



Medical Students & Practitioners

Risk Category Guide — Professional Indemnity Insurance Policy

- **Effective from 01 July 2024**
and as will be contained in the 2024/2025
Professional Indemnity Insurance
Policy Booklet.

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SECTION A — GENERAL INFORMATION

About this document

This Risk Category Guide outlines the various risk categories that apply to our Professional Indemnity Insurance Policy (the Policy) and will assist you in determining the most appropriate category for your needs.

This guide applies to Policies underwritten by MDA National Insurance Pty Ltd (MDANI) commencing on or after 1 July 2024.

Risk categories are determined by MDANI and may be updated, amended or replaced from time to time. The inclusions and exclusions are intended to be a guide, rather than an exhaustive list of procedures or activities.

The onus is on you to select and maintain the appropriate level of cover for all areas of your practice that you need indemnity from us. Failure to do so may result in you not being covered for any procedures or practices outside your risk category. If your Certificate of Insurance does not reflect the actual field in which you practice or the correct gross annual billings, we may exercise our rights under the Policy and at law to cancel your Policy or reduce the amount we will pay if you make a claim under the Policy, or both. If your failure is fraudulent, we may refuse to pay a claim under the Policy and treat the contract as if it never existed. You must keep us informed of any changes to the actual field in which you practice and any changes in your gross annual billings. Any changes to your field of practice including your gross annual billings may lead to a change in premium resulting in a pro-rata refund or an additional premium payable.

If you have any queries or are uncertain which risk category is appropriate, please contact our Member Services team on **1800 011 255** or **peaceofmind@mdanational.com.au**.

Field of practice

The field of practice shown in your Certificate of Insurance is based on information you provide to us and includes your specialty and (where applicable), your category and gross annual billings. If you practice across a number of specialties, you must select the highest risk specialty. Information on choosing the field of practice is contained in this Risk Category Guide.

Example: If you generate billings of \$200,000 from General Practice – Non Procedural work and you also generate billings of \$50,000 from General Practice – Obstetrics work, you should select the General Practice – Obstetrics category with billings of \$250,000.

Some examples of circumstances that may require a change to your field of practice include:








- an increase or decrease in your gross annual billings
- deciding to undertake procedural work when you are insured in a non procedural category
- commencing locum or other private work if you are an employer indemnified doctor
- receiving specialist Fellowship
- undertaking practice or performing a procedure which may be considered unusual for your specialty, or field in which you practice.

Your field of practice change will be for a minimum period of three months, and you may make up to four changes in a Policy period.

SECTION A — GENERAL INFORMATION

If you undertake a practice or procedure which may be considered unusual for your specialty or field in which you practice, then you may not be covered for that practice or procedure. Please advise us of your practice and we will confirm to you in writing whether we will cover you or not, and if so, on what terms.

The type of practice we consider unusual includes, but is not limited to:

Type of practice we consider unusual	Action required
undertaking any practice or procedure which you are not qualified to undertake.	
prescribing of peptide hormones, growth factor analogues and growth factor releasing hormones unless it was part of a clinical trial approved by an Ethics Committee	
prescribing of anabolic agents and human growth hormone other than for TGA approved Indications	
prescribing of compounded bioidentical hormone therapy other than for TGA approved indications	
undertaking stem cell therapy	
vaginal rejuvenation using energy-based devices	
prescribing medicinal cannabis as a stand-alone practice	

There are certain practices we **do not cover** at all. These include:

Certain practices we do not cover	Covered
Undertaking surgical cosmetic procedures when you are not a Fellow of the Royal Australian College of Surgeons or equivalent	✘
Undertaking consultations or initial prescribing via SMS/email/online, where there is no prior face to face, video or phone consultation	✘
Prescribing of non-TGA approved bioidentical hormone preparations	✘
Prescribing Medicinal Cannabis without holding a fellowship or equivalent specialist qualifications	✘
Gender transition in minors* for claims arising out of: <ul style="list-style-type: none"> a) your assessment that a patient under the age of 18 years is suitable for gender transition or b) you initiating the prescribing of cross sex hormones for any patient under the age of 18 years. 	✘

*Please see page 11 for further information regarding cover for this practice.

It is the expectation that all medical practitioners will undertake practice in accordance with the Medical Board's - Good Medical Practice: A Code of Conduct for Doctors in Australia.

Gross annual billings

When applying for or renewing the Policy you will be asked to nominate or confirm your gross annual billings for the financial year. Gross annual billings are not used as a reflection of your salary, but as a guide to the number of patients you see and the volume of healthcare services you provide. This allows us to appropriately determine your risk.

Gross annual billings can be revised at any time during the Policy period to accurately reflect your practice. Any offers of renewal will be based on the billings information we have on record so it is important that you review and update this information as necessary.

What to include

Gross annual billings are the total billings generated by you from all areas of your practice for which you are required to have indemnity cover from us within the financial year. This is whether the funds are retained by you or not, and before any apportionment or deduction of expenses and/or tax.

This includes work performed in your name or work for which you are personally liable, including but not limited to:

- Medicare billings before any rebates
- amounts billed to patients where there is no Medicare rebate (full amount billed, not the proportion you receive)
- payments by individuals
- payments by the Commonwealth Department of Veterans' Affairs, workers' compensation schemes and third party and/or vehicle insurers
- income received from other healthcare services provided by you such as professional fees, writing articles, academic positions, medico-legal reporting, incentive payments and overseas work for which we have agreed to extend indemnity under the Policy.

Examples

Private Practice

You must include the total amount you expect to bill for any private healthcare services you provide, not the income you receive or that proportion of your billings you retain.

Scenario: Your role for which you require indemnity from MDA National generates gross annual billings of \$400,000 per annum. Following tax deductions and apportionments to your practice for administrative expenses, staff etc. your individual income or salary amount to \$250,000 per annum. The following diagram sets out what the appropriate gross annual billings should be for the purposes of your indemnity.

Your gross annual billings from private practice

CORRECT
gross annual
billings



Gross annual billings (GAB): \$400,000 pa
(Generated by your role which requires indemnity)

INCORRECT
gross annual
billings



Your individual income: \$250,000 pa
(GAB minus tax deductions & practice expenses)

Public Practice

You only need to include income from public hospital healthcare services if you do not receive Indemnity for this work through the public hospital's indemnity scheme. This should only be included if we have agreed to cover you for your public patient care. Any billings or income from healthcare services that you have access to indemnity from your employer or the public hospitals scheme does not need to be included .

Scenario: You undertake a role where you treat a combination of public and private patients. You have indemnity provided from the hospital for treating public patients. Your billings from your private practice is \$250,000 and your income from the public hospital is \$150,000. As you only require indemnity for civil liability relating to private patients it is only your private billings of \$250,000 that needs to be included in your gross annual billings. Income from the employer indemnified public practice should not be included.

Your gross annual billings (GAB) from treating private and public patients

MUST
include for
individual
indemnity



Private Practice billings: \$250,000
(Covered by individually held indemnity)

NOT
required



Public hospital income: \$150,000
(Covered by employer/hospital provided indemnity)

Bulk billing practice

If you bulk bill Medicare for healthcare services, you must include the total of all amounts received in the bulk billing claim of assignment of benefits, and not just the proportion you receive. You must also include any associated gap fees.


