

MEMBERSHIP CLASSIFICATION GUIDE

30 Your membership classification

- 30 Practice location
 - 30 General requirements
 - 30 Changing practice type or location
 - 30 Your category
 - 30 Your practice basis
 - 32 Run-off cover basis
 - 33 Your endorsements
-

33 Employer indemnified practice

34 Non-employer indemnified practice

34 Estimating hours, billings and/or salary

35 Cosmetic procedures

35 Shared antenatal care

35 Supervising other practitioners

35 Medical retrievals and repatriation

36 Ceasing practice in Australia

36 Student

- 36 Healthcare student
 - 36 Pre-registration practice
-

37 Medical

- 37 Non specialists (eg Medical officer)
 - 37 General practitioners
 - 39 Other medical specialist
-

43 Dental

43 Other healthcare

Your membership classification

Your MIPS membership classification is made up of your category, practice basis and endorsements. This determines the extent of your practice that is indemnified. For example:

Category: GP non procedural

Basis: Gross private billings/salary

Endorsements: Gratuitous services outside of Australia, Minor cosmetics

Your Member Benefit Statement outlines your membership classification for the current membership period and up to three previous membership periods. You must ensure your membership classification covers the healthcare services provided in each membership period. You are not entitled to the benefits of membership, including insurance cover, for the provision of healthcare outside your membership classification, scope of practice or where you do not hold appropriate recognised qualifications, training and experience.

Queries about this Membership Classification Guide should be directed to info@mips.com.au

Practice state

The benefits of MIPS membership apply throughout all Australian states and territories.

Your **Practice state**, including where you practice in multiple states, should be where you generate the majority of your non-employer indemnified (private) practice billings/ and or salary in a membership period or where you undertake the majority of your practice (hours) if you are employer indemnified.

General requirements

Members must practice within the constraints of any restrictions or practice conditions imposed by AHPRA or its healthcare practitioner boards and comply with guidelines and requirements issued by their registration body and colleges.

There is a general requirement that every member has the appropriate training, qualifications and experience for the healthcare services they provide or supervise and if required have appropriate supervision.

Members are expected to undertake the provision of healthcare services in a **facility** that holds appropriate accreditation (if required) and have available appropriate resources for the range of services that will be provided. Although healthcare services are usually carried out in a hospital or consulting room, they may also be performed in patients' residences, aged care facilities and other healthcare facilities. Each practitioner should refer to and adhere to any guidelines and /or requirements from their registration body and college of practitioners (as appropriate).

Changing your practice type or location

You are required to notify MIPS of any change in the nature of healthcare services you provide or practice location as soon as you become aware of the change to ensure you do not prejudice your membership benefits including insurance cover.

Any change to your membership details may result in an amendment (additional fee or refund) to your membership fee.

A signed disclaimer may be required to confirm you have disclosed all material matters to MIPS at the time of amending your membership details.

Your category

Your category should reflect your AHPRA registration or the specialty in which you are undertaking an accredited training program. Members who hold multiple healthcare registrations or specialties must be in the category that appropriately reflects the highest risk practice. Contact MIPS to determine the higher risk category.

Some categories will be determined by the description of the level of practice within your specialty in a non-employer indemnified (private) setting, for example **procedural or non-procedural**. Where a category includes a **list of treatments and procedures** these are not intended to be exhaustive and may vary from year to year dependent upon our claims experience, treatment developments and innovations, views of colleges, professional associations and AHPRA, claims expectations and views of insurers and reinsurers.

Some types of non-employer indemnified (private) practice may be excluded under your category. Your category will provide a list of **exclusions** that apply or where an endorsement is required for cover to extend to those services.

Your practice basis

You will be required to provide information regarding the level and type of practice you undertake to determine an appropriate practice basis.

The type of information we require to determine your practice basis includes but is not limited to your level of training, the amount you bill annually for non-employer indemnified (private) services, the type of non-employer indemnified (private) services you undertake or if you are fully employer indemnified for all your practice.

Some types of non-employer indemnified (private) practice may be excluded under your practice basis. Your basis will provide a list of any **exclusion(s)** that apply.



Clinical training / study applies if you are a Healthcare Student or you are a practitioner undertaking 'pre-registration' activities before obtaining your AHPRA registration.



New graduate applies if you have graduated within the current membership period (ie financial year). International graduates are only eligible based on the year they first obtained their equivalent of an Australian healthcare qualification (eg MBBS, BDS, etc) not the year they were awarded their Australian Medical Council (AMC) certificate.

Non-employer indemnified (private) practice is covered up to \$100,000 gross billings/salary within the membership period, as long as that practice is commensurate with your training, qualifications and experience with appropriate supervision arrangements in place (if applicable) and the services are covered under your category. Contact MIPS if additional private practice is required.

Cover and benefits will be limited for medical practitioners to practise only as allowed under their Provisional Registration.

