

First Defence

A woman with dark hair pulled back, wearing a white long-sleeved shirt and a green quilted vest, stands with her arms crossed. She is smiling and looking towards the camera. The background is a large world map with a grid overlay. A Canadian flag is visible on the map behind her.

JMOs + Doctors in Training • Winter 2009 Issue

MDA National

**Decisions, Decisions...
Options for Overseas Doctors**

**Warfarin and the Importance of
Discharge Planning**

I'm So Tired I Can't Think

Your Renewal - Do it Online

Decisions, Decisions....

Options for Junior Doctors Going Overseas

"Twenty years from now you will be more disappointed by the things you didn't do than by the ones you did do. So throw off the bowlines, sail away from the safe harbor. Catch the trade winds in your sails. Explore. Dream. Discover." - Mark Twain <http://www.cmgtw.com/historic/twain/>

Itchy feet? Considering a career break? Are you furthering your studies overseas, taking up an overseas appointment or just want to experience something completely different?

While the preparations, motivations and destinations of travel seem almost endless, one of the more straight forward things you will have to arrange is indemnity. So before you throw off the bowlines, make sure you contact us and let us know what you are doing. We may be able to cover your practice abroad but even if not, we can advise you regarding your Australian practice liabilities (tail cover) which could mean more dollars in your pocket and one less thing to worry about while you are away.

We frequently receive emails and calls from Members asking us about indemnity for a period of overseas travel. What do I do with my policy? Do I cancel it or keep it running? Am I eligible for a refund or lower premium? Can you cover me for my work abroad? Can I renew while I am overseas? What do I do when I get back?

Arranging cover for overseas work can be very straight forward. Fortunately your MDA National Insurance policy can cover overseas work depending on the type of work, where you are going and how long you are doing it for. But just as important is your indemnity for your practice here in Australia. So even if you have indemnity already arranged for your overseas stint, you might like to

contact us because we may be able to save you some money on your current and future premiums.

In this article we will explain how to ensure your practice here in Australia remains covered while you are away and how to resume cover when you return. We also explain some options regarding your indemnity for your work abroad.

Maintaining Cover

Your MDA National Insurance policy is a 'claims made' policy. It seems rather obvious to state, but a matter can only be covered if you report it to us while you have a current policy. It is therefore very important while you are travelling to ensure your policy remains current. The nomadic lifestyle of a touring locum unfortunately can easily lead to cover lapsing, particularly if you are travelling at policy renewal time (30 June).

To avoid this kind of situation, make sure you update your details with us so that we can keep you up-to-date. Our new Member Online Services means that you can renew easily online from anywhere in the world.

Travelling And Not Working For Less Than 3 Months

If you are travelling for less than three months and will not be

working during that time, there is no need to make any change to your policy. However it is a good idea to provide us with your overseas contact details just in case. We may be notified of a matter which involved you prior to your departure and for which we need a statement or certain information from you.

Reduced Premiums

If you are taking an extended break of 3 months or more and are not working at all during this time, we can provide you with a premium refund or premium reduction. We will change your category to 'non-practising' and you can pay a reduced premium for as long as you require cover.

However you should be aware that the non practising category is not suitable for someone who provides or is likely to provide medical services while they are away. Medical services include volunteer and Good Samaritan acts.

Run-off Cover Scheme (ROCS)

If you find that you just can't give up that holiday lifestyle and you do not provide any medical services at all for three years, you become eligible for the Australian Government Run-off Cover Scheme (ROCS) which means you will not need to take out insurance while you remain eligible for ROCS cover.

Also, if you leave Australia permanently after practising here on 422 or 457 visas, you will immediately become eligible for ROCS upon leaving Australia.

Resuming Practice

When you resume practice, let us know and we can change your category back to the applicable practising category. There is no need to reapply in this instance as you have maintained cover. In most circumstances, an additional premium will be required, but this will depend on your practice and importantly whether you commence working in the public hospital system.

Coverage of Your Work Abroad

MDA National Insurance may be able to cover your overseas work. It will depend on where you are going, the work you are doing and the period you will be abroad.