If you require any assistance with calculating your gross annual billings or are unable to determine your billings please contact our Member Services team on **1800 011 255** or peaceofmind@mdanational.com.au.

Automatic Inclusions

Telehealth

The following table sets out the cover in respect of providing healthcare services via Telehealth. Telehealth is the delivery and facilitation of healthcare services via telecommunications and digital communication technologies. There are a number of telehealth standards to assist you in understanding when and how telehealth services should be provided. Please refer to Ahpra, the Medical Board’s Code of Conduct, Medicare and your College. The table below provides a summary of common scenarios but for the precise terms and conditions of cover, please refer to the current Policy wording. Nothing in this statement, the table or this booklet alters the terms and conditions of cover under the Policy.

<p>Members located in Australia providing telehealth services to patients in Australia.</p>	<p>Cover is available subject to the terms, conditions and restrictions within the Policy wording.</p>	<p>✓</p>
<p>Members travelling overseas (other than the USA) providing telehealth to Australian based patients.</p>	<p>Cover is automatically extended for the provision of telehealth services for up to 12 months from the time you practised in Australia provided there was a pre existing clinical relationship with the patient. No cover is available for services provided after 12 months.</p>	<p>✓</p>
<p>Members located in Australia providing telehealth services to patients travelling overseas.</p>	<p>Cover is automatically extended for the provision of telehealth services up to 12 months from the time the patient left Australia, provided there was a pre existing clinical relationship with the patient. No cover is available for services provided after 12 months.</p>	<p>✓</p>

<p>Members in the Radiology and Pathology Specialist categories overseas providing telehealth to or in respect of patients based in Australia.</p>	<p>Cover is subject to written underwriting approval. Please contact our Member Services team.</p>	
<p>Practitioners who are overseas (except in the USA) and are insured by their employer for civil liability claims in respect of telehealth services provided to Australian patients.</p>	<p>Cover is only available for those in the Employer Indemnified category with \$0 gross annual billings. No cover is provided in respect of civil liabilities arising from this work.</p>	<p>✓</p> <p>Employer Indemnified category</p>
<p>Members providing healthcare services based on the transmission of medical images and/ or patient data. This includes through the completion of online questionnaires and/ or text based chat, provision of prescriptions or medical certificates or referrals to another practitioner without a previous face to face, video or phone medical consultation.</p>	<p>No cover is available except where:</p> <ul style="list-style-type: none"> ✓ you are in the pathologist or radiologist category of practice as shown on your Certificate of Insurance and are undertaking telehealth services; or ✓ the service is provided to a patient who is in a hospital or emergency department and you are practising in accordance with all the accreditation requirements of the hospital; or ✓ a face to face, video or phone consultation has been done by another medical practitioner and you have an agreement with the medical practitioner or the medical practice where that consultation took place and you have access to the patient's medical records; or ✓ in response to a request from a medical practitioner or healthcare professional, you provide advice or an opinion in respect of a patient of that practitioner. 	<p>✓</p>
<p>Members who provide telehealth services while training for their initial fellowship.</p>	<p>Please refer to the table on Page 21 for details of what is covered under these categories.</p>	<p>Refer to page 21</p>

Volunteer Practice

All medical practitioners who hold a current Policy under any of the risk categories outlined in this guide are covered for voluntary healthcare services undertaken in Australia at school, community, charity or amateur sporting events as long as you have the appropriate training and experience to provide the service. This includes services where you provide treatment or advice without any expectation of payment or reward.

If you are undertaking any volunteer practice overseas, please refer to the Overseas Cover section.

Overseas Cover

In certain circumstances, your Policy will automatically extend to cover your work overseas:

Members providing healthcare services outside Australia for charitable work, disaster relief and medical aid overseas.	Cover is available for up to 6 months in the Policy period for all countries except the USA and its territories.	✓
Members accompanying an Australian sporting team or cultural group anywhere in the world and providing healthcare services to members of that team or group.	Cover is available for up to 6 months in the Policy period for all countries including the USA and its territories provided the healthcare is only provided to team or group members being resident in Australia.	✓
Members acting as a Good Samaritan in a medical emergency at home or while travelling.	Cover is available worldwide.	✓
Student members undertaking a University elective or a clinical or scholarship placement overseas as part of their Medical degree.	Cover is available except in the USA and its territories.	✓

If you are providing healthcare services outside of Australia where your Policy does not extend cover, you should obtain cover from a local insurer/ provider in the jurisdiction that you are practicing. While you are overseas, it is important to maintain your MDANI Policy to ensure you continue to be covered for your prior practice cover. In some cases, a lower premium may apply. Please contact Member Services to discuss your situation.

For the full details of the cover provided for Overseas work please refer to the Policy wording.

Clarification of cover – Gender transition in minors

If you are in private practice and treating gender dysphoria in children and adolescents, cover is restricted for claims against you that arise from this practice. Specifically, there is no cover when the claim against you arises in any way out of

- a) your assessment that a patient under the age of 18 years is suitable for gender transition; or
- b) you initiating the prescribing of cross sex hormones for any patient under the age of 18 years.

Important Notes

Assessment of suitability for gender transition for patients under 18 years refers to the process of evaluating whether a child or adolescent who is experiencing gender dysphoria is appropriate to commence gender affirming hormone therapy, surgery or other medical interventions to transition them to their identified gender. It does not refer to social or legal transition.

The restrictions in cover **do not apply** to the following practices.

- prescribing of puberty blockers to children for the purposes of treating gender dysphoria;
- for Paediatric Endocrinologists, provision of cross-sex hormone treatment to patients under 18 who have a diagnosis of a disorder of sex development / developmental variation of sex characteristics;
- any other healthcare services to children or adolescents who have gender dysphoria;
- the treatment of patients who are 18 years or over;
- legal representation at an investigation or inquiry arising from the assessment of suitability for medical and surgical transition or initial prescribing of cross sex hormones for patients under 18;
- support and advice you provide to patients considering social or legal gender transition.

Extension of cover

All requests for extension of cover to the following are subject to our written approval. Please contact our Member Services team for any extension of cover. Please note that gross annual billings or income derived from such work will need to be declared and an additional premium may be required if an extension is granted.

Public Patient Cover

Occasionally, you may find that you are not able to access State or employer indemnity for the treatment of public patients in public hospitals. Under such circumstances you may apply for an extension of cover under your Policy by completing the Treatment of Public Patients Form, available from the Downloads section of our website mdanational.com.au or by contacting our Member Services team.

Please refer to the public patient explanatory notes on page 23 if you are a Post Graduate Year 2-5 or Doctor in Specialist Training and are undertaking practice in a public hospital for which you are not indemnified by the hospital.

