



About the medical certificate

The purpose of the medical certificate is to help a Medical Indemnity Insurer (MII) determine whether an insured medical practitioner is eligible to participate in the Australian Government's Run-off Cover Indemnity Scheme (ROCS). The MII will submit the certificate to Medicare Australia in the event that they apply for a ROCS indemnity payment on behalf of the medical practitioner.

Permanent disability

A medical practitioner is eligible to participate in ROCS if he/she has ceased all medical practice because of permanent disability.


The term "permanent disability" is defined by section 34ZB of the *Medical Indemnity Act 2002* (the Act), and summarised as follows:

A person is taken to have ceased practice as a medical practitioner because of permanent disability if and only if the person has ceased all medical practice (permanently) because:

- the person has incurred an injury, or suffers from an illness that is permanent, or is likely to be permanent, and
- as a result of the injury or illness, the person can no longer practise in the area of medicine in which he or she had (at the time of injury or illness) chosen to practise and been qualified to practise.

Completing and lodging the form

The form must be completed by a medical practitioner other than the medical practitioner who is being assessed for eligibility for ROCS. It is mandatory to complete each question.

 If more space is required please use a separate sheet of paper, sign it and attach it to the form.

The completed form should be forwarded to the Medical Indemnity Insurer responsible to assess the applying medical practitioner's eligibility for ROCS. For further assistance in completing this form please contact the applying Medical Practitioner's current MII.

About the information you give

The *Commonwealth Crimes Act 1914* contains penalties for giving false or misleading information in connection with this form.

Medicare Australia is authorised to collect information provided on this form under section 34ZB of the *Medical Indemnity Act 2002*. The information provided will be used to assess the (applying) medical practitioner's eligibility to participate in the Australian Government's Run-off Cover Indemnity Scheme. The information provided may be disclosed to the Department of Human Services, the Department of Health and Ageing and/or the Australian Government Actuary for the purpose of administering the Act or as authorised by law.

Certification of Run-off Indemnity Cover Scheme eligibility for the purposes of subsections 34ZB of the *Medical Indemnity Act 2002*

Certifying examining medical practitioner's details

Family name

Given names

Business name

Address

Postcode

Phone ()

Qualifications

Medicare provider number

Continued ►►

I certify that on **I examined:**

Applying medical practitioner's details:

Family name

Given names

Address

Postcode

Applying medical practitioner's Medicare provider number

Date of birth

Male

Female

and he/she:

- has incurred an injury that is permanent, or is likely to be permanent Yes No
- suffers from an illness that is permanent, or is likely to be permanent Yes No
- can no longer practise in the area of medicine in which he/she (at the time of injury or illness) chose to practise and was qualified to practise Yes No

Brief description of injury/illness (please print)

**Signature of
examining
medical
practitioner**

Date