Subject to underwriting approval, we can cover overseas work for up to 12 months*. All you need to do is put your request in writing along with the details of your practice abroad.

If you intend to work for a period greater than twelve months, we recommend that you seek indemnity from a provider in the country in which you will be practising.

There is merit in having a local provider who knows the twists and turns of the local healthcare and medico-legal systems.

The table below summarises some of the more obvious travel scenarios and some of the key considerations for your indemnity policy.

Finally, if we can provide one piece of pre-travel advice to you, it would be - before you go, let us know.

Bon voyage!

Luke Thomson
Insurance Manager

*Some notable exclusions are that we do not cover work in the USA and nor do we cover Obstetric risks in Ireland.

Note: This article contains general financial product advice only.

Before You Go	When You Return	Caution
<p>Abroad and Working < 12 months</p> <p>Advise us of the dates of travel and details of your overseas work and request coverage under your existing policy</p> <p>Coverage is subject to underwriting approval and may attract an additional premium</p> <p>If we agree to extend cover to your overseas work, we will confirm this in writing to you</p> <p>If we do not extend cover to your overseas practice, you will need to arrange your own cover. In some cases, employer indemnity will be available (e.g. NHS indemnity in the UK)</p>	<p>Provide us with your return date and details of your appointment or practice in Australia</p> <p>We will update your cover to the appropriate practising category</p>	<p>Remember the renewal date is 30 June. Remember to renew if you are away over the renewal period. This can be done online at www.mdanational.com.au</p> <p>If you do not advise us of your new contact details and practice category upon your return, we will still regard you as being overseas for indemnity purposes and this may impact your indemnity</p>
<p>Abroad and Working > 12 months</p> <p>Let us know the date you cease to work in Australia</p> <p>In most cases, we can provide you with a refund to reflect the period that you will not be practising in Australia</p> <p>We will place you in a non-practising category</p> <p>For as long as you keep your policy current, we will cover you for any matters that come to light arising from your prior practice in Australia, subject to the policy terms and conditions</p> <p>You will be eligible for ROCS if you do not practice in Australia for 3 years or more</p> <p>If you are eligible for ROCS, you may not need to renew your PII policy (Discuss with Member Services)</p>	<p>Provide us with your return date and details of your appointment or practice in Australia</p> <p>We will update your cover to the appropriate practising category</p> <p>In most cases, an additional premium will be payable upon your return</p> <p>You will not need to reapply for cover unless you have let your policy lapse</p>	<p>It is particularly important to let us know when you intend to resume practice in Australia. If you do not advise us that you have resumed practice, your policy will continue to cover you as a non-practising doctor</p>
<p>Thinking of cancelling or not renewing your policy?</p> <p>We advise against it unless you have alternative cover, and this is why;</p> <p>Medical negligence claims can arise sometimes years after the medical services have been provided. If you do let your policy lapse and do not have alternative cover, (such as ROCS or other insurance coverage) then you leave yourself personally liable</p> <p>The choice of course is yours but our advice is to factor in the cost of indemnity into your travel budget. Contact us if you would like an indication of the premium</p>	<p>If your policy does lapse unintentionally, contact us urgently to have it reactivated. Don't leave it until you return to sort out</p> <p>Ordinarily, if you allow your policy to lapse, you will need to complete a new application</p> <p>The premium will be determined for the remainder of the year up until 30 June</p> <p>Importantly, let us know what retroactive cover you require. A good starting point will be your last policy schedule. It will detail your retroactive date. However you should consider if this retroactive date meets your needs</p>	<p>If you are uninsured for a claim, whether or not you are held liable, you will need to fund a defence which can run into the hundreds of thousands of dollars (or more)</p> <p>If you are held liable or you decide to settle, you will also need to pay the amount awarded in damages or the settlement amount. The costs of certain claims can and do run to the millions</p> <p>If a claim comes to light when you are uninsured, the matter will be excluded from any subsequent insurance cover that you arrange</p>
<p>Holiday (no work) < 3 Months</p> <p>No change to the policy</p> <p>Advise us of any reduction to your Gross Annual Billings as you may be entitled to a refund</p> <p>Advise us of a contact number or email address while you are away</p>	<p>No action needed unless your practice is different upon your return. If so, advise us of your new details</p>	
<p>Holiday (no work) > 3 Months</p> <p>Advise us of the dates that you will not be practising and we will place you in a non-practising category</p> <p>Ordinarily a refund or premium reduction will apply</p>	<p>Provide us with your return date and details of your appointment or practice in Australia</p> <p>We will update your cover to the appropriate practising category</p> <p>In most cases, an additional premium will be payable upon your return</p>	<p>It is particularly important to let us know when you intend to resume practice in Australia. If you do not advise us that you have resumed practice, your policy will continue to cover you as a non-practising doctor</p>

