Existing Member FAQs

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For current members, our frequently asked questions to support you are below.

Membership

How to log in to MyMIPS online services

MyMIPS online services allows you to update your practice and contact details, obtain a Certificate of Membership, Member Benefit Statement (tax invoice) or Risk Education certificate and make payments.

To login, you will need to be a current member and use the email address you provided to MIPS or your member number.

Professional advice and support

Our 24hr Medico-Legal Support is available to all members.

What is excluded from MIPS membership?

The Indemnity Insurance Policy does not cover all events and circumstances or all types of claims arising from your provision of healthcare. Refer to the Indemnity Insurance Policy for comprehensive details of exclusions that apply.

Can I access CPD materials and resources?

Membership benefits include accredited education and resources to help prevent or mitigate loss, as well as assist you with meeting ongoing CPD requirements. Visit the risk education page on our website to find out full details about upcoming events and workshops or how to access and complete our on-demand education and resources.

Can I nominate a third party to act on my behalf?

To allow a third party (ie a 'nominated representative') such as a spouse, relative, practice manager or employer to obtain information regarding your MIPS membership complete a Delegation of Authority form.

When completing this form, you can also provide permission for your nominated representative to change your contact details.

A nominated representative may not make changes to your practice details including location, cancel your membership or access any non-membership information such as claims data.

Update your details

Update your contact details

Members can update contact details at any time by logging in to MyMIPS or completing an Update Your Details (including name change) form.

How do I update my direct debit details

To amend your existing banking details for the monthly instalments you are required to complete a new request which can be done by completing the online Direct Debit Request.

Do I need to update my practice location?

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

Your practice location should reflect where you generate the majority of your non-employer indemnified (private) practice gross billings/ and or salary in a membership period or where you undertake the majority of your practice (hours) if you are employer

indemnified.

If you undertake work (eg locums) in multiple locations, you should provide the state where you intend to undertake the majority of your work in a membership period.

To update your practice location complete a Membership classification update.

Student membership

Am I covered for electives and/or placements?

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

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

I have graduated, how do I update my membership?

If you are in your final year of study or recently graduated, you can transition your student membership to reflect you have or will soon be commencing practice.

To update your current student membership or apply as a new member complete the online form.

Membership for recent graduates is fee waived from the day you complete your studies to 30 June.

Can I have more than one indemnity provider?

Many students are members of more than one indemnity provider.

If a current member requests assistance from MIPS (regardless of whether they are a member with another indemnity provider), we would provide the appropriate assistance and support required to respond to the matter. We may then request contribution from the other providers.

Joining multiple providers as a student member may assist you in making an informed decision when choosing a provider as a registered practitioner.

Are students covered for volunteer services?

Students who require cover for volunteering need to complete an application for Student Placements and Healthcare Activities.

Why do students need indemnity cover for private practice or volunteer services?

Healthcare students may be subject to a complaint, investigation or legal action as a result of their involvement in the healthcare they provide.

Students undertaking clinical placements are more than likely covered by their education provider, but you may still be exposed to additional risks. MIPS membership gives students indemnity insurance and support should there be a complaint, investigation or legal action as a result of your involvement in any healthcare you provide as a student.

Our 24hr Medico-Legal Support is available to all members.

Pricing fee and payments

How can I pay my membership fee?

Your Member benefit Statement (tax invoice) provides a list of payment options which includes:
- Bpay

- credit card at pay.mips.com.au or call 1300 889 905
- if you are an existing member login via MyMIPS
- by monthly direct debit instalments (no additional cost) by completing the online Direct Debit Instalment Request

MIPS only offers the option to pay via monthly direct debit instalments from a nominated bank account (savings or cheque). There is no option to have instalments deducted from a credit card.

Can I pay with direct debit?

MIPS offers members the option to pay their membership fee via monthly direct debit instalments from their nominated account between July and April. This facility is offered to all members at no additional cost.

To set up a direct debit instalment plan complete the online Direct Debit Request. Please ensure you read the Direct debit member agreement.

Can I put my direct debit on hold?

