

Premium Support Scheme (PSS) Risk Management Requirements



External Risk Management Activity Report

Medical Practitioners are required to complete a risk management activity in order to be eligible for a PSS payment. This includes those who are eligible under the previous MISS criteria and the Rural Procedural General Practitioners criteria. The activity must be completed within the same policy year as that to which the premium support applies.

We recognise that many of our Members are already involved in a range of risk management activities as part of their ongoing Professional or College obligations or as part of their regular hospital or practice commitments. In order for these activities to fulfill your risk management requirements under the PSS, you must provide evidence that you participated in and completed the activity, such as a certificate of completion or letter of attendance. MDA National does not require you to provide any confidential patient/event data.

In order to submit your external activity for assessment, please complete the form below and attach evidence of your participation and completion and any additional information. Upon acceptance of your submission a confirmation letter will be issued confirming that you have met the risk management requirements within the Premium Period for the purposes of the PSS.

For further information, please contact our Member Services team on 1800 011 255 or email peaceofmind@mdanational.com.au.

Name	
Member Number	
Date(s) activity undertaken	
What type of activity did you participate in?	<input type="checkbox"/> Peer Review <input type="checkbox"/> Clinical/Practice Audit <input type="checkbox"/> Adverse event /'near miss' analysis <input type="checkbox"/> Morbidity/Mortality Meetings <input type="checkbox"/> Clinical up-skilling/CPD Activity <input type="checkbox"/> Practice Improvement <input type="checkbox"/> Other (Please specify) _____
General description of the activity and your involvement (If more space is required, please provide details on a separate attachment)	

Please Sign and Date Here	
Signed	Date / /

Please send this form, evidence of your participation and completion and any additional information to us by one of the following:

Email: peaceofmind@mdanational.com.au
 Fax: 1300 011 244
 Post: MDA National, Level 3/100 Dorcas Street, SOUTHBANK, VIC 3006

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