Your Policy Renewal 2009

As an MDA National Member, you will have recently received the 2009/10 renewal documentation for your MDA National Membership and MDA National Insurance Professional Indemnity Insurance Policy. You will notice that your payment has increased this year. There are a number of factors contributing to this increase.

Progressing Through Your Training

As you progress through your training years, your responsibility and experience levels increase. With greater experience comes a greater exposure to patients and more chance of complaints or investigations arising from your work. This is reflected in your increased premium.

Global Economic Circumstances

Like many professional indemnity insurance businesses, there are issues stemming from the uncertain global economic circumstances that will have an impact on Australian Medical Indemnity Insurers (MIs) for several years to come. For MIs, these include a declining return on investments, higher reinsurance expenses and potentially greater claims costs.

The inevitable impact of these factors is subscription and premium increases for most MDA National Members this year.

This is not peculiar to the MDA National Group. An article in the 17 April 2009 edition of the *Australian Financial Review* (Professionals face insurance slug, Annabel Hepworth and Duncan Hughes) noted that across professional indemnity insurance, "sectors with higher incidences of negligence claims....could be hit by premium rises of up to 10% as well as more restrictive cover."

Importantly, your policy from MDA National Insurance is broader than in the past with the enhancements described on your Renewal Form.

Membership Growth and Investigations

MDA National's market share continues to increase as do investigations by Medical Boards, Medicare Australia, Complaints Commissions and other government agencies, particularly for junior doctors. This naturally requires an increase in our service provision in relation to the management of investigations. Information relating to these increases is shown below in Charts 1 and 2.

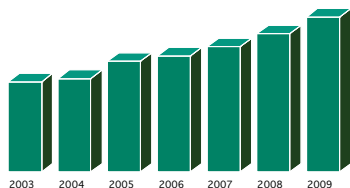


CHART 1: Membership Growth

Since 2003, MDA National has seen steady growth in Membership numbers.

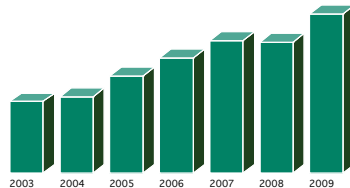


CHART 2: Number of Investigations

The management of investigations remains a key area of activity with increasing Member numbers meaning increasing activity in this important area. The primary bodies that conduct investigations include the Coronial Courts, the various Medical Boards and similar investigative bodies.

The Benefits of Staying with MDA National

Your Membership of MDA National provides you with access to the full range of services provided by the Group, not only your Professional Indemnity Insurance Policy, but also Medico-legal Advice and Risk Management resources. For you, the benefits of your Membership and Policy include:

- You have access to medico-legal advice 24 hours a day, 7 days a week and solicitors working on your behalf, not the hospital or a colleague, to help you from general queries and preparation of reports through to representation at an inquest.
- Risk management education and support tools designed by junior doctors, for junior doctors.
- No additional premium for any private work undertaken as part of a training program.
- No additional premium for up to \$50,000 billings generated from surgical assisting, locum or private work undertaken outside of a training program provided you have the appropriate training and / or qualifications for the work (excludes private cosmetic and obstetric practice).
- If you choose to work or volunteer overseas, your policy will cover you (subject to underwriting approval).
- Premium reductions if you take a break for 3 months or more in any policy year.

If you have any questions about your renewal, please contact our Member Services staff on 1800 011 255.

The MDA National Group works hard to maintain our position as a trusted, transparent and prudential provider of medical indemnity. We will continue to provide affordable and secure professional indemnity insurance and advisory services to Members and I thank you for your ongoing loyalty.