To request consideration for your direct debit to be placed on hold, email the following information to info@mips.com.au:

- Period you wish place the plan on hold
- When you wish to recommence the plan; and
- Reason for requesting variation to the current plan.

Your request will be submitted for consideration, and a determination may take up to 5 business days.

It is important to note that if approved for your plan to be placed on hold, your payments upon recommencement will increase, to reflect your total account balance to be paid in the remaining instalments.

How is the membership fee calculated

MIPS uses a risk assessment approach when calculating membership fees to reflect the contribution required to appropriate cover your risk arising from both current and past practice.

The MIPS membership fee is individually calculated based on your membership classification (including location) for your current and past practice for up to three previous membership periods.

For more information refer to the Member Handbook.

Will I get a refund if I change my membership classification?

Amending your current or previous practice details (up to three membership periods) may result in a reduction of the membership fee you have paid for the current membership period.

For a refund to apply you must advise MIPS (in writing) of any changes prior to the membership period expiring on 30 June.

No refunds are issued for membership fees paid in previous periods.

Obtaining certificates or tax invoices

How to download your Certificate of Membership (insurance)

Members can download a Certificate of Membership (insurance) at any time by logging in to MyMIPS. You can also contact Member Services on 1300 698 509.

If you have recently made a payment a Certificate or Membership may be attached to your receipt (refer page two).

How to download your Member Benefit Statement (tax invoice)

To view and print your Member Benefit Statements (tax invoice) log into MyMIPS.

Once you are logged in, select 'My tax invoice statements' (right hand side) and select the statement you wish to view or print.

How to access and print your CPD Statement of Attendance

To view and print certificates of completed risk education activities log into MyMIPS.

Once you are logged in, select 'Documents' (left hand side).

Please note, there may be a delay between watching a live webinar or attending a workshop before certificates are available to view.

Cancel or suspend membership

Cancelling your membership to join another provider

Members may cancel at any time during a membership year by completing a Cancel Your MIPS Membership form.

It is important that you understand that medical indemnity in Australia is offered on a claims-made basis. Effective from your cancellation date you will no longer be covered for any new incidents or claims that are subsequently notified to MIPS even if those events occurred while you were a member of MIPS.

To ensure you are covered for your past practice you need to obtain appropriate retroactive cover from your new indemnity provider and notify them of any new matters. Existing notifications prior to your cancellation date that are ongoing will continue to be managed by MIPS.

The cancellation policy is stated in the Member Handbook Combined Financial Services Guide and Product Disclosure Statement.

Direct debit payer?

If you pay your membership fee via direct debit instalments you may have an outstanding account balance if your pro-rated refund does not exceed your current balance once the cancellation fee is applied. Please contact MIPS to obtain a quote before cancelling.

Can I suspend my membership?

MIPS memberships cannot be suspended or put on hold.

Medical indemnity insurance in Australia is mandatory and offered on a claims made basis and not a claims incurred basis Under a claims made policy you are only covered if you are a member at the time the claim is made against you and reported to MIPS.

To remain covered for claims made after you cease practice (temporarily or permanently), you will need to continue your MIPS membership in a non practicing (run off cover) membership classification.

For further information and to update your membership details to run off cover, complete the Ceasing practice form.

Cancelling your membership due to no longer practising in Australia

If you have ceased practice you will need to maintain an appropriate MIPS membership classification or obtain run-off cover to ensure that you remain covered for your prior practice. For information regarding run off cover (and cost if applicable) refer to Retiring or ceasing practice.

Alternatively, you can decline an offer of run off cover by selection this option on the Cancel Your MIPS Membership form.

If you decline run off cover, effective your cancellation date you will no longer be covered for any new incidents or claims that are subsequently notified to MIPS even if those events occurred while you were a member of MIPS.

Ceasing practise in Australia

Retiring or ceasing practice in Australia

When you cease practice in Australia, to ensure you are appropriately covered for any emerging claims from your prior practice in Australia, you are required to obtain run-off cover. The type and cost of run-off cover will depend on your individual circumstances. Healthcarepractitioners may be eligible for run-off cover for their past practice in Australia at no additional cost if they meet eligibility criteria for the Run Off Cover Scheme (ROCS)

Complete the Ceasing Practice in Australia form when you cease practice in Australia. Your membership details will be updated to run off cover and any refund applicable will be advised.

