

Becoming a Member FAQs

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

Membership

Get a quote or apply for membership

Request a [Membership Quote](#) or [Apply for Membership](#).

Applications take 3-10 business days. If you require cover urgently please [contact MIPS](#) after submitting your application.

Before applying for membership, you should read the [Member Handbook](#). This document includes our membership classification guide, financial services guide, product disclosure statement and summarises the benefits of membership including [Indemnity Insurance](#) [Medical Indemnity Insurance](#). You may find our article on [category selection](#) helpful.

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 without charge.

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

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](#).

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).

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 without charge.

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](#).

Does MIPS price match or provide discounts?

We believe that our risk assessment approach (see [How your membership fee is calculated](#)) balances equity and fairness for individual members and that of the membership as a whole. On this basis, MIPS does not price match or discount as we only charge what we have calculated as the appropriate contribution required to cover your risk arising from both current and past practice.

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. Healthcare practitioners may be eligible for run-off cover at no additional cost for their past practice in Australia 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.

Further information regarding run-off cover can be found in our [Frequently Asked Questions](#)

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.

No longer practising in Australia

Medical indemnity insurance in Australia is provided on a claims-made basis. This approach is different to some other countries, such as the UK, where cover is generally provided on 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.

When you finish your placement in Australia, MIPS will request you update your details to [run off cover which is offered at no cost](#) under the reciprocal arrangement. You can notify MIPS you have ceased practice in Australia and update your details to run off cover by completing the [Ceasing Practice in Australia form](#)

You should also contact MIPS to advise them you are returning to practice in your country of origin and ensure your indemnity arrangements are current.

Please note, if you do not complete the form to update your details to run off cover, your MIPS membership will lapse 30 June. If your MIPS membership lapses, your benefits of membership (including insurance cover) cease and you are no longer covered for

any new incidents or claims that are notified to MIPS even if those events occurred while you were a member of MIPS.

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 Clinico-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 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**.

Does MIPS cover my company?

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 Retroactive cover?

It is common for a claim or complaint to be first made years after the practice was undertaken. It is an Ahpra requirement that you have appropriate retroactive cover (also known as 'tail cover') for otherwise uncovered matters arising from prior practice in Australia.

When you apply for MIPS membership you may need to nominate a retroactive cover date depending on the date you advise is your first date of practice in Australia. The Indemnity Insurance Policy will then cover you for new claims that arise from healthcare practice undertaken after the retroactive cover date set out on your Member Benefit Statement (tax invoice).

Cover is not provided for matters arising prior to your nominated retroactive cover date or matters previously known to you or your previous indemnity provider(s).

Can I apply for short term cover?

All MIPS memberships have a common expiry date which means we can only provide quotes or offer cover effective your commencement date to 30 June.

If you are only practising in Australia for a short period of time you need to be aware of the requirement for run off cover for past practice once you cease practice in Australia. For further information refer to [Retiring or ceasing practice](#).

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.

Government Schemes

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.