Peter Forbes
Managing Director
MDA National Insurance

Renew Your Professional Indemnity Insurance Policy Online

Now even easier!

With our Member Online Services (MOS) you can renew and pay for your 2009/10 Professional Indemnity Insurance Policy through the MDA National website.

To access MOS, you need a secure password. If you don't already have one, go to www.mdanational.com.au and follow the steps below:

- Click on 'Register for Member Online Services'. You will be requested to provide your Member number, your surname, your date of birth and your post code.
- An email will then be sent to your email address containing a link to complete the registration process and activate your online account.
- Open the link and access a secure site which will contain your new password.

Most importantly, the system offers the highest possible level of security so that no-one but you can obtain your password and access your information.

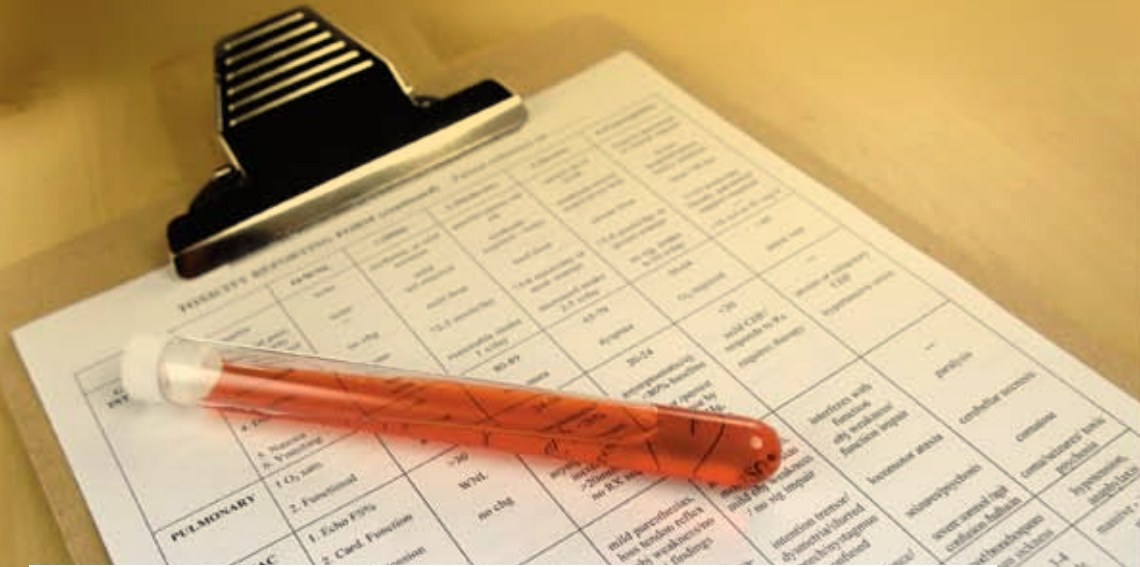
Once you have your password, you can renew your policy quickly and securely. Simply click on "Renew & Pay Online" and in three simple steps you will be able to renew your policy and make your payment.

Other Member Online Services currently available include:

- View and update contact details and provider number
- Pre Renewal Questionnaire and the application form for the Premium Support Scheme
- Notify an incident online
- Certificate of Currency and the Risk Category History
- Register for Risk Management Events

For more information about MOS visit www.mdanational.com.au or contact Member Services on 1800 011 255 during business hours.

Warfarin and the Importance of Discharge Planning



Case History

The 73 year old patient was admitted to hospital for an aortic valve replacement and coronary artery bypass surgery. Her past medical history included long-term anticoagulation with warfarin for recurrent deep vein thromboses and multiple pulmonary emboli. Warfarin was ceased prior to surgery. On the second day post surgery, the patient developed atrial fibrillation. This was controlled with amiodorone, prescribed by a cardiologist. Warfarin was restarted on day four post surgery with daily international normalised ratio (INR) testing.

The patient was discharged a week after surgery. She was given a discharge summary which was completed by the surgical intern. The summary included details of current medications and instructions for the GP to monitor her anticoagulation therapy.