This basis is not eligible for the 'Minor cosmetic extension' or 'Specified dental procedures' endorsements.



Recent graduate applies if you have graduated within the last 5 years and you have not yet commenced an accredited registrar or dental specialist training program.

If your basis states '**Recent graduate – Employer indemnified only**', your membership classification **excludes** cover for non-employer indemnified (private) practice.

If your basis states 'Recent graduate' only, your membership classification includes cover up to \$100,000 gross billings/salary within the membership period, as long as that practice is commensurate with your training, qualifications and experience with appropriate supervision arrangements in place (if applicable) and the services are covered under your category.

If you need to include or amend the level of private practice, contact MIPS.

This basis is not eligible for the 'Minor cosmetic extension' or 'Specified dental procedures' endorsements.



Registrar applies if you are undertaking an accredited registrar training program.

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 within an accredited program with an Australian Specialist College, for the purposes to obtain Australian specialist qualification and registration.

If your basis states '**Registrar – Employer indemnified only**', your membership classification **excludes** cover for non-employer indemnified (private) practice.

If your basis states '**Registrar**' only, your membership classification **includes** cover up to \$100,000 gross billings/salary within the membership period, as long as that practice is commensurate with your training, qualifications and experience with appropriate supervision arrangements in place (if applicable) and the services are covered under your category.

If you need to include or amend the level of private practice, contact MIPS.

This basis is not eligible for the 'Minor cosmetic extension' endorsement.

You are not eligible for this basis if:

- you undertake non-employer indemnified (private) unsupervised obstetric services (other than 'shared care' antenatal consulting), bariatric surgery, spinal surgery and neurosurgery
- you have already obtained an Australian specialist qualification
- you are practising in an unaccredited registrar position (ie not accepted into an accredited registrar training program)
- you are international specialist undertaking supervised practice where you bill as a specialist or where that practice is not within an accredited program with an Australian Specialist College.



Employer indemnified only applies if 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 'Employer indemnified practice' for further information.

Refer to 'Run-off basis' if you have 'ROCS past private practice' appended.



Dental specialist in training applies if you are a general dentist and you are currently enrolled in an AHPRA approved program of study for dental specialist registration.

If your basis states '**Dental specialist in training - Employer indemnified only**', your membership classification excludes cover for non-employer indemnified (private) practice.

If your basis states '**Dental specialist in training**' only, your membership classification **includes** cover up to \$100,000 gross billings/salary within the membership period as long as that practice is commensurate with your training, qualifications, and experience with appropriate supervision arrangements in place (if applicable) and the services are covered under your category.

If you need to include or amend the level of private practice, contact MIPS.

Members who already hold an Australian dental specialist qualification are not eligible for the 'Dentist in training' basis.



Gratuitous services only applies if you are no longer undertaking remunerated (paid) healthcare practice in Australia and your membership provides run-off cover for your previous practice. In addition to this, you undertake gratuitous (unpaid) healthcare activities in Australia, such as prescribing and referral services, where you continue to hold appropriate AHPRA registration (where required).

This basis does not provide cover for unpaid services where the patients (or third party) are charged for the services undertaken.

Refer to 'Run-off basis' and 'Ceasing practice in Australia' for further information.



Gross private billings/salary applies if you undertake non-employer indemnified (private) practice where the services are covered under your category and your type of practice means you are ineligible for another basis.

Refer to 'Estimating hours, billings and/or salary' for further information.



Hours per week applies if you are a dental hygienist, dental therapist, prosthetist or oral health therapist and you undertake non-employer indemnified (private) practice where the services are covered under your category.

Refer to 'Estimating hours, billings and/or salary' for further information.



Non-operating specialist applies if your non-employer indemnified (private) practice is limited exclusively to consultations for example seeing patients for second opinions, medico-legal assessments and examinations for those purposes and the services are covered under your category.

You may also undertake surgical assisting in this basis.

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



Non-practising applies if 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 provide any cover for employer indemnified practice or gratuitous services.

Refer to 'Run-off basis' and 'Ceasing practice in Australia' for further information.



Reciprocal applies if you are practicing in Australia under the reciprocal arrangement between Medical Protection Society (MPS) and MIPS and you are employer indemnified 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 'Employer indemnified practice' for further information.



Surgical assisting only applies if you are a specialist (excluding general practitioners) and your non-employer indemnified (private) practice is limited exclusively to surgical assisting.

Run-off cover basis

There are different types of run-off cover, ERP (extended reporting period) or ROCS (Run-Off Cover Scheme), which will depend on your eligibility. A run-off cover basis will be appended to your membership classification.



ERP applies if you have ceased healthcare practice (temporarily or permanently) in Australia.



ERP loyal applies if you have ceased ALL healthcare practice permanently and have been a MIPS member for five continuous years.