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Student, Post Graduate & Specialist Training

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Surgeon Consulting Only (No Procedures)	— 40
Cardiothoracic Surgery	— 40
Colorectal Surgery	— 40
Endocrine Surgery	— 40
General Surgery	— 40
General Surgery including Obesity Surgery	— 40
Gynaecology (No Obstetrics)	— 40
Hand Surgery	— 40
Neurosurgery	— 40
Otolaryngology - Head and Neck Surgery	— 40
Oral and Maxillofacial Surgery	— 40
Orthopaedic Surgery	
— General	— 40
— Hand and wrist	— 40
— Foot and ankle	— 40
— Hip	— 40
— Knee	— 40
— Shoulder	— 40
Orthopaedic Surgery including Spinal Surgery	— 40
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● STUDENT, POST GRADUATE & SPECIALIST TRAINING

MDA National offers a range of highly reduced premiums for Students, those in their first 5 years post-graduation and Doctors in Specialist Training programs. However, eligibility criteria apply for these categories and are subject to underwriting guidelines and approval.

Student

The Student category is appropriate for medical students enrolled in an initial medical course with an accredited Australian medical school for the purpose of receiving an MBBS, MChD or an MD. The Student category is not applicable once the student completes the program of study or ceases to be enrolled as a medical student.

Medical electives undertaken in Australia as part of University or scholarship placements are covered under this category. For electives undertaken overseas please refer to the Overseas Cover section.

If you intend to undertake any clinical practice or observership outside of your University approved placement, please provide details in writing to peaceofmind@mdanational.com.au as an extension of cover for such practice is subject to written approval.

Details to include:

- dates you will be undertaking this role
- level of supervision and qualifications of the healthcare practitioner who will be supervising
- nature of the clinical placement/scope of intended practice
- whether the role will be undertaken in a public hospital where indemnity is provided by the hospital, or in private practice
- whether you will be remunerated for this role

For students six months prior to graduation, the Final Year Student/Intern category becomes appropriate.

Final Year Student/Intern

The Final Year Student/Intern category is appropriate for:

- medical students in their final six months prior to graduation
- interns and new graduates in the first 18 months after graduation who are working in a public hospital and have access to indemnity from their employer for their work.

This category does not provide cover for any private practice undertaken during an internship.

Post Graduate and Training

Post Graduate and Training

Post Graduate

The **Post Graduate (PGY)** categories may be selected by medical practitioners who are in their post graduate 2–5 years and:

- undertake the majority of their work in a hospital setting and are indemnified by the hospital for this work; or
- are enrolled in a fellowship training program recognised by the Australian Medical Council (AMC) or,
- in relation to General Practice are working toward Fellowship of the RACGP or ACRRM through participation in the Remote Vocational Training Scheme or ACRRM Independent Pathway, are undertaking the majority of their practice within the training program and

have not been awarded any other fellowship which is recognised by the AMC.

For GP Registrars working in rural generalist practice, please refer to the Rural Generalist Registrar listing.

Doctors in Specialist Training

Doctors in Specialist Training (DiST) may be selected by medical practitioners who graduated more than five years ago and:

- are currently enrolled in a fellowship training program recognised by the AMC; or
- are undertaking practice in an unaccredited registrar position within a public hospital for which indemnity is provided by the hospital and the unaccredited position is within the specialty for which they seek to enrol in fellowship training. Eligibility for the DiST category based on this criteria is limited to a maximum period of three years; or
- are an International Medical Graduate, undertaking an employer-indemnified, mandatory period of training to have their overseas specialist qualifications recognised by the Medical Board/College. The medical practitioner must be employed as a registrar, under Ahpra registration requirements supervision level 1 or 2.

The DiST category may only be selected by medical practitioners undertaking the majority of their practice within the training program/position and who have not been awarded any other fellowship which is recognised by the AMC.

General Practice Training

Doctors in Specialist Training - General Practice

The **Doctors in Specialist Training (DiST)** category may be selected by medical practitioners who graduated more than five years ago, are not working in a rural generalist practice setting and:

- are working toward Fellowship of the RACGP or ACRRM though participation in the
 - *Australian General Practice Training (AGPT)* program
 - *Remote Vocational Training Scheme (RVTS)*
 - *ACRRM Independent Pathway*, or
 - *RACGP – Fellowship Support Program (FSP)*

and the majority of their practice is within the training program; or

- if an International Medical Graduate, hold an RACGP recognised specialist qualification in General Practice and are undertaking the RACGP-Practice Experience Program (PEP) Specialist stream in order to apply for Fellowship of the RACGP.

Your eligibility for this category ceases if any of the following are met

- completion of the FSP education component or
- 5 years of commencing the training program or
- you obtain your fellowship or
- you cease to be enrolled in the training program.

Please contact our Member Services team to discuss an appropriate amendment if you no longer meet the eligibility criteria.

For GP Registrars working in rural generalist practice, please refer to the Rural Generalist Registrar listing.

Rural Generalist Registrar

The Rural Generalist Registrar specialty should be selected under the **Post Graduate (PGY)** or **Doctors in Specialist Training (DiST)** categories by medical practitioners who are undertaking training towards fellowship of the RACGP, Rural Generalist Training Scheme (RGTS) or fellowship of the ACRRM and are undertaking procedures which are outside the scope of non-procedural general practice.

Where you are required to undertake any of the procedures listed under the Rural Generalist category and are not employer-indemnified for the procedure, you must be under the direct supervision (including via telephone) of a medical practitioner qualified and appropriately indemnified for that procedure.

The table below outlines the criteria, inclusions, limitations and exclusions associated with the Post Graduate, Doctors in Specialist Training categories.

Nature of practice for training categories	Covered
Unlimited activities and billings within a fellowship training position or program.	✓
Unlimited activities and billings (such as, surgical assisting and clinical research) outside of a fellowship training position or training program subject to <ul style="list-style-type: none"> • The majority of overall medical practice being undertaken within the training program and • all such work being consistent with your qualifications and experience. • In relation to surgical assisting <ul style="list-style-type: none"> • the primary or supervising surgeon must hold FRACS or equivalent and • you must be directly supervised by a doctor qualified and indemnified to perform such procedures. 	✓
Any private Obstetric practice as part of your training program (for which you are not employer indemnified) subject to being directly supervised by a doctor qualified and indemnified to perform such procedures.	✓
Cosmetic procedures only where the procedures form a part of your training program and you are supervised by a suitably qualified and indemnified doctor. Only the procedures listed under the Minor Cosmetics category are covered. Adequate training must have been undertaken specific to the cosmetic procedures being performed or prescribed.	✓
Telehealth within your training program only where you are an Advanced trainee (at least 2 years of specialty training) or you are a GP Registrar, Psychiatry Registrar or Radiology Registrar at any stage of training.	✓
Any telehealth outside of your training program.	✗
Any cosmetic practice outside of your training program or undertaken via telehealth.	✗
Prescribing medicinal cannabis in a private capacity where you do not have access to indemnity.	✗

SECTION B — RISK CATEGORIES

Nature of practice for training categories	Covered
Training another healthcare provider or medical practitioner in cosmetic procedures only where the procedures form a part of your training program and you are supervised by a suitably qualified doctor for performing such training.	✓
Remaining in any of the training categories after being awarded a fellowship recognised by the AMC unless we have confirmed approval in writing.	✗
Remaining in the DiST category in an unaccredited registrar position within a public hospital for more than three years.	✗
Undertaking a role in which the responsibilities are not commensurate with the PGY or Training categories. Examples: <ul style="list-style-type: none"> • Director of a private practice • a role in which you have overall responsibility for clinical decisions. 	✗
Remaining in the Post Graduate and DiST categories after commencing practice as a Specialist.	✗
Treatment of public patients in public hospitals where there is no access to State Indemnity subject to: <ul style="list-style-type: none"> • the total period of practice being up to 60 days in the Policy period and • you are supervised for the practice by an appropriately qualified doctor and • you are not undertaking any Obstetric practice and • we have approved cover in writing. 	✓

If you do not meet the criteria for the Post Graduate or DiST categories, please contact Member Services to confirm whether we can provide cover under another category for your practice.