Two days after discharge, the patient received a home visit from a nurse working in the hospital's anticoagulation clinic, a service that had monitored the patient's warfarin therapy over the years. The nurse took blood for an INR and completed the pathology request form. However, this did not refer to the concurrent use of amiodorone or the details of the patient's recent hospitalisation. The INR was 4. The warfarin dose was reduced by the anticoagulation clinic's doctor and another test was booked to be performed in one week.

However, six days later the patient complained of a severe headache and then lost consciousness. She was admitted to hospital, where a CT brain revealed an intracranial haemorrhage. Her INR was >8. The patient subsequently died and her death was referred to the Coroner.

Medico-legal Issues

The Coronial investigation focused on the process for monitoring the patient's anticoagulation therapy after her discharge from hospital¹. The hospital confirmed that the prescription of amiodorone was not relayed to the anticoagulation clinic. The cardiothoracic surgeon recalled discussing the patient's discharge plans with his intern, but not the specific details for follow up. However, the surgical intern may not have been aware of the significance of the medication change. She may also have been unaware that the patient attended the anticoagulation clinic, rather than her GP, for ongoing monitoring of her warfarin. The intern did not contact the GP by phone, and perhaps assumed the patient would see her GP immediately after her discharge.

The GP explained that the patient preferred to attend the hospital's clinic for monitoring of her anticoagulation therapy. He said that he was not aware of the expectation by the hospital that it was his role to manage the anticoagulation therapy after her discharge. He also noted that he would have expected a phone call from the hospital to notify him of this decision.

Three areas of deficient management were identified:

- 1) the introduction of amiodorone, which potentiated the anticoagulant properties of warfarin and therefore required careful monitoring;
- 2) the failure to properly initiate post-discharge monitoring; and
- 3) an inadequate response to the INR of 4, two days after discharge.

In this case there were a series of communication failures, which ultimately led to the death of the patient. The Coroner found that the hospital's management of the patient's warfarin therapy caused and/or contributed to her death by failing to confirm arrangements for dosing and INR monitoring after her discharge.

The Coroner noted that although the patient may have contributed to the breakdown in communication, the hospital's reliance on the patient to advise the nurse, the anticoagulation clinic and her GP of any changes in her medical condition and medications was 'misplaced and indeed fraught'.

Discussion

Medication errors are among the most common incidents reported in public hospitals, accounting for up to 26% of adverse incidents². Warfarin is one of the medications most commonly involved in medication errors, both within a hospital setting and in the community. The Threats to Australian Patient Safety (TAPS) study found that warfarin errors comprised 7% of patient safety problems in a general practice setting³. Of these errors involving warfarin, over 20% resulted in hospitalisation and a further 7% resulted in the death of the patient.

One of the important messages highlighted by the TAPS study and this Coronial case is that hospital discharges involving warfarin should be carefully planned and medication instructions should be clearly communicated with the patient and the GP and/or anticoagulation clinic before discharge.

Warfarin is a medication that is often commenced in hospital, or recommended by specialists, who then hand over monitoring of the warfarin to GPs and/or anticoagulation clinics. Such a model of care creates opportunities for communication lapses. There needs to be a strong emphasis on the education of patients about their warfarin therapy, in an environment of shared responsibility between hospitals and GPs.

Dr Sara Bird
Medico-Legal Manager/Advisory Services
Coordinator

References

1. *Coronial Communique: Case Number 1387/04.*
2. Runciman WB, Roughead EE, Semple SJ, Adams RJ. *Adverse drug events and medication errors in Australia.* Int J Qual Health Care 2003; 15 Suppl 1:i49-i59.
3. Makeham MAB, Kidd MR, Saltman DC. *Lessons from the TAPS study. Warfarin: a major cause of threats to patient safety.* Aust Fam Physician 2008; 37:817-8.

I'm So Tired I Can't Think



Up all night finishing an assignment, a big night out, a heavy week of work. A few extra zzzzs and you will be restored. Right?