ROCS applies if you have met the Australian Government Scheme eligibility criteria.



ROCS past private practice applies if you have met the eligibility criteria for ROCS for past private practice and you continue to work in an employer indemnified position.

Refer 'Ceasing practice in Australia' for further information.

Your endorsements

Some types of practice you undertake may require an 'endorsement' to extend or restrict your coverage.



Minor cosmetics extension is required if you undertake, prescribe or supervise specified minimally invasive office-based cosmetic procedures and the billings relating to those services do not exceed 50% of your healthcare practice eg annual total gross private billings.

Minor cosmetic procedures include:

- botulinum toxin injections (Botox, Dysport, Xeomin etc)
- dermal filler injections -non-permanent (including collagen, fat, hyaluronic acid)
- dermal resurfacing (superficial) including laser, peels, needling/dermal rolling, microdermabrasion (medical practitioners only)
- facial thread lift – non-permanent (PDO, PLA, PCA) (medical practitioners only)
- platelet rich plasma (PRP) injections (autologous only) for skin rejuvenation purposes (excluding genitalia) – (medical practitioners only)
- intense pulse light therapy (IPL) including photo-rejuvenation (medical practitioners only)

All other cosmetic procedures should be referred for assessment. Teeth whitening/bleaching performed by dental practitioners does not require the 'Minor cosmetic extension' endorsement. Non-cosmetic uses of botulinum toxin do not require the 'Minor-cosmetic extension' endorsement.

Refer 'Cosmetic procedures' for further information.



Spinal surgery extension is required if you are an orthopaedic surgeon and you undertake spinal surgery and you are not indemnified by your employer for this practice.



Non specialist undertaking procedural GP activities is required if you are in either the 'Medical officer' or 'General practice' categories and you undertake unsupervised procedural GP activities

and you are not indemnified by your employer for this practice. Refer 'GP Procedural' for further information.



Pain medicine extension is required if you undertake pain medicine services and you are not indemnified by your employer for this practice.



Dental implants extension is required if you are a general dentist undertaking the surgical placement of dental implants and you are not indemnified by your employer for this practice.



Bariatric surgery extension is required if you are a general surgeon and you undertake bariatric surgery and you are not indemnified by your employer for this practice.

This endorsement is also required if you are undertaking locums or volunteering to cover for colleagues where you may have to manage postoperative care of bariatric surgery patients.



Gratuitous services in Australia is required if you are employer indemnified for all your healthcare practice and you undertake gratuitous services in Australia where you are not indemnified by your employer for these services. Refer to 'Gratuitous Services' for further information.



Employer indemnified outside of Australia is required if you have been approved for an extension of cover for practice outside of Australia to undertake an employer indemnified placement.



Gratuitous services outside of Australia is required if you have been approved for an extension of cover for practice outside of Australia to provide gratuitous aid work services to disadvantaged locals. Refer to 'Gratuitous Services' for further information.



Sporting & cultural outside of Australia is required if you have been approved for an extension of cover for practice outside of Australia to accompany an Australian sporting or cultural group. Cover will only apply when treating Australian nationals.

Employer indemnified practice

Employer indemnified practice refers to practice where your employer has agreed to indemnify you (to meet your AHPRA registration indemnity requirements) for any civil claims as a result of your acts, errors and omissions in carrying out your duties. This type of practice is usually undertaken in a public hospital setting however you may also be indemnified by your employer in a private setting.

If you are employed as a contractor, and you have received confirmation from the hospital, clinic or locum agency that you are indemnified for civil claims that arise from your healthcare practice, then your practice is considered to be 'employer indemnified'.

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

It is important to remember that even if your employer provides indemnity for civil claims that arise from your healthcare practice, you may not be covered by them for other individual professional risks, such as a coronial inquest or investigation by the AHPRA. All members (excluding those in a non-practising classification) receive cover and assistance for a range of matters that may not be covered by your employer including:

- professional disputes with your employer (eg hospital)
- registration boards' complaints
- coroners' inquests
- healthcare services commissioners' matters (eg NSW Health Care Complaints Commission, Victorian Health Complaints Commission, Office of the Health Ombudsman Queensland)
- investigations by state drug and poisons services
- general assistance and medico-legal advice on issues such as informed consent, testamentary capacity, whether a death needs to be reported to the coroner, release of medical records etc.

Members may also approach MIPS for assistance if they have concerns that their employer is not meeting or is unable to meet their obligations to them (eg due to conflict of interest).

MIPS will not provide indemnity for civil claims for any employer indemnified practice.

Non-employer indemnified practice

Non-employer indemnified practice refers to practice where you are not indemnified by your employer for any civil claims arising from your healthcare practice regardless of whether these services are undertaken in a public or private setting.