If you have been awarded your Fellowship but have not started acting in the capacity of a specialist please contact our Member Services team to discuss the appropriate level of cover.

When you commence practice in the capacity of a Specialist it will no longer be appropriate to hold indemnity under the Post Graduate or DiST category. Please contact Member Services to provide the following information:

- commencement date of specialist practice
- whether the practice will be solely in an Employer Indemnified setting
- an estimate of your gross annual billings from any private practice for which you need indemnity from us.

Treatment of Public Patients in Post Graduate and Training categories

If you are a Post Graduate or DiST providing healthcare services to public patients in public hospitals, please confirm with the hospital(s) whether you have access to State Indemnity for this work. Where you do not have access to State Indemnity you can apply for an extension of cover under your Policy by completing the [Treatment of Public Patients](#) form available from the Downloads section of our website mdanational.com.au or calling our Member Services team. All applications for cover are subject to written approval.

If you provide healthcare services to public patients in a public hospital where you do not have access to State Indemnity you can remain in the Post Graduate or DiST categories provided:

- the practice is for a total period of up to 60 days in any one Policy period; and
- you are supervised for the practice by an appropriately qualified and indemnified medical practitioner; and
- you are not undertaking any Obstetric practice

If you do not meet these criteria, our Public Locum category may be more appropriate. Please refer to page 50 for further details on this category.

● EMPLOYER INDEMNIFIED & NON CLINICAL

Employer Indemnified - no private billings

Suitable for doctors who are not eligible for the Post Graduate and Training categories and:

- have graduated more than five years ago; and
- work as employer indemnified doctors entirely within the public hospital system; or
- only undertake work which is indemnified by their employer and do not generate any private billings.

Employer Indemnified - limited private billings

Suitable for employer indemnified doctors who generate up to \$25,000 billings per annum from private work for which they are not indemnified by their employer. If your gross annual billings for the Policy period exceeds this limit, you must select the appropriate private practice category.

Please note that if your specialty is GP Obstetrics, Obstetrics, Neurosurgery, Obesity Surgery or any Orthopaedic Surgery this category is not appropriate and you must select the appropriate private practice category.

The following table outlines what is covered under each of the Employer Indemnified categories

Cover	Employer Indemnified - no private billings	Employer indemnified – up to \$25,000 private billings
Professional registration board investigations	✓	✓
Inquiries or proceedings by a professional body, medical tribunal, Coroner's Court or health or medical benefits fund into your provision of healthcare services	✓	✓
Certain employment disputes	✓	✓
General medico-legal advice	✓	✓
Civil liability claims from private practice	✗	✓*

*Subject to private billings not exceeding \$25,000

Non Clinical

Suitable for medical practitioners whose work or responsibilities are not concerned directly or indirectly with the diagnosis, treatment or management of individual patients, for example research, administration, medico-legal reporting (no clinical contact) or academia.

This category remains suitable for Members working as Medical Administrators or working in academia where any indirect treatment provided to patients is found to be within the bounds of the Members' administrative or academic roles.

This category is not suitable if you are undertaking any clinical consultations, procedures or treatments.

● GENERAL PRACTITIONER

The list of procedures outlined in the General Practice categories is intended to be a guide rather than an exhaustive list and may vary from year to year.

If you are undertaking any practice that would not be considered standard for a General Practitioner please contact us to ensure that cover is available for such practice. The type of practice we require additional information on is outlined under Field of Practice on page 3.

If you are unsure whether any aspect of your practice would be considered outside the norm for a General Practitioner please contact our Member Services team to clarify as you may not be covered for it.

The following table provides a summary of procedures included and excluded under the various General Practice, Skin Cancer and Cosmetic categories. Please refer to the detail under each category for further information.

Category	What is included	What is excluded
General Practice – Non Procedural	Please refer to list on pages 28 to 30	Procedures covered under the specialties listed below
General Practice- Non Procedural- Australian Defence Force (ADF)	Those listed under General Practice – Non Procedural as long as all work undertaken is for the ADF	Procedures covered under the specialties listed below
Minor Cosmetics	Those listed under Minor Cosmetics and the specialties listed above	Procedures covered under the specialties listed below
General Practice – Limited Procedures	Those listed under General Practice - Limited Procedures and the specialties listed above	Procedures covered under the specialties listed below
Skin Cancer Procedural	Those listed under Skin Cancer Procedural and the specialties listed above	Procedures covered under the specialties listed below
Rural Generalist	Those listed under Rural Generalist and the specialties listed above	Procedures covered under the specialties listed below
General Practice - Procedural	Those listed under General Practice Procedural and the specialties listed above	Procedures covered under the specialties listed below
Cosmetic Practice – non surgical	Those listed under Cosmetic Practice – non surgical and the specialties listed above	Procedures covered under the General Practice – Obstetrics
General Practice- Obstetrics	Those listed under General Practice – Obstetrics and the specialties listed above	Any practice that would not be considered standard for a GP Obstetrician

General Practice - Non Procedural

Suitable for General Practitioners whose practice includes the following:

- Acupuncture, including laser acupuncture
- Allergy testing – desensitisation
- Anaesthesia – local, digital and Bier’s block
- Blood transfusions
- Breast biopsies
 - Fine needle aspiration biopsy
 - Core needle biopsies, only within a breast clinic (outside a breast clinic GP Procedural)
- Cardioversion
- Cervical Screening Tests
- Clear light treatment (blue light) for acne
- Closed reduction of simple fractures and dislocations including necessary non continuous intravenous medications (excluding sedation)
- Curettage and diathermy
- Draining hydroceles by needle aspiration
- Draining simple breast cysts by needle aspiration
- Emergency medicine (excluding general anaesthesia – GP Procedural)
- Exercise stress testing (including dobutamine stress testing) with appropriate resuscitation and backup facilities
- Haemorrhoids – incision of peri-anal haematomas, excision of thrombosed haemorrhoids and rubberband ligation of haemorrhoids
- Hormonal implants
- Hyperbaric medicine
- Hypnotherapy
- Indwelling Catheter (IDC) and Suprapubic taps
- Implanon – insertion and removal
- Impotence treatments – non-surgical impotence and sexual dysfunction treatments subject to face-to-face consultations
- Injections – aspiration and/or injections into peripheral joints and soft tissue injections (excludes injections into spine/epidurals – GP Procedural)

- Ingrown toenails – treatment of ingrown toenails
- Intra Uterine Contraceptive Devices- IUCD's (including Mirena) – insertion and removal
- Incision and drainage
- Interosseous access
- Intravenous therapy – insertion of IV lines, management of IV therapy and venepuncture (excluding IV sedation – GP Procedural).