Recently, one of our Members suggested we air the topic of long work hours, no sleep and the danger to patients and doctors this presents. Their concern was whether doctors would be liable if they had to work beyond their official hours and something went amiss. The short answer to this is that MDA National will support its Member doctors if something goes wrong, whether or not they are to blame. The longer answer is that one would wish to avoid such an event in the first place: no one wants to injure a patient, nor do they wish to be found liable under any circumstances, but especially when they feel they have been placed in this position by a system that is overstretched and relies on doctors working long hours without sufficient rest.

So we will revisit the vexed issue of safe hours, as a reminder that in spite of research and the steps taken by many health services to reduce the length of shifts and increase the length of breaks, long hours remain a problem that interns and JMOs frequently face, at a time in their careers when uncertainty and lack of confidence already challenge an eager start to this noble profession.

Two years ago we published the (sadly) true tale of a JMO who was found guilty of unsatisfactory conduct by a Health Practitioners Tribunal in Queensland. It was the story of a young girl who died after she fell onto a concrete floor from a top bunk. In spite of a headache and nausea, she was discharged home from the ED.

After 20 hours of working almost continuously, the JMO who assessed her was tired and omitted to look for some basic signs that may have led to the diagnosis of intracranial bleed.

However, the JMO's tiredness did not excuse him: as a doctor on duty he was expected to perform to an accepted standard of care.

Common sense tells us that no one can perform at their best when they are tired. Yet in a hospital, they are expected to. Research has provided evidence for this:

- When interns work frequent shifts of 24 hours or more, they make substantially more serious errors¹. Reducing the length of shifts and of total work hours in each week can reduce such errors.
- Reducing interns' weekly hours decreased attentional failures during night shifts by nearly 50%, and increased their overall sleep².
- Sleep inertia, that state of inertia and disorientation experienced when you first wake up, causes worse cognition performance following sleep deprivation, and especially so when awakened from a deep

sleep³. If awakened from sleep when you are on call, you are more likely to make mistakes, especially given the accumulated effects of long term sleep deprivation. This can be risky if called to an emergency and you need to make a clear and instant decision.

- Lapses in concentration and fatigue contribute to percutaneous injury from needlestick and laceration, exposing the interns to greater risk of transmission of blood-borne pathogens. The risk increases with the number of extended hours worked⁴.

The risks to you are not over once you leave for home. Accidents happen when falling asleep at the wheel, or not being able to concentrate. A wary policeman may pull you over but the breathalyser will read clean, yet the effect on you can be just as serious. The effect of lost sleep accumulates over time: after 17 hours of wakefulness, cognitive psychomotor impairment is equivalent to the cognitive impairment caused by a blood alcohol of 0.05%, but after 24 hours, it is 0.1%⁵. A large survey of residents work hours over a one-month period found the incidence of motor vehicle crashes, near misses and "involuntary sleeping" while stopped in traffic during the journey home, was significantly higher for those residents who had worked extended hours⁶.

The lessons are clear. Neither you nor I can change the rostering system today. But what

you can change is how well you prepare for a long night of work or an extended shift, to be aware of the risks of injury to yourself or your patients of lapses in concentration, take a few moments to "come to" when awakened by an emergency call and perhaps consider alternate ways of getting home if you are especially tired.

If you would like a copy of our previous article "Surviving Night Duty" that provides tips for survival, please email riskmanagement@mdanational.com.au

Elizabeth Van Ekert
Risk Manager

References

1. Landrigan, C et al *Effect of Reducing Interns' Work Hours on Serious Medical Errors in Intensive Care Units* NEJM: Vol. 351, (18) October 2004
2. Lockley, S et al *Effect of Reducing Interns' Weekly Work Hours on Sleep and Attentional Failures* NEJM: Vol 351, (18) October 2004
3. Wertz, A. et al *Effects of Sleep Inertia on Cognition*, JAMA 295 (2) January 2006
4. Ayas, N. et al *Extended Work Duration and the Risk of Self-reported Percutaneous Injuries in Interns*, JAMA, 296 (9) September 2006
5. Nocera, A. and Khusandi, D. *Doctors' working hours: can the profession afford to let the courts decide what is reasonable?* MJA, June 2005
6. Barger, L. et al *Extended Work Shifts and the Risk of Motor Vehicle Crashes among Interns*. NEJM Vol. 352, (2) January 2005



MDA National Risk Management Workshops

Registration can be completed online through the Member Online Services section of the MDA National website or by contacting Risk Management at riskmanagement@mdanational.com.au or 1800 011 255. Numbers are limited for these sessions so make sure that you register early to ensure your place. Please note that registration is not available until 3 months before the date of the workshop.