Estimating hours, billings and/or salary

If you undertake non-employer indemnified (private) practice you are required to provide an 'estimate' of your annual billings. If you also undertake healthcare practice where no

billings are generated, you will need to provide your salary for that practice, including any salary you receive for the supervision of other practitioners where those services are not employer indemnified. You should:



include 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)



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



if you are not generating billings under your provider number include the salary you receive for your practice (eg salary received for supervising other practitioners)



NOT include billings or salary generated from practice where you are indemnified by your employer



NOT include billings or salary that relate to non-clinical practice that does not meet our definition of healthcare (see definition of healthcare on page 27 within the Indemnity Insurance Policy)



NOT include any salary which is based on billings you have already provided

Your practice manager, locum agency or employing hospital may be able to provide you with an estimate.

An adjustment to your estimated annual gross private billings for the membership period can be made at any time by providing this information to MIPS prior to the membership period expiring (eg 30 June).

Until you are able to determine (or you do not generate) billings, you can provide your gross annual salary.

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

If you are required to provide your total **hours** per week, you will also need to indicate the percentage of hours that relate to non-employer indemnified (private) practice.

We are entitled to conduct an audit (or regulatory audit ie Medicare) of your gross billings and/or salary. Members are required to notify MIPS as soon as they become aware that their estimated hours, billings and/or salary does not accurately reflect the level of cover required for the membership period. Any changes may result in an additional

fee. In the event that you have not advised MIPS of changes in your hours, billings and/or salary, in addition to any other course of action available to us, you may be required to pay an additional membership fee.

Cosmetic procedures

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

If you undertake, prescribe or supervise any cosmetic services, you are required to have recognised qualifications, training and experience as well as maintain an appropriate level of indemnity cover, including if the services are undertaken by a third party. If you undertake 'minor cosmetic' procedures as defined by MIPS your membership must be endorsed. Refer 'Endorsements' for a list of procedures.

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

All dental practitioners (including allied dental health) are required to comply with any policies or guidelines provided by the Dental Board of Australia. All queries regarding this should be referred directly to AHPRA.

Any additional membership fee charged reflects the very high risk associated with cosmetic work. Actions are more readily defensible where a procedure is performed by a healthcare practitioner who can demonstrate certified satisfactory completion (preferably by formal examination) of accredited postgraduate training.

Shared antenatal care

Shared antenatal care includes uncomplicated low risk pregnancies when the patient has been referred to and accepted as a patient in writing at an early stage of pregnancy by either:

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

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

Supervising other practitioners

If you are supervising other practitioners (including students, nurses, registrars and trainees) you are required to have the recognised qualifications, training and experience for the services you supervise as well as maintain an appropriate level of indemnity cover for those services.

Appropriate supervision arrangements must be in place and may include:

- direct supervision
- indirect supervision (eg present in the workplace, but not in the consultation)
- remote supervision (eg mentoring or video link)

Regardless of the level of supervision there must be adequate access to communication, oversight, interaction, direction and support after initial instruction has been provided.

The level of supervision you provide must be appropriate to who you are supervising. For example students will require direct supervision in most circumstances and you will need to be physically present and take responsibility for the patient, however, for experienced practitioners who take responsibility for the patient, appropriate supervision may be indirect even if you work at the same location. However, you should make yourself available for consultation (in person, by telephone or video link) if required, periodically review the supervised practitioner's practice if required, and comply with any obligations that your employer, college (eg RACP, RACS etc) or regulatory body (eg AHPRA) require.

It is important to note that all AHPRA registered healthcare providers that you are supervising, including nurses or registrars, are required to obtain their own professional indemnity insurance.

Medical retrievals and repatriation

Cover is provided for retrieval medicine in Australia and can also be extended to medical repatriations to Australia as per the terms outlined in the Indemnity Insurance Policy.

For cover to extend to medical repatriations, you need to meet the following criteria:

- the patient is being repatriated to Australia; and
- you will not clinically treat or take over care of the patient until the transfer of care from the local health team to yourself legally occurs; and
- the patient is not located, nor will any healthcare services to be undertaken, in the USA or where USA law applies.

MIPS is aware of the urgent nature of retrieval which is why members are not required to obtain approval from MIPS prior to undertaking a medical repatriation if you meet the criteria. If you do not meet the criteria refer your details to MIPS for assessment.

Ceasing practice in Australia

If you have ceased practice (temporarily or permanently) you will need to maintain run-off cover to ensure that you remain covered for emerging claims from your prior practice in Australia and continue to meet your AHPRA requirements. The type of run-off cover will depend on your individual circumstances.

If you cease practice in Australia (permanently or temporarily) MIPS can offer run-off cover for your past practice in an extended reporting period (ERP) membership classification. The cost of ERP cover is calculated on your individual risk history and will vary for each member. If you have been with MIPS for five continuous years and you are permanently retiring from all healthcare practice you will be eligible for ERP 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 to eligible practitioners. In some circumstances, such as maternity leave or retirement, medical practitioners may be immediately eligible for ROCS from the date they cease practice. See 'Government assistance schemes' for more information.