Note: Intravenous infusions that are not TGA approved must be undertaken within an approved clinical trial.

- Lumbar punctures – for diagnostic purposes only
- Joint aspirations
- Local anaesthetic blocks
- Lumbar punctures – for diagnostic purposes only
- Medico-legal consulting (refer to definition on page 47 under the Medico-Legal consulting category)
- Mesotherapy (excluding cosmetic applications – see Cosmetic Practice – non-surgical)
- Nasogastric tubes
- Nose bleeds – treated by silver nitrate cauterisation, cryotherapy and electrocautery
- Palliative care
- Photodynamic therapy
- Post-mortem examinations
- Postoperative gastric laparoscopic band adjustments
- Pre-employment examinations
- Punch biopsies
- Reduction of dislocated joints (without IV Sedation)
- Removal of sebaceous cysts or lipoma
- Removal of superficial foreign bodies with or without local anaesthesia
- Removal of superficial skin lesions by cryotherapy, or excision and direct closure discussion with a Radiologist.
- Sclerotherapy and microsclerotherapy (excluding applications to the face – see Cosmetic Practice – non surgical)

SECTION B — RISK CATEGORIES

- Shared care: defined as the joint management of a pregnancy between a General practitioner with a specialist Obstetrician, GP Obstetrician or maternity hospital where:
 - an intent for a shared care arrangement is made within the first trimester; and
 - evidence exists of referral to a specialist Obstetrician, GP Obstetrician or Public Hospital antenatal clinic and of continuing shared care arrangements; and
 - there is no involvement, or intention by the General Practitioner to be involved, with intrapartum care or conduct of the birth itself.
- Sigmoidoscopy without biopsy or other procedure (with biopsy or other procedure - see GP - Procedural)
- Small, single stage local skin flaps for the removal of lesions and defect repairs (excluding on the ears, eyebrows, eyelids, digits, lips, nose or genitalia), subject to appropriate training and experience e.g. completion of a training course in skin flap surgery from a professional college or university (for large and/or complex flaps, and skin grafts, see the Skin Cancer Procedural category).
- Spinal manipulation - excluding the neck (including the neck - see GP - Procedural)
- Surgical assisting (refer to further information on page 51)
- Transcutaneous Electrical Nerve Stimulation treatment
- Termination of pregnancy — Medical — provided practice is in line with RANZCOG guidelines (excluding surgical terminations — GP - Procedural)
- X-rays — simple x-rays, including the administration of contrast if indicated and/or after discussion with a Radiologist.

Excludes:

Specific procedures listed as exclusions in the list above.

Any practice not considered to be standard for a non procedural General Practitioner.

If you are undertaking any Minor Cosmetic procedures, please refer to the Minor Cosmetics category.

If you perform any skin cancer procedures not mentioned above, please refer to the Skin Cancer Procedural category.

General Practice - Non Procedural — Australian Defence Force

Suitable for medical practitioners who are contracted to solely provide healthcare services to the Australian Defence Force (ADF) and undertake only minor procedures. Includes cover for all procedures outlined under the General Practice - Non Procedural category.

If you undertake a combination of practice for the ADF along with private General Practice, please contact our Member Services team to discuss the appropriate category and proportion of your practice that is attributed to your ADF work.

General Practice - Limited Procedures

Suitable for General Practitioners who perform any of the following procedures:

- Central lines
- Chelation therapy
- Endometrial biopsy via pipelle aspiration
- Excisional biopsy of lymph gland
- Frenectomy
- Ophthalmology — curetting or excision of meibomian cysts or chalazion and syringing of tear duct
- Ozone therapy
- Peripherally Inserted Central Catheter (PICC) lines
- Platelet Rich Plasma (PRP) for hair rejuvenation
- Vascath insertion
- Vasectomy

and any procedures listed under the General Practice — Non Procedural Rural Generalist (if the procedures is being undertaken in a metropolitan setting) and Minor Cosmetics categories.

Excludes:

Any procedures listed under Skin Cancer Procedural, GP Procedural, GP Obstetrics and Cosmetic Practice - Non Surgical

Skin Cancer Procedural

Suitable for General Practitioners who undertake procedural skin cancer services plus any procedures listed under the General Practice- Non Procedural, Minor Cosmetics and GP-Limited Procedures categories. The type of skin cancer procedures include:

- Large skin flaps and/or complex flaps i.e Involves more than just skin (excludes flaps for male pattern baldness – see Cosmetic Practice- non surgical)
- Skin grafts – free grafting (split skin) and full thickness grafts
- The following simple nerve blocks:
 - peripheral trigeminal nerve blocks: supraorbital, infraorbital, submental, supratrochlear, infratrochlear, dorsal nasal, zygomaticofacial, zygomatotemporal
- Other peripheral nerve blocks: periauricular, greater occipital, lesser occipital.

All other nerve blocks will require written approval.

Excludes:

- Regional and general Anaesthetic
- Regional nerve blocks
- Surgery for skin cancers that have spread to lymph nodes
- Any GP Procedural, Cosmetic - Non Surgical practice or GP Obstetrics work. Please select the appropriate category if you are undertaking practice in any of these areas.

Rural Generalist

Suitable for General Practitioners who hold FRACGP or FACRRM and work as a Rural Generalist undertaking procedural practice subject to appropriate training and accreditation to undertake this practice. This may include practice at public hospitals where you are not indemnified by the hospital or State indemnity scheme for this practice

The procedures include:

- Abdominal drains
- Ascitic taps – diagnostic and therapeutic
- Central lines
- Chest drains
- Chest taps

- Closed reductions under sedation
- Emergency medicine
- Foreign body removal
- Indwelling Catheter (IDC) and Suprapubic taps
- Incision and drainage
- Interosseous access
- IV cannulas (excluding IV sedation)
- Joint aspirations
- Local anaesthetic blocks
- Lumbar punctures (diagnostic only)
- Nasal bleeding treatment
- Nasogastric tubes
- Peripherally Inserted Central Catheter (PICC) lines
- Reduction of dislocated joints
- Regional and deep nerve blocks (e.g. femoral nerve block)
- Superficial and deep suturing
- Ultrasound scans (if trained)
- Urinary catheters
- Vascath insertion
- X-rays (if licensed)

and any procedures listed under the General Practice – Non Procedural, Minor Cosmetics, General Practice – Limited Procedures and Skin Cancer Procedural categories.

If you are indemnified by hospital or State indemnity for the majority of your practice and generate less than \$25,000 gross annual billings from private practice, please refer to the Employer Indemnified category on page 24.

Excludes:

If you undertake Anaesthetics or Surgery, this category is not appropriate and the General Practice – Procedural category should be selected. If you undertake any Obstetrics as a GP, please refer to the GP Obstetrics category.

General Practice - Procedural

Suitable for General Practitioners who perform any of the below procedures. If your practice focuses solely on one aspect of procedural general practice, for example you solely undertake Anaesthesia, please contact our Member Services team to discuss the most appropriate category of indemnity.

