, issue and administer membership
- provide assistance, support, risk management and claims and defence advice
- manage, administer and improve our products, services and systems
- assess and investigate any claims, incidents or notifications
- manage, train and develop our employees and representatives
- manage complaints and disputes, and report to dispute resolution bodies
- comply with legislative or regulatory requirements, and
- tell you about our products or services we think may interest you.

The collection of sensitive information is restricted by the Privacy Act. This includes information about your religion, racial or ethnic origin, political opinions, criminal record, and sexual orientation. It also includes health information and biometric information. Generally, we only collect this type of information if it is necessary to provide you with a specific product or service and you have consented to that collection. This may include, for example, assessing an application for membership or providing assistance in relation to a claim.

If you do not allow us to collect all of the information we request, we may not be able to provide you with a membership benefit or service or deliver all of those services effectively.

How do we collect personal information?

We collect most personal information directly from you. For example, we will collect your personal information when you apply for membership or access a membership benefit or service or lodge a claim.

We collect this information in person, over the phone, over a video conference (or other telecommunication means), or electronically via email or when you visit our website.

Sometimes we collect personal information about you from other people or organisations. This may happen without your direct involvement. For instance, obtaining information from your representative or information that is publicly available, for example from public registers or social media, or made available by third parties. Only relevant information is collected for MIPS to undertake its business operations and information that is unsolicited or incorrect may be disposed of in accordance with internal processes.

How do we hold personal information?

Much of the information we hold will be stored securely and managed by MIPS or specialist external service providers. Some information we hold will be stored in paper files. Personal and sensitive information is currently held in a secure manner in a number of countries including Australia, Canada, France, Germany, Gibraltar, Hong Kong, Singapore, Switzerland, United States of America and United Kingdom. Information disclosed and stored with our service partners is subject to all reasonable steps being undertaken to ensure information will be treated in a manner consistent with the APPs and other applicable laws and principles such as the United States of America and European Union Privacy Shield Framework. Disputes in relation to personal information disclosed to these providers are protected by the independent recourse mechanism.

MIPS uses a range of physical and electronic security measures to protect the security of the personal and sensitive information we hold.

For example:

- access to information systems is controlled through strict identity and access management procedures
- appropriate data encryption techniques are applied
- employees are bound by internal information security policies and are required to attest to compliance with policies
- MIPS' internal information assets are protected by information security and threat detection and response systems
- service agreements with external service providers are required to meet or exceed the minimum requirements outlined by APPs
- all employees are required to complete training about information security, and
- we regularly monitor and review our compliance with internal policies, regulatory and industry guidelines.

To whom may we disclose your personal information, and why?

In order to provide you with MIPS membership benefits and services, MIPS may disclose personal and sensitive information to related entities and external service providers to perform some functions on our behalf. Some of the operations of these service providers are located overseas. However, where possible, providers services are accessed by MIPS via their Australian registered and operated subsidiaries. We only disclose your information to these organisations when it is necessary for the services they provide MIPS.

We will use and disclose your personal and sensitive information for the purposes we collected it as well as purposes that are related to that, where you would reasonably expect us to. For example, we may disclose your personal and sensitive information to:

- MIPS related entities
- service providers of claims administration and policy administration systems
- insurers, reinsurers, brokers, actuaries, assessors or investigators
- a third-party claimant or witnesses in a claim
- administrative service providers, consultants and contractors
- accounting, legal and professional advisers or auditors
- government, statutory or regulatory bodies and enforcement bodies
- the Australian Financial Complaints Authority (AFCA) or any other external dispute resolution body
- your personal legal representative or under the instruction of a Power of Attorney, for example after your death for management of your estate, and
- any other organisation or person, where you have asked them to provide your personal information to us or asked us to obtain personal information from them.

We may collect and disclose your personal and sensitive information to these persons and organisations during the information life cycle, regularly, or on an ad hoc basis, depending on the purpose of collection.

We may also use your de-identified information for research and statistical analysis.

Our marketing practices

MIPS may utilise personal information to distribute information about MIPS products, services, publications and news that you might be interested in. This distribution may occur via mail, SMS, email, telephone, online or in person.

If we use your information for marketing purposes, we will comply with relevant legislation, for example all electronic activities comply with the requirements of the Spam Act 2003 (Cth).

Your personal information is kept confidential and only disclosed to you or those parties permitted by this statement.

Right of access to your information

You have a right to access and correct your personal and sensitive information. Please contact the Privacy Officer on 1800 061 113 (from outside Australia +61 3 9959 2100), or at compliance@mips.com.au to request your information. There is no charge for the provision of that personal information. If you request access to sensitive information, there may be a delay in providing this information for example, if the information is related to a claim that is still under consideration.