Insurance cover is subject to the terms, conditions and exclusions of the policy. The information provided is general advice only and does not take into account your personal circumstances or needs. You should review the Member Handbook Combined PDS and FSG and/or contact MIPS on 1300 698 509, before making a decision. Information is current as at the date published.

Cover and benefits

What am I covered for?

Benefits of MIPS Membership include:

- Comprehensive indemnity insurance cover for claims (limit $20 million) under the Indemnity Insurance Policy
- 24 hr Medico-Legal Advice and Support from independent and experienced expert healthcare professionals
- Accredited Professional Development including webinars, workshops, on-demand education and resources
- Indemnity for approved healthcare placements outside of Australia

Other benefits including financial literacy material and access to discounted private health insurance.

Estimate your annual billings and/or salary to determine your level of cover

When undertaking non-employer indemnified (private) practice MIPS requires you to provide estimated billings and or salary to determine the level of cover required for that practice.

Billings generated by you from all areas of your private practice whether retained by you or otherwise, and before any apportionment or deduction of any expenses and/or tax;
- excludes any billings where indemnity is provided by your employer
- if your billings are unknown you can provide your gross salary instead of billings.

Salary you receive for private practice where billings are not generated under your provider number (or billed by a third party on your behalf). You should also include any salary you receive for supervision of other practitioners;
- excludes any salary where indemnity is provided by your employer
- excludes any salary for practice where you have already provided estimated billings for that practice.

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.

To update your estimated gross private billings and / or salary complete a Membership classification update.

Does MIPS cover Telehealth?

MIPS Membership benefits (including insurance cover) extend to technology based health services you undertake, provided you (and the healthcare services) meet the terms and conditions in the Indemnity Insurance Policy.

Cover for communicable diseases

Cover up to $25,000 is provided under the MIPS Indemnity Insurance Policy if you are diagnosed with:

- Human Immunodeficiency Virus (HIV)
- Hepatitis B, Hepatitis C
- Extremely Drug
- Resistant Tuberculosis (XDR TB)
- Multidrug -Resistant Tuberculosis (MDR TB)
- New Delhi metalloenzyme enterococci (NDM-1)

and you either retire:
- due to disability
- or significantly revise your practice or significantly train or re-train in order to enable you to continue to practise healthcare.

See the Indemnity Policy for full terms, conditions and exclusions.

Am I covered for Good Samaritan acts

All members, including non-practising members, receive cover and benefits for Good Samaritan Acts worldwide.

Good Samaritan Acts are where you provide healthcare voluntarily, without remuneration, in relation to unexpected events and where you wouldn't normally be expected to be available to provide healthcare.

Am I covered for Medicare Audits?

We can assist with investigations and defence costs to defend investigations or complaints about inappropriate claims through the Medicare Benefits Schedule.

Benefits of membership do not cover Medicare amounts to be repaid or any claims, investigations or proceeding alleging or arising out of dishonesty or fraud.

Cover for the provision of Healthcare

The MIPS Indemnity Insurance Policy can only respond to matters relating to the provision of health care defined as

- any care, treatment, advice, service or goods provided for the physical or mental health of a patient; or
- any healthcare examination, report or opinion prepared by you at the request of a third party, such as a lawyer, insurer or statutory body; or
- any activities you undertake for which AHPRA requires you to maintain registration such as teaching healthcare, providing or publishing advice for healthcare practitioners including medico-legal advice, and healthcare administration.

Cover for clinical trials

MIPS membership benefits (including insurance cover) extend to clinical trial participation, subject to meeting certain criteria.

For further information refer clinical trials in the Indemnity Insurance Policy within the Member Handbook.

Cover for private practice

Non-employer indemnified practice refers to practice where you are not indemnified by your employer and you are personally liable regardless of whether or not these services are undertaken in a public or private setting.