- Anaesthesia – regional, epidural and general (see Skin Cancer Procedural for a listing of nerve blocks covered)
- Bronchoscopy
- Circumcision (male only)
- Closed reductions under sedation
- Colonoscopy
- Colposcopy
- Core needle biopsies outside a breast clinic (inside a breast clinic – GP-Non Procedural)
- Dilation and Curettage
- Dilation of the salivary gland duct
- Endoscopy – including upper gastrointestinal endoscopy
- Endovenous laser treatment (EVLT)
- Gynscan for cytological/histological investigation of the endometrium
- Hysterosalpingography
- Injections – epidural/spine
- Intravenous sedation (non-continuous and continuous) – including Diazepam/Midazolam
- Lacerated hand – repaired by advancement flap
- Regional and deep nerve blocks
- Sigmoidoscopy with biopsy or other procedure (without biopsy or other procedure – GP Non Procedural)
- Spinal manipulation including necks
- Surgery (which you are appropriately trained and accredited to undertake and subject to our written approval)
- Termination of pregnancy – Surgical

This category covers any procedures listed under the General Practice – Non Procedural, Minor Cosmetics, General Practice - Limited Procedures and Skin Cancer Procedural categories.

Excludes:

Any Obstetric practice and procedures listed under Cosmetic – Non surgical category

General Practice – Obstetrics

Suitable for General Practitioners who hold DRANZCOG or equivalent and perform deliveries and/or Caesarean sections in addition to any procedures listed under any other General Practice category.

● COSMETIC PRACTICE

Minor Cosmetics

Suitable for medical practitioners whose practice involves performing minor cosmetic procedures including:

- Derma rolling/skin needling
- Facial thread lifting - non permanent threads including PDO/Mono threads (permanent threads - Cosmetic Practice - non surgical)
- Injectables – botulinum toxin type A (Botox, dysport) and non-permanent dermal fillers with TGA approval
- Laser and light therapy (including tattoo removal) using non-ablative lasers and Hybrid lasers - devices which provide a combination of ablative and non ablative laser within the one setting. (excluding ablative lasers - see Cosmetic Practice – non surgical)
- Microdermabrasion
- Peels – fruit acid facial peels and superficial depth chemical peels
- Platelet Rich Plasma (PRP) therapy for skin rejuvenation (excludes applications to genitalia)
- Radio frequency and ultrasound device for fat reduction and skin tightening (excluding genitalia)

This category also covers any procedures listed under the General Practice – Non Procedural category

Excludes:

- Platelet Rich Plasma (PRP) applications to genitalia
- Application of dermal filler to genitalia
- Laser treatments to genitalia for the purpose of rejuvenation/menopause

Any procedures listed under Skin Cancer Procedural, GP Procedural, GP Obstetrics and Cosmetic Practice - Non Surgical

Cosmetic Practice – non surgical

Suitable for medical practitioners who do not hold a FRACS or equivalent and undertake non surgical cosmetic procedures where the primary purpose of that procedure is the alteration of the external appearance of a patient for non pathological reasons. This includes the following procedures:

- Chemical face peels – medium or deep
- Dermabrasion
- Dermal fillers – permanent
- Facial thread lifting – permanent threads (non-permanent threads – Minor Cosmetics)
- Flaps for male pattern baldness
- Hair transplant without flap surgery (Follicular Unit Excision (FUE) only)
- Laser resurfacing using ablative lasers such as CO2, Erbium, YAG
- Mesotherapy – cosmetic applications (non-cosmetic mesotherapy – GP – Non Procedural)
- Sclerotherapy and microsclerotherapy of facial lesions.
- TGA approved fat dissolving injectables for TGA approved use only

If you hold a FRACS or equivalent and undertake surgical cosmetics, please select the Plastics and Reconstructive Surgery including Cosmetic Surgery category.

If you hold FACD or equivalent and perform ablative laser, please select the Dermatology (Cosmetic Ablative Laser) category.

Excludes:

- Follicular Unit Transplantation (FUT)
- Platelet Rich Plasma (PRP) applications to genitalia
- Application of dermal filler to genitalia
- Laser treatments to genitalia for the purpose of rejuvenation/menopause
- Any surgical cosmetic procedures except flaps for male pattern baldness

● PHYSICIAN

Suitable for medical practitioners who hold a FRACP or equivalent and who practise as a Physician in any of the following fields:

- Allergy
- Cardiology – Minor Procedures – please refer to the explanatory notes below
- Cardiology – Procedural
- Clinical Genetics
- Endocrinology
- Gastroenterology
- General Medicine
- Geriatric Medicine
- Haematology
- Immunology
- Infectious Diseases
- Neonatology
- Nephrology
- Neurology
- Nuclear Medicine
- Oncology
- Paediatrics
- Respiratory and Sleep Medicine
- Rheumatology
- Sexual Health Medicine

If you are undertaking any practice that would not be considered standard for a Physician please contact us to ensure that cover is available for such practice.

Explanatory notes

Cardiology – Minor Procedures

Suitable for Cardiologists **who do not perform** stent insertions, angiograms, angioplasties, electrophysiology studies, and cardiac catheterisation, pacemaker and ICD insertions. These procedures are covered under the Cardiology – Procedural category.

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● SURGEON

Surgeon Consulting Only (No Procedures)

Suitable for medical practitioners who hold a FRACS or equivalent and who continue with consultations but do not undertake any procedures.

Surgery

Suitable for medical practitioners who hold a FRACS or equivalent and who practise as a Surgeon in any of the following fields:

- Cardiothoracic Surgery
- Colorectal Surgery
- Endocrine Surgery
- General Surgery
- General Surgery including Obesity Surgery
- Gynaecology (No Obstetrics)
- Hand Surgery
- Neurosurgery
- Otolaryngology – Head and Neck Surgery*
- Oral and Maxillofacial Surgery
- Orthopaedic Surgery - please refer to the explanatory table on pages 42 and 43
 - General
 - Hand and wrist
 - Foot and ankle
 - Hip
 - Knee
 - Shoulder
- Orthopaedic Surgery including Spinal Surgery
- Paediatric Surgery
- Plastic and Reconstructive Surgery*
- Plastic and Reconstructive Surgery including Cosmetic Surgery*
- Urological Surgery
- Vascular Surgery

*Please refer to the explanatory notes on page 44.

Where your field of practice is one of the above procedural Surgery categories and you also undertake Medico-Legal Consulting (as outlined on page 47) which makes up over 25% of your gross annual billings, please contact our Member Services team to discuss the proportional split between Surgical practice and Medico-Legal Consulting as there may be a reduction in premium.

Explanatory notes

General Surgery including Obesity Surgery

Suitable for medical practitioners who hold a FRACS or equivalent and undertake general surgery including any Obesity Surgery. If no Obesity Surgery is undertaken then the General Surgery category is appropriate. Obesity surgery includes procedures such as Gastric band insertion and removal, sleeve gastrectomy, gastric bypass (Roux-en Y bypass).

Gynaecology (No Obstetrics)

Suitable for medical practitioners who hold a FRANZCOG or equivalent and practise as a Gynaecologist. Includes cover for IVF procedures and antenatal care. Obstetric work is not covered under this category.

Orthopaedic Surgery

The following categories are suitable for medical practitioners who practise as an Orthopaedic Surgeon and hold a FRACS (Orth), FAOrthA or equivalent recognised qualification.