Privacy Complaints

MIPS deals openly and efficiently with complaints, expressions of dissatisfaction and disputes relating to privacy. MIPS has an internal complaint and dispute resolution process which is free. If you have a complaint about privacy, please contact MIPS on 1800 061 113 (from outside Australia +61 3 9959 2100), or at complaints@mips.com.au. We will respond to your complaint within 15 business days. If we need to receive more information, or to undertake investigations about your complaint, we will agree reasonable timeframes with you of up to 45 days.

If the matter is still not resolved to your satisfaction upon conclusion of the Complaints process, you can contact the Office of the Australian Information Commissioner.

Office of the Australian Information Commissioner

GPO Box 5228
Sydney NSW 2001

Phone: 1300 363 992

Fax: 02 6123 5145

Website: <https://www.oaic.gov.au/contact-us>

Financial Services Guide



The services described in this Financial Services Guide (FSG) are provided by MIPS. Contact details for MIPS can be found at the end of this document. This FSG contains information about who pays for the financial services provided to you, how MIPS deals with complaints, and explains any associations or relationships that could influence MIPS. It is designed to help you decide whether to use the services offered by MIPS.

You should make your own assessment of MIPS before joining and read this Member Handbook Combined PDS and FSG.

Capitalised terms used in this FSG have the meaning given to them in the definitions set out in Section 02 of the PDS, including that any references to the 'Policy' are to the master indemnity insurance policy held by MIPS for the benefit of members.

What financial services does MIPS provide?

MIPS holds an AFSL authorising it to deal in, and provide, financial product advice in relation to general insurance and miscellaneous financial risk products for retail clients who are members. This includes issuing, applying for, acquiring, varying, and disposing of a general insurance product. MIPS is also authorised to provide custodial and depository services, and claims handling and settling services. MIPS is responsible for the financial services it provides through its trained employees and representatives.

Miscellaneous financial risk products

Membership in MIPS is a miscellaneous financial risk product. When MIPS issues, varies or cancels membership, it does so on its own behalf.

General insurance

The master Policy is issued by MIPS Insurance to MIPS and provides professional indemnity insurance cover for the benefit of members of MIPS. MIPS Insurance is a wholly owned subsidiary of MIPS. When MIPS arranges cover it is doing so on behalf of MIPS members. MIPS Insurance is an Australian Prudential Regulatory Authority (APRA) regulated insurer and holds an AFSL authorising the provision of financial product advice for general insurance products to retail and wholesale clients who are members.

Custodial services

The Policy that MIPS has in place for its members, and the benefits under that Policy, are held in trust by MIPS for MIPS members. This is a custodial service provided by MIPS.

Will I get a statement of advice?

MIPS does not issue statements of advice as we are licensed to only provide general financial advice which will not consider your objectives, financial situation and needs. Because our advice does not take these matters into account, you should consider your own circumstances before choosing MIPS membership.

Will I get a product disclosure statement?

You will receive a PDS for each financial product issued to you as a retail client. Each PDS contains information that will enable you to make an informed decision about the financial product.

It sets out the significant features of the financial product as well as other information and details required by law to be in a PDS.

What does MIPS charge?

MIPS charges a membership fee for MIPS membership which includes the cost of membership benefits, including insurance cover.

Remuneration and commissions

MIPS does not charge any additional fee or receive any remuneration for its custodial services. MIPS staff receive market-based salaries and are not paid commissions. For more information about remuneration, please ask MIPS within a reasonable time of receiving this FSG and before You choose to join MIPS.

What should I do if I have a complaint?

Refer to '[Section 05: Other information you need to know \(How to make a complaint\)](#)' on page 41 to understand how MIPS handles complaints.

What arrangements does MIPS have in place to compensate clients for losses?

MIPS has professional indemnity insurance in place that will cover MIPS for claims made against MIPS in relation to the conduct of MIPS or its representatives in the provision of MIPS financial services. The insurance meets the requirements of the 'Corporations Act 2001 (Cth)'.

Financial Claims Scheme

Refer to '[Section 05: Other Information you need to know \(Financial Claims Scheme\)](#)' on page 42 in the PDS for an explanation of the Financial Claims Scheme.

This handbook was prepared on 01 May 2026

This handbook is a combined PDS and FSG, designed to help you make an informed decision when applying for MIPS membership. It describes the features and benefits of MIPS membership including access to insurance cover under a master policy held by MIPS, which is only available by being a MIPS member.

An electronic copy made available without charge on request.

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