If have ceased practice in Australia (or will cease prior to 30 June), complete the **Ceasing Practice Form** online at mips.com.au/ceasing

Student

A student membership category may apply if:

- You are a student currently studying a healthcare discipline (medicine, dentistry, oral health or nuclear medicine) at a recognised education provider in Australia.
- You are currently studying a healthcare discipline (medicine, dentistry, oral health or nuclear medicine) outside of Australia and you will undertake an Australian placement.
- You are a practitioner undertaking healthcare activities **prior** to obtaining AHPRA registration.



Healthcare student

This category applies to students currently studying a healthcare discipline (medical, dental science, oral health or nuclear medicine technology) at a recognised education provider in Australia.

This category also applies to students currently studying an equivalent healthcare discipline at a recognised education provider outside of Australia undertaking a temporary placement in Australia.

Cover applies for student activities commensurate with the level of education, training and experience for a healthcare student as per the terms outlined in the **Indemnity Insurance Policy**.

Cover for volunteer healthcare services (eg St Johns Ambulances or charity groups) is subject to individual application and approval.

Cover for healthcare services outside of Australia (excluding in the USA and where USA law applies) will only apply to students who will obtain their qualification from an Australian education provider.

Students undertaking student placement activities are required to be appropriately supervised. Appropriate supervision includes direct or indirect supervision that provides adequate access to communication, oversight, interaction, direction and support from your supervisor throughout the activity.

If you are undertaking volunteer services or are unsure if your student healthcare activities are covered visit mips.com.au/placement to submit a **Student Placements, Healthcare Activities form** for assessment.



Pre-registration practice

This category applies to practitioners undertaking healthcare activities, including observerships, prior to obtaining AHPRA registration.

If you have obtained AHPRA registration (or you will have obtained it by the time you commence practice) you are not eligible for this category.

Members in this category may undertake pre-registration activities under complete supervision of an Australian registered healthcare practitioner but must not provide any healthcare of a type required to be provided by a registered healthcare practitioner or be responsible in any way for patient management.

Practitioners undertaking pre-registration placement activities are required to be appropriately supervised. Appropriate supervision includes direct or indirect supervision that provides adequate access to communication, oversight, interaction, direction and support from your supervisor throughout the activity.

Medical

All medical categories exclude cover for cosmetic services unless stated otherwise. If you undertake, prescribe, or supervise any cosmetic service not covered under your category refer to the 'Cosmetic procedures' section and 'Minor cosmetic extension' endorsement for further information. If you undertake any cosmetic service not covered under the 'Minor cosmetic extension' endorsement, contact MIPS.

Non specialists

These categories apply to medical practitioners that hold general, limited or provisional registration only and have not commenced an Australian registrar/training program or specialist recognition pathway.



Medical officer

This category applies to practitioners who undertake the majority of their practice in a hospital (or non general practice) setting.

Refer to the **GP non procedural** category for a list of treatments, procedures and practice covered under this category.

An endorsement is required if you are undertaking any services listed under the **GP procedural** category and/or any **minor cosmetic** services as defined by MIPS.



General practice

This category applies to general registration practitioners who practice in a general practice setting.

Refer to the GP non procedural category for a list of treatments, procedures and practice covered under this category.

An endorsement is required if you are undertaking any services listed under the **GP procedural** category and/or any **minor cosmetic** services as defined by MIPS.

General practitioners

These GP categories apply to practitioners that hold specialist registration, are vocationally registered or are permitted to practise as a specialist. These categories also apply if you are undertaking an accredited registrar GP training program.

If you are not a registered specialist with AHPRA or undertaking an accredited registrar training program refer to category 'General practice' under Non specialists.



GP non procedural

This category applies to general practitioners who undertake treatments, procedures or practice most GPs commonly perform in their rooms. It does not include all the treatments, procedures or practice that GPs could perform in their rooms.

Procedures include:

- repair of superficial lacerations of skin and subcutaneous tissue
- removal of superficial skin lesions, tumours and cysts
- biopsy of skin lesions (including punch biopsies)
- removal of foreign bodies, including superficial corneal and aural
- incision and drainage of superficial abscesses
- eyelid – excision/curettage of chalazion
- cautery and cryotherapy of superficial skin lesions
- electrocautery of nose bleeds
- drainage of thrombosed external haemorrhoids
- reduction of simple closed joint dislocations
- treatment of simple fractures – not requiring reduction or anaesthesia
- local anaesthesia (not including regional blocks)
- acupuncture (including laser acupuncture)
- aspiration of and/or intra-articular injections into peripheral joints (not spine)
- insertion and removal of IUCDs
- avulsion of a toenail (may include wedge resection but excluding total removal of nail bed)
- hormonal contraceptive implant insertion and removal
- proctoscopy/sigmoidoscopy (without biopsy)
- syringing of the external auditory canal
- insertion of urinary catheters
- venepuncture and simple insertions of IV lines/IV drug therapy

- allergy testing/desensitisation
- arterial blood gas estimations
- blood transfusions
- surgical assistance
- skin flaps and grafts (excluding full thickness grafts) as defined by MIPS (see 'Skin flaps and grafts')
- shared antenatal care in consultation with a hospital or specialist obstetrician or GP obstetrician (see 'shared antenatal care' definition)
- exercise ECG (with appropriate resuscitation facilities)
- post mortems
- lumbar puncture.