Category	What is included	What is excluded
Orthopaedic Surgery – General	All orthopaedic surgeons should select this category if their practice does not meet the criteria of other Orthopaedic categories. This category includes: <ul style="list-style-type: none"> • surgery for traumatic conditions • elective surgeries, tumour surgeries and paediatric orthopaedic surgeries. 	Any spinal surgery
Orthopaedic Surgery – Hand and wrist	Surgery only involving the hand and wrist including: <ul style="list-style-type: none"> • surgery for traumatic conditions and post-traumatic reconstruction of the hand and wrist • elective surgeries • tumour surgery, and paediatric orthopaedic surgery • surgery for neural conditions involving the upper limb (such as nerve repairs, nerve transfers, and surgery for nerve entrapment syndromes, as well as brachial plexus surgery). 	Any other surgery outside the hand and wrist
Orthopaedic Surgery – Foot and ankle	Surgery only involving the foot and ankle including: <ul style="list-style-type: none"> • any associated surgery distal to the knee • surgery for traumatic conditions including post-traumatic reconstruction of the foot and ankle • elective surgeries, tumour surgeries and paediatric surgery of the foot and ankle. 	Any other surgery outside the foot and ankle

Category	What is included	What is excluded
Orthopaedic Surgery – Hip	<p>Surgery only involving the hip, pelvis and proximal femur including:</p> <ul style="list-style-type: none"> • surgery for traumatic conditions • elective surgeries, tumour surgeries and paediatric surgery of the hip. 	Any other surgery outside the hip
Orthopaedic Surgery – Knee	<p>Surgery only involving the knee including:</p> <ul style="list-style-type: none"> • distal femur and tibia • surgery for traumatic conditions • elective surgeries, tumour surgery, and paediatric orthopaedic surgery of the knee. 	Any other surgery outside the knee
Orthopaedic Surgery – Shoulder	<p>Surgery only involving the shoulder girdle including:</p> <ul style="list-style-type: none"> • surgeries involving the scapula, clavicle, AC and sterno clavicular joints, as well as proximal humerus • surgery for traumatic conditions • elective surgeries, tumour surgery, and paediatric orthopaedic surgery of the shoulder. 	Any other surgery outside the shoulder
Orthopaedic Surgery including Spinal	<p>Suitable if undertaking any spinal surgery including:</p> <ul style="list-style-type: none"> • surgery for traumatic conditions • elective surgeries, tumour surgery and paediatric orthopaedic surgery of the spine • procedures included in any of the other Orthopaedic categories. 	

Otolaryngology – Head and Neck Surgery

Includes cover for all procedures commonly performed by Otolaryngologists, including rhinoplasty and otoplasty. If any other cosmetic surgery is performed, Plastic and Reconstructive Surgery including Cosmetic Surgery is the appropriate category.

Plastic and Reconstructive Surgery

Suitable for medical practitioners who hold a FRACS and who practise as a Plastic and Reconstructive Surgeon but who do not undertake any cosmetic surgery.

Plastic and Reconstructive Surgery including Cosmetic Surgery

Suitable for medical practitioners who hold a FRACS or equivalent and who practise as a Plastic and Reconstructive Surgeon including Cosmetic Surgery. If you do not hold a FRACS or equivalent, please contact our Member Services team to discuss the appropriate level of cover.

● OTHER SPECIALITIES

Anaesthesia

Suitable for medical practitioners who hold a FANZCA or equivalent and who practise as an Anaesthetist.

Career Medical Officer (CMO)

Suitable for medical practitioners who do not have post graduate qualifications, are not in a recognised training program and who undertake ward duties.

Dermatology

Suitable for medical practitioners who hold a FACD or equivalent and who practise as a Dermatologist. Includes cover for all procedures commonly performed by Dermatologists, with the exception of the use of ablative lasers for cosmetic treatments (Dermatology (Cosmetic Ablative Laser)).

Dermatology (Cosmetic Ablative Laser)

Suitable for medical practitioners who hold a FACD or equivalent and who practise as a Dermatologist. Includes cover for the use of ablative laser for cosmetic procedures.

Emergency Medicine – Non Specialist

Suitable for medical practitioners who do not hold a FACEM or equivalent, but for whom Emergency Medicine is their field of practice. Includes cover for all procedures commonly performed in the Emergency Department but excludes the administration of general anaesthesia.

Emergency Medicine – Specialist (Limited General Anaesthesia)

Suitable for medical practitioners who hold a FACEM or equivalent and who practise as an Emergency Medicine Specialist. Includes cover for all procedures commonly performed in the Emergency Department but excludes the administration of general anaesthesia outside or beyond the scope of the Emergency Department. Where general anaesthesia is being administered outside or beyond the scope of the Emergency Department, the Emergency Medicine – Specialist (Including General Anaesthesia) category is appropriate.

Emergency Medicine – Specialist (Including General Anaesthesia)

Suitable for medical practitioners who hold a FACEM or equivalent and who practise as an Emergency Medicine Specialist. Includes cover for all procedures commonly performed in the Emergency Department. Also suitable for the administration of general anaesthesia outside or beyond the scope of the Emergency Department.

Gynaecologic Oncology

Suitable for medical practitioners who hold a Certificate in Gynaecologic Oncology or equivalent and who practise as a Gynaecologic Oncologist.

Intensive Care (Limited General Anaesthesia)

Suitable for medical practitioners who hold a FJFICM, FRACP, FANZCA or equivalent and who practise as an Intensive Care Physician. Includes cover for all procedures commonly performed by Intensive Care Physicians but excludes the administration of general anaesthesia outside of the Intensive Care Unit. Where general anaesthesia is being administered outside of or beyond the scope of the Intensive Care Unit, the Intensive Care (Including General Anaesthesia) category is appropriate.

Intensive Care (Including General Anaesthesia)

Suitable for medical practitioners who hold a FJFICM, FRACP, FANZCA or equivalent and who practise as an Intensive Care Physician. Includes cover for all procedures commonly performed by Intensive Care Physicians, including the administration of general anaesthesia outside or beyond the scope of the Intensive Care Unit.

Medico-Legal Consulting

Suitable for medical practitioners whose practice consists solely of medico-legal consulting. Medico-legal consulting includes the provision of an opinion and/or a report and may involve the examination of the individual patient/subject of the report. However, this category is not intended to cover claims arising from the management or treatment of a patient. Where practice consists of medico-legal reporting only (i.e. no clinical contact with patients), the Non Clinical category may be appropriate (refer to the description on page 25).

Obstetric Ultrasound

Suitable for medical practitioners who hold a FRANZCR, FRANZCOG or equivalent and who practise as a specialist in Obstetric Ultrasound

Obstetrics and Gynaecology

Suitable for medical practitioners who hold a FRANZCOG or equivalent and who practise as an Obstetrician.

Occupational Medicine

Suitable for medical practitioners who hold a FAFOEM or equivalent and who practise in the area of Occupational Medicine.