For any non-employer indemnified (private) practice such as surgical assisting, after hours deputising services or gratuitous / volunteer services you will need to ensure your membership classification provides cover (including the appropriate level) for those services.

To update your practice details complete a Membership classification update.

Cover for Gratuitous services

Gratuitous services are services where you receive no remuneration and patients (or others) are not charged for your involvement for the services you undertake. This may include services such as prescribing and writing referrals and volunteer services.

Cover may be extended to gratuitous services outside of Australia (subject to individual application and approval) as well as within Australia.

If you cease clinical practice but wish to maintain cover for volunteer or gratuitous services (for example prescribing and referrals) you can request cover for those services on the Ceasing Practice Form. There is a cost for cover for gratuitous services that will be added to the cost of your run-off cover.

For further information refer to gratuitous services in the Indemnity Insurance Policy within the Member Handbook.

Am I covered for medical repatriation?

Subject to meeting the guidelines, cover under the Indemnity Insurance Policy is provided to members undertaking medical repatriation outside of Australia.

For further information refer to the Membership Classification Guide in the Member Handbook.

Please note, MIPS is unable to provide indemnity for members working in the USA or USA territories including American Samoa, Guam, Puerto Rico, United States Minor Outlying Islands and the Virgin Islands.

Am I covered for retrievals and repatriation?

MIPS provides cover and assistance to members undertaking medical repatriation in Australia and may extend to repatriation of patients to Australia.

For a list of conditions and restrictions refer to medical retrievals and repatriation in the Member Handbook.

Am I covered for practice outside of Australia?

Subject to individual application and approval, cover under the Indemnity Insurance Policy can be extended to temporary healthcare placements outside of Australia (excludes the USA or where USA law applies).

Examples of where cover can apply include:
- Employer indemnified placement (eg employee in a hospital)
- Gratuitous aid healthcare services to disadvantaged locals
- Healthcare services when accompanying an Australian sporting and/or cultural group
- Emergency medical retrievals

To apply, complete the application Healthcare Services Outside of Australia. Additional membership fees may apply.

Student members are covered for placements outside of Australia provided they meet the criteria, visit mips.com.au/placement

Am I covered for supervising other practitioners?

If you are supervising other practitioners (including students, nurses 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 both direct supervision and indirect supervision where there continues to be adequate access to communication, oversight, interaction, direction and support after initial instruction has been provided.

What is Claims made cover?

Medical indemnity insurance in Australia is provided on a claims-made basis.

This means cover can only be provided for claims made and notified to the insurer during the policy period (including any retroactive cover period), rather than when the incident occurred.

For more information see claims made in the Member Handbook.

Does MIPS provide Public Liability cover?

Benefits of MIPS membership do not extend to provide cover for Public Liability. We suggest that you contact a general broker for this requirement.

Does MIPS provide Product Liability cover?

The Indemnity Insurance Policy provides cover for claims, investigations or proceedings that arise out of prescribing a product listed on the Australian Register of Therapeutic Goods (ARTG).

There is no cover for any claim, investigation or proceeding arising out of the importation, manufacture, distribution or sale of a product unless you are a dental practitioner and the product is listed on the ARTG or is a material not required to be registered on the ARTG.

For terms and conditions refer to the Indemnity Insurance Policy.

Is my company covered?

Cover applies for claims made against the individual MIPS member under the terms and conditions of the Indemnity Insurance Policy regardless of how the patient is billed for the healthcare services, including where patients are billed under a company name.

Documentation confirming cover can only be issued in the name of the individual MIPS member.

The indemnity policy coverage does not extend to business entities or companies other than sole practitioners (conditions apply) and there is also cover for Administrative staff and assistants (conditions apply).

What is 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 uncertain of your indemnity arrangements, you should seek confirmation from your employer as MIPS cannot provide that confirmation.

Refer to the Member Handbook for further information.

Run-off cover

What is the Run-off Cover Scheme (ROCS)

The Run-Off Cover Scheme (ROCS) is an Australian Government Scheme that provides**run off cover at no cost** to eligible medical practitioners.