This list is not exhaustive.

An endorsement is required if you undertake any **minor cosmetic** services as defined by MIPS.

The 'GP non procedural' category **excludes** cover for the following non-employer indemnified practice:

- procedures listed under GP procedural
- obstetric services other than 'shared antenatal care' (see 'Shared antenatal care' definition)
- perinatal care
- administering and monitoring sedation for procedures such as (but not limited to) gastroscopy and colonoscopy
- anaesthesia or intravenous/intravascular sedation (other than those performed under local anaesthesia including finger and toe blocks)
- neurosurgery, bariatric surgery and spinal surgery
- other procedures normally undertaken by medical specialists unless agreed in writing by MIPS.

After hours deputising services

If you are undertaking after-hours activities, this category applies provided the activities are of a non-procedural GP nature.

Cover can apply for dispensing/supplying medications during after-hours consultations when approved by MIPS.

Skin flaps and grafts

Members in any of the GP categories may perform excisions and closures, for example removal of superficial skin lesions (including facial lesions), tumours and cysts. You must exercise

your clinical judgement as to whether you can perform any excision and closure satisfactorily before commencing. There are no specific restrictions for closures unless you are performing skin flaps or grafts other than the fact that the procedure must be clinically appropriate.

If you are in either the **GP procedural** category or the **GP procedural** including anaesthetics and/or obstetrics category you may perform skin flaps and grafts both split/partial and full thickness on any part of the body for non-cosmetic reasons.

If you are in the GP non-procedural category you may perform, for non-cosmetic reasons:

- 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 & skin grafts excluding full thickness grafts, ie split/partial only, on any location other than the face (eg scalp, neck, trunk, limbs, digits etc) where clinically appropriate and where the diameter of the lesion prior to excision including the margin to be excised is 50mm or less.

You should exercise your judgement about what is clinically appropriate. High risk areas are the face (including nose, eyelids, eyebrows and ears), digits or genitalia; and moderate risk areas are the neck, scalp, nipple-areola complex, distal lower limb (distal to, and including, the knee) or distal upper limb (distal to, and including, the ulnar styloid).

If you will undertake any skin flaps or grafts for cosmetic purposes, refer to the 'Cosmetic procedures' section.

You must hold appropriate recognised qualifications, training and experience for any skin flaps or grafts you undertake.



GP procedural

This category applies to general practitioners who perform procedures not covered under the non-procedural category definition and/or procedures usually performed under regional or general anaesthesia or sedation or neurolept-analgesia. This category should be selected even if such procedures are performed without anaesthesia.

Procedures include:

- accident and emergency activities undertaken in rural and remote settings
- skin flaps and grafts (including full thickness grafts) (See Skin flaps and Grafts')
- arterial line insertion

- bronchoscopy
- vasectomy
- male circumcision
- colposcopy
- chest tube/drains
- sclerotherapy of varicose veins
- D&C uterus and termination of pregnancy (up to 20 weeks)
- syringing tear ducts
- hyperbaric medicine
- regional anaesthesia excluding spinal or epidural
- minor general surgical procedures (eg haemorrhoids and hernia repairs)
- IV Sedation using Fentanyl / Midazolam / Diazepam / Valium (other sedatives refer for approval).

This list is not exhaustive.

An endorsement is required if you undertake any **minor cosmetic** services as defined by MIPS.

The 'GP procedural' category **excludes** cover for the following non-employer indemnified practice:

- obstetric services other than 'shared antenatal care' (see 'Shared antenatal care' definition)
- perinatal care
- sedation muscle relaxant or anaesthesia agents such as Diprivan
- neurosurgery, bariatric surgery and spinal surgery
- other procedures normally undertaken by medical specialists unless agreed in writing by MIPS.



GP procedural including anaesthetics and/or obstetrics

This category applies to GP obstetricians (DRANZCOG or equivalent) or GP anaesthetists (JCCA or equivalent).

Procedures include:

- regional anaesthesia (beyond digital blocks)
- general anaesthesia
- administering agents other than narcotic/benzodiazepine combinations

- pain medicine within individual scope of training, qualification and experience.
 - » including implantation of spinal cord stimulator via open partial or total laminectomy
- private obstetric services beyond shared antenatal care in a healthcare facility.