Ophthalmology – Non Procedural

Suitable for medical practitioners who hold a FRANZCO or equivalent and who practise as a non procedural Ophthalmologist. Non procedural Ophthalmology includes cover for the measurement, testing, diagnosis and management of patients, as well as the following:

- Cautery/removal of cysts of the eyelid
- Cautery/removal of cysts of the eyelid
- Electrolysis of lash follicles
- Incision and curettage of tarsal cysts
- Laser capsulotomy
- Laser coagulation of corneal or scleral blood vessels
- Laser iridotomy
- Laser trabeculoplasty including division of suture by laser following trabeculoplasty
- Photocoagulation of the retina, not being a service associated with photodynamic therapy with Verteporfin
- Probing and syringing of tear ducts
- Punctum snip
- Removal of corneal or scleral foreign bodies
- Removal of corneal sutures

Ophthalmology – Procedural

Suitable for medical practitioners who hold a FRANZCO or equivalent and who practise as an Ophthalmologist. Includes cover for all procedures performed by Ophthalmologists including LASIK procedures, removal of pterygia and blepharoplasty.

If any cosmetic surgery is performed beyond the eye area, please contact our Member Services team to discuss the appropriate category.

Pain Medicine

Suitable for medical practitioners who hold FFPMANZCA or equivalent and who practise in the area of Pain Medicine.

Palliative Medicine

Suitable for medical practitioners who hold a FACHPM or equivalent and who practise in the area of Palliative Medicine.

Pathology

Suitable for medical practitioners who hold a FRCPA or equivalent and who practise as a Pathologist or Clinical Forensic practitioner

Psychiatry

Suitable for medical practitioners who hold a FRANZCP or equivalent and who practise as a Psychiatrist.

Public Health Medicine

Suitable for medical practitioners who hold a FAFPHM or equivalent and who practise in the area of Community/Public Health Medicine.

Public Locum

Suitable for medical practitioners in their Post Graduate Years 2 - 5 or Doctors in Specialist Training (DiST) who:

- are treating public patients in public hospitals for which they cannot access State indemnity; and
- will be undertaking such work for a period greater than 60 days in a Policy period; or
- will not receive supervision from an appropriately qualified medical practitioner for such work at all times.

Cover is subject to our written approval.

If you expect to undertake any Obstetric practice in such circumstances please contact our Member Services team to discuss whether cover can be extended for this practice.

Please note that where the Public Locum category is required for any period of practice, the category will be applied to the full Policy period.

Radiation Oncology

Suitable for medical practitioners who hold a FRANZCR or equivalent and who practise as a Radiation Oncologist.

Radiology

Suitable for medical practitioners who hold a FRANZCR or equivalent and who practise as a Radiologist or Interventional Radiologist.

Rehabilitation Medicine

Suitable for medical practitioners who hold a FAFRM or equivalent and who practise in the area of Rehabilitation Medicine.

Sports Medicine

Suitable for medical practitioners who hold a FACSEP or equivalent and who practise in the area of Sports Medicine.

Surgical Assisting

Suitable for medical practitioners whose private practice consists solely of surgical assisting and who do not act as a primary or supervising Surgeon.

The Surgical Assisting category is appropriate where the primary role of the surgical assistant is to facilitate the safe and efficient performance of an operation by the primary Surgeon. It is expected that the surgical assistant will only work under the direct supervision of an appropriately qualified primary Surgeon and will not undertake any procedures separate from, or in addition to, the main purpose of the operation.

It is accepted that it may be necessary, on occasion, for an assistant to temporarily continue with the operation or maintain a stable operative field if the primary Surgeon were to take a short break, particularly during long operations. If, as a surgical assistant, you perform any duties that are not included in the list below please contact us to ensure this risk category is appropriate for you.

This category includes the following procedures:

- Anastomosis of bowel, blood vessels or other hollow tubes
- Application of drapes
- Application of dressings and/or plasters
- Clamping and dividing of blood vessels
- Closure of wounds
- Creation of artificial openings or stomas
- Display and/or dissection of anatomical structures
- Insertion of catheters
- Insertion of drainage tubes
- Irrigation of wounds
- Ligation of blood vessels
- Manipulation and subsequent stabilisation of bones or soft tissue
- Positioning of the patient
- Resection of bowel and/or the removal of organs or other tissues
- Suturing
- Taking and performance of skin grafts
- Tying of knots and cutting of ligatures.

SECTION B — RISK CATEGORIES

The Surgical Assisting category is not appropriate if you are acting in the capacity of a medical educator or training surgical registrars in clinical procedures. The appropriate Surgeon category that is commensurate with your experience and qualifications will need to be selected.

Travel Medicine

Suitable for medical practitioners who have appropriate training and/or qualifications and who practise in the area of Travel Medicine.

● CESSATION OF PRACTICE

Temporary Cessation of Practice

Non Practising

For medical practitioners who will be temporarily ceasing practice in Australia for a period of three months or more and who are not eligible for the Federal Government's Run-Off Cover Scheme (ROCS). The reason for ceasing practice could be due to a sabbatical, overseas practice (unless we have extended cover under their Policy to indemnify this work), illness or other reason. This will maintain continuous cover for matters that relate to healthcare services provided prior to the leave of absence.

Please be aware that the Non Practising category does not indemnify you for any healthcare services you provide on or after the date your change of category takes effect. Gratuitous services can be provided under this category only if you hold appropriate registration in Australia.

If you return to practice after a period of not having active registration, you will be required to provide additional information prior to receiving confirmation of ongoing cover upon resumption of practice.

Maternity Leave

Medical practitioners who are temporarily ceasing all medical practice due to taking maternity leave may be eligible for continued indemnity under the ROCS until their return to practice. Further information regarding eligibility for the ROCS is available from the downloads section of our website mdanational.com.au.

To discuss the scheme, or your eligibility, please contact our Member Services team.

Permanent Cessation of Practice

Run-Off Cover Scheme (ROCS)

For medical practitioners who are permanently ceasing practice in Australia the ROCS may be appropriate. Further information regarding eligibility for the ROCS is available from the downloads section of our website mdanational.com.au.

To discuss the scheme, or your eligibility, please call our Member Services team.

Gratuitous Services only

For medical practitioners who provide healthcare services for which no income is received and there is no expectation of reward or compensation including Good Samaritan acts, repeat prescriptions and repeat referral writing.

This category is appropriate for medical practitioners who:

- have ceased practice and are eligible for the Federal Government's ROCS but wish to continue providing Gratuitous Services; or
- are required to maintain professional indemnity insurance for registration purposes but do not provide remunerated healthcare services.

All medical practitioners who hold a current Policy under any of the risk categories outlined in this guide are also indemnified for Gratuitous Services.

What is not covered:

This category is **not** suitable for medical practitioners to:

- initiate any form of treatment, or to provide any initial prescription or initial referral, other than in the context of a Good Samaritan Act.
- provide treatment to or prescribe to family, friends, or individuals with whom they have a close personal relationship.
- receive payment or compensation for the provision of healthcare services.

If you do not hold appropriate registration that allows you to provide gratuitous services you will not be covered for any services provided, with the exception of Good Samaritan Acts.

This information is intended as a guide only. In case of any specific questions regarding the Risk Categorisation please contact our Member Services Team on **1800 011 255** or on **peaceofmind@mdanational.com.au**.

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