For further information including eligibility criteria, refer to Retiring or ceasing practice

How much does it cost?

Medical practitioners may be eligible for the **Run Off Cover Scheme (ROCS)** when they cease practice in Australia due to retirement or other reasons which meet the eligibility criteria. ROCS is an Australian Government Scheme that provides run off **at no cost** to eligible medical practitioners.

If not immediately eligible for ROCS when you cease practice, medical practitioners will become eligible after three (3) years of no practice in Australia.

In the meantime, for the period from when you cease practice until you meet the criteria for ROCS, MIPS can offer you run-off cover for your past practice in an **Extending Reporting Period (ERP)** membership classification. Although you may initially receive a refund when you amend your membership details to run off cover, the cost of ERP cover is calculated on your individual previous practice details (currently up to three prior membership periods) and will vary for each member.

For further information regarding ROCS please visit the Department of Health ROCS FAQ's.

Why do I need run off cover?

When you cease practice in Australia (permanently or temporarily), the potential for claims to arise relating to your past clinical practice will continue.

Under a claims made policy you are only **covered if you are a member at the time the claim is made against you** and reported to MIPS.

Run off cover provides cover for those claims made after you cease or retire from practice in Australia and ensures you will continue to meet your AHPRA registration requirements.

To notify MIPS you have ceased (or will cease) practice so we can update your membership details to an appropriate run-off cover classification complete a Ceasing Practice form.

How long do I require run-off cover?

If you are a **medical practitioner** and eligible for ROCS you will continue to be covered by the scheme as long you maintain your eligibility (ie not return to practice in Australia) even if you cancel your MIPS membership.

For non-medical practitioners (**dental or nuclear medical technologists**), we are unable to advise you how long you need run off cover as the potential for claims to arise from past practice is ongoing. We suggest you contact our Professional Services department so you can make an informed decision about the ongoing potential for claims to arise and the factors to consider before cancelling your run-off cover.

I am employer indemnified, do I need run off cover?

If you were **employer indemnified for all practice undertaken in Australia** this will meet your AHPRA registration requirements for

run off cover as that practice will be covered under a claims incurred basis (ie you are covered regardless of when the matter is reported).

Alternatively, if you update your membership details to run off cover when you cease practice in Australia, MIPS will continue to provide you the additional cover and assistance for that employer indemnified practice that may not be provided by your employer including:

- Medical or Dental Practitioners Board complaints
- Coroner's inquests
- Health Services Commissioner matters and
- General assistance and medico-legal advice.

For further information regarding employer indemnified practice refer to the Member Handbook.

Government Schemes

Run-off Cover Scheme (ROCS)

The Run-Off Cover Scheme (ROCS) is an Australian Government Scheme that provides **run off cover at no cost** to eligible medical practitioners.

For further information including eligibility criteria, refer to Retiring or ceasing practice

Exceptional Claims Scheme

The Government's Exceptional Claims Scheme (ECS) covers medical practitioners for 100% of the cost of private practice claims that are above $20 million, that is the limit of their medical indemnity contract of insurance. The ECS was formally known as the 'Blue Sky' scheme.

The ECS is fully funded by the Government. Doctors are not required to make a contribution.

Members are eligible if they are medical practitioners whose private practice claims exceed the annual limit of their medical indemnity cover ($20 million) in either one large claim, or an aggregate of many claims.

For more information, please refer to the Department of Health website.

Premium Support Scheme (PSS)

The Premium Support Scheme (PSS) is an Australian Government scheme that helps eligible medical practitioners with the costs of their medical indemnity insurance. MIPS administers the scheme on behalf of Medicare Australia.

To apply for a PSS subsidy, complete the Premium Support Scheme Application. If you are eligible for a subsidy, it will be applied as a reduction in your total membership fee payable and details will be outlined on your Member Benefit Statement.

Further information regarding the PSS is available from the Department of Health and Ageing website. MIPS staff are also available by telephone to talk you through the process, so do not hesitate to get in touch if you have any questions or concerns.