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 submit your details for assessment.

An endorsement is required if you undertake any **minor cosmetic** services as defined by MIPS.

The 'GP procedural including anaesthetics and/or obstetrics' category **excludes** cover for the following non-employer indemnified practice:

- any involvement in planned home births
- neurosurgery, bariatric surgery and spinal surgery
- other procedures normally undertaken by medical specialists unless agreed in writing by MIPS.

Other medical specialists

These categories apply if you hold the recognised AHPRA specialist registration and practice within the specialty. These categories also apply if you are undertaking an accredited registrar training program within the specialty.

If you are not a registered specialist with AHPRA or undertaking an accredited registrar training program refer to category 'Medical officer' or 'General practice' listed under Non specialists.

An endorsement is required if you undertake any **minor cosmetic** procedures as defined by MIPS unless stated within your category that cover is provided for cosmetic services.

If you have any queries on the category description or if your specialty is not listed contact MIPS.



Anaesthesia

Practice in this category also includes:

- intensive care medicine
- pain medicine within individual scope of training, qualification and experience
 - » including implantation of spinal cord stimulator via open partial or total laminectomy



Cardiothoracic surgery



Cosmetic proceduralist

This category applies if:

- your minor cosmetic services exceed 50% of your healthcare practice eg annual total gross private billings; or
- you are a plastic surgeon, dermatologist, ophthalmologist, oral and maxillofacial surgeon, otolaryngologist or vascular surgeon and your approved cosmetic services exceed 50% of your annual total gross private billings; or
- you are any other type of practitioner and you undertake any cosmetic procedures other than minor cosmetic procedures; or
- you have been advised by MIPS.

Note: Cover for cosmetic surgery procedures is subject to individual application and approval. If approved, cover will be limited to surgery performed in a licensed health facility in the presence of a specialist anaesthetist.

See 'Cosmetic procedures' definition.



Dermatology

This category includes cover for cosmetic procedures provided those services:

- fall within the scope of your accredited training; and
- generate less than 50% of your gross private billings.

If your cosmetic procedures exceed 50% of your total gross private billings or you undertake laser blepharoplasty, meloplasty and similar procedures you will need to select the 'Cosmetic proceduralist' category.



Emergency medicine

Practice in this category also includes:

- anaesthesia
- intensive care medicine
- pain medicine when approved by MIPS



General surgery

An endorsement is required if you undertake **bariatric surgery** and you are not indemnified by your employer for this practice. Bariatric surgery, commonly referred to as weight loss surgery, refers to the various surgical procedures performed to treat obesity by modification of the gastrointestinal tract to reduce nutrient intake and/or absorption. This includes surgeons undertaking locums or volunteering to cover for colleagues where they may have to surgically manage postoperative care of bariatric patients.



Gynaecology including IVF

This category **excludes** cover for the management or induction of labour when you are not indemnified by your employer for this practice. If you undertake non-employer indemnified obstetric services refer to 'Obstetrics and gynaecology'.

Shared antenatal care is covered under this category for patients referred to and accepted by a:

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

Shared care activities must be taken collaboratively and under the direction of the practitioner or hospital responsible for their obstetric care. You must not become involved (or have the intention of becoming involved) in the induction or management of labour or delivery unless you are indemnified by the hospital for those obstetric services.

The shared antenatal care definition does not apply to non-employer indemnified (private) locums / on call cover for colleagues who are the specialist obstetrician for obstetric management.

If you perform ultrasound (including diagnostic O&G imaging) only, refer to the 'Radiology' category.



Intensive care medicine

Practice in this category includes:

- pain medicine when approved by MIPS



Medical administration

This category applies to practitioners that hold specialist registration in medical administration.

This category applies where your practice is restricted to non clinical medical administration activities involving general

medical advice (as per our definition of healthcare, but where not provided to patients).

This category **excludes** cover for:

- non employer indemnified (private) clinical services
- any non clinical services that do not meet our definition of healthcare

any non clinical services that are provided directly to patients



Neurosurgery



Obstetrics and gynaecology

This category includes cover for the management or induction of labour in a healthcare facility where you are not indemnified by your employer for these services and your practice basis is 'Gross private billings/salary'.

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



Ophthalmology

This category includes cover for cosmetic procedures provided those services:

- fall within the scope of your accredited basic training; and
- generate less than 50% of your gross private billings.

If your cosmetic procedures exceed 50% of your total gross private billings or you undertake refractive laser therapy, outside a peer-reviewed university department you will need to select the 'Cosmetic proceduralist' category.



Oral and maxillofacial surgery

This category includes cover for cosmetic procedures provided those services:

- fall within the scope of your accredited training; and
- generate less than 50% of your gross private billings.

If your cosmetic procedures exceed 50% of your total gross private billings you will need to select the 'Cosmetic proceduralist' category.