Full descriptions of the workshop topics can be found in the Risk Management section of the MDA National website.

All workshops attract CME/CPD points and are free of charge to Members who hold a current Professional Indemnity Insurance Policy. Please check the online calendar regularly as more workshops will be added throughout the year.

Cognitive Institute Workshops Calendar 2009

	Date	Day	Start	Finish	Location	Workshop Topic
JUNE	27/06/09	Saturday	9.00am	12.00pm	Canberra	Mastering Shared Decision Making
	27/06/09	Saturday	1.00pm	4.30pm	Canberra	Mastering Difficult Patient Interactions
AUGUST	5/08/09	Wednesday	6.00pm	9.00pm	Perth	Mastering Adverse Outcomes
	8/08/09	Saturday	9.00am	12.30pm	Melbourne	Mastering Difficult Patient Interactions
	8/08/09	Saturday	1.30pm	4.30pm	Melbourne	Mastering Adverse Outcomes
	12/08/09	Wednesday	6.00pm	9.00pm	Sydney	Mastering Adverse Outcomes
	22/08/09	Saturday	9.00am	12.30pm	Brisbane	Mastering Difficult Patient Interactions
	22/08/09	Saturday	1.30pm	4.30pm	Brisbane	Mastering Adverse Outcomes
SEPTEMBER	29/08/09	Saturday	9.00am	12.00pm	Perth	Mastering Shared Decision Making
	29/08/09	Saturday	1.00pm	4.00pm	Perth	Mastering Adverse Outcomes
	26/09/09	Saturday	9.00am	12.30pm	Sydney	Mastering Difficult Patient Interactions
OCTOBER	26/09/09	Saturday	1.30pm	4.30pm	Sydney	Mastering Adverse Outcomes
	7/10/09	Wednesday	6.00pm	9.00pm	Perth	Mastering Adverse Outcomes
NOVEMBER	21/10/09	Wednesday	6.00pm	9.30pm	Perth	Mastering Difficult Patient Interactions
	14/11/09	Saturday	9.00am	12.30pm	Perth	Mastering Difficult Patient Interactions
	14/11/09	Saturday	1.30pm	4.30pm	Perth	Mastering Adverse Outcomes

Freecall: 1800 011 255 Member Services Fax: 1300 011 244 Email: peaceofmind@mdanational.com.au

Contact Your State Liaison Manager

MDA National's team of State Liaison Managers are available to provide support to Members through provision of educational and risk management activities and sponsorship of both educational and social activities.

You should contact your State Liaison Manager if you have any suggestions for events at your hospital or within your Area Health Service that MDA National could be involved with.



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All State Liaison Managers can be contacted on

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You will be able to change the way you receive *First Defence* at any time, simply by sending an email to the address above.

It is also possible to change the way you receive publications from MDA National by logging into the Member Online Services and noting your preference on your Membership record. If you require assistance logging into the secure section of the website, please contact Member Services on 1800 011 255 during business hours.

Have your postal, email or practice details changed? As a Member of MDA National you receive Member benefits, policy notices, documents and other relevant communication via your postal and email addresses.

**Don't miss this important information.
Keep your details updated, so we can keep you up-to-date!**

Updating your details is easy.

1. Go online to www.mdanational.com.au
2. Enter our Member Online Services using your login and password (you can register for these online today)
3. Click on the 'view and update your details' link and follow the prompts to update your details.

Alternatively, you can call Member Services on freecall: 1800 011 255.

Freecall: 1800 011 255 Member Services Fax: 1300 011 244

Email: peaceofmind@mdanational.com.au Web: www.mdanational.com.au

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Level 3	Level 1	Level 5, AMA House	Level 8	Level 1
516 Hay Street	101 Dundas Place	69 Christie Street	87 Wickham Terrace	63 Waymouth Street
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