Orthopaedic surgery

An endorsement is required if you undertake **spinal surgery** and you are not indemnified by your employer for this practice.



Otolaryngology head and neck surgery

This category also applies to otolaryngologists (also known as ENT surgeons or otorhinolaryngologists) who also perform cosmetic procedures provided those services:

- fall within the scope of your accredited training; and
- generate less than 50% of your gross private billings

If your cosmetic procedures exceed 50% of your total gross private billings you will need to select the 'Cosmetic proceduralist' category.



Paediatric surgery



Pathology

This category also applies to pathologists who also hold a physician qualification AND 50% or more of their gross non-employer indemnified (private) billings relate to pathology reporting services.



Physician rehabilitation and occupational

This category applies to physicians who undertake:

- occupational medicine
- pain medicine within individual scope of training, qualification and experience
- excluding percutaneous/subcutaneous placement of spinal stimulation leads and implantation of spinal cord stimulator via open partial or total laminectomy
- pre-employment and fitness for work medicals
- rehabilitation medicine



Physician non procedural

This category applies to consultant physicians who practise in the disciplines/perform minimally invasive, lower risk procedures including:

- bone marrow biopsy
- cardiology (non-interventional & non-invasive)

- chemotherapy
- gastroscopy (excluding ERCP & colonoscopy)
- geriatric medicine
- haematology
- immunology
- medical oncology
- nephrology
- neurology
- paediatric medicine
- pain medicine within individual scope of training, qualification and experience
 - » including percutaneous/subcutaneous placement of spinal stimulation leads
 - » excluding implantation of spinal cord stimulator 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 are a physician who also holds a pathology qualification you may also select this category provided pathology reporting activities generate less than 50% of your gross non-employer indemnified (private) billings.



Physician procedural

This category applies to physicians who perform invasive procedures including but not limited to:

- cardiology – interventional (ie cardiac catheterisation)
- colonoscopy
- endoscopic retrograde cholangio pancreatography (ERCP)
- endoscopic procedures
- liver biopsy

- pain medicine within individual scope of training, qualification and experience
 - » including implantation of spinal cord stimulator via open partial or total laminectomy



Plastic surgery

This category includes cover for cosmetic procedures provided those services:

- fall within the scope of your accredited basic training; and
- generate less than 50% of your gross private billings.

If your cosmetic procedures exceed 50% of your total gross private billings you will need to select the 'Cosmetic proceduralist' category.



Psychiatry

Practice in this category includes:

- electroconvulsive therapy (ECT)
- chronic pain management (pharmacotherapy and psychotherapy)
- medico-legal reporting
- pain medicine when approved by MIPS



Radiation oncology



Radiology

This category also applies to gynaecologists who perform ultrasound (including diagnostic O&G) only.



Sport and exercise medicine



Urology



Vascular surgery

This category includes cover for cosmetic procedures provided those services:

- fall within the scope of your accredited basic training; and
- generate less than 50% of your gross private billings.

If your cosmetic procedures exceed 50% of your total gross private billings you will need to select the 'Cosmetic proceduralist' category.

Dental

These categories apply if you hold the recognised AHPRA general or specialist dental registration and practice within the speciality or you are undertaking a dental specialty training program.

All dental categories (excluding the oral and maxillofacial surgery category) exclude cover for cosmetic services. Refer to the 'Cosmetic procedures' section and 'Minor cosmetics extension' endorsement for further information. Crowns and veneers are not considered 'cosmetic' services for the purposes of MIPS' classification. If you undertake any cosmetic services not covered for dental practitioners under the 'Minor cosmetic extension' endorsement, contact MIPS.

If your specialty is not listed or you practice in multiple specialities, contact MIPS.



Dental hygienist / therapist



Oral health therapist

This category applies to practitioners that hold oral health therapist registration with AHPRA.



Dental prosthetist



Dentist

This category applies to general dentists and can include any activities within the definition of dentistry, including services in assessment, diagnosis, treatment, management and prevention. This may include endodontic, orthodontic and prosthodontic treatments.

An endorsement is required in this category if you undertake dental implants and you are not indemnified by your employer for those services.

Dental specialists



Dento-maxillofacial radiology



Endodontics



Forensic odontology



Oral and maxillofacial pathology



Oral and maxillofacial surgery

This category includes cover for cosmetic procedures provided those services:

- fall within the scope of your accredited training; and
- generate less than 50% of your gross private billings.

If your cosmetic procedures exceed 50% of your total gross private billings you will need to select the 'Cosmetic proceduralist' category.



Oral medicine



Oral surgery



Orthodontics



Paediatric dentistry



Periodontics



Prosthodontics



Public health dentistry (Community dentistry)



Special needs dentistry

Other healthcare



Nuclear medicine technologist

This category applies to practitioners that hold nuclear medicine technologist registration with AHPRA.