

Fact sheet

Updated March 2026

Professional indemnity insurance arrangements

Introduction

The Nursing and Midwifery Board of Australia (NMBA) undertakes functions as set by the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). The NMBA regulates the practice of nursing and midwifery in Australia, and one of its key roles is to protect the public. The NMBA does this by developing standards, codes and guidelines which together establish the requirements for the professional and safe practice of nurses and midwives in Australia.

Who is this fact sheet for?

This fact sheet provides guidance to nurses and midwives regarding their requirements for professional indemnity insurance (PII) arrangements.

Under section 129 of the National Law, a health practitioner must not practise in their registered profession unless they are appropriately covered by PII arrangements that cover all aspects of their practice. Requiring registered health practitioners to hold appropriate PII arrangements is an important way the National Registration and Accreditation Scheme (the National Scheme) protect the public by addressing the risk posed by uninsured practitioners.

The NMBA's [Registration standard: Professional indemnity insurance arrangements](#) (PII registration standard) sets out the minimum requirements for PII arrangements for enrolled nurses, registered nurses, nurse practitioners and midwives. Nurses and midwives can be covered by their own or third party PII arrangements.

How can I meet the PII arrangements registration standard?

As a nurse and/or midwife, you are required to meet the NMBA's registration standards. These obligations include having appropriate PII arrangements in place when you practise your profession.

You need to take steps to make sure that you have PII arrangements in place that provide adequate and appropriate cover for all aspects of your practice. The NMBA's PII registration standard requires enrolled nurses, registered nurses, nurse practitioners and midwives to retain evidence of their insurance or otherwise be able to obtain evidence and to provide it to the NMBA on request.

It is recommended that practitioners keep a copy of their PII certificate of currency and retain this record for as long as they may be reasonably required to demonstrate appropriate cover.

PII arrangements may be provided:

- through your private or public sector employer
- as part of membership of a professional body, trade union or defence organisation
- through a contract of insurance obtained by you directly from an insurer, or through an insurance broker, or
- through a combination of the above.

I am employed as a nurse and/or midwife. How does the PII arrangements registration standard apply to me?

If you work exclusively as an employee of a business or organisation (i.e. not self-employed), your employer may inform you that they have PII arrangements in place. However, it remains the nurse and/or midwife's responsibility to ensure that appropriate PII arrangements are always in place during their practice.

An employer's PII arrangements are likely to only provide cover for activities nurses and/or midwives carry out as part of their duties during their employment. To cover all aspects of practice, nurses and midwives may still need to independently obtain their own PII insurance, in addition to their employer's provided PII.

If an employer has PII arrangements in place, the nurse and/or midwife must ensure that all aspects of their practice are covered.

Arrangements can vary between employers, so you should always confirm coverage details prior to commencing practice.

I am self-employed as a nurse and/or midwife. How does the PII arrangements registration standard apply to me?

If you are self-employed, you will need to make sure that you have your own appropriate PII cover. You can arrange this directly through an insurer, or an insurance broker. Some professional bodies, trade unions and defence organisations offer PII cover as part of their membership, or for an extra fee.

I am a privately practising midwife who provides homebirth services. What are my PII requirements?

From 1 January 2027, privately practising midwives (PPMs) are required to hold PII for all aspects of their practice, including intrapartum care during the provision of a homebirth. There is **no** exemption from holding PII for PPMs under the National Law from this date.

PPMs who cease private practice must have appropriate run-off cover for matters arising from previous practice as a PPM that would otherwise not be covered.

For further information on PII arrangements for PPMs, see Appendix 1 'If you are a midwife working in private practice'.

I practise in a combination of employed, self-employed and/or volunteer roles. What are my PII responsibilities?

If you carry out a combination of employed, self-employed and/or volunteer roles, you will need to make sure that you have appropriate PII arrangements in place for all working arrangements. You must ensure you have PII arrangements in place that provide appropriate cover for all parts of your practice. This may mean holding your own PII coverage separate to any arrangements available in your other roles.

If you are practising as a volunteer, or in an unpaid position, you are still required to have appropriate PII arrangements in place. Some voluntary organisations will have PII arrangements that cover their volunteer's activities. If you hold your own PII arrangements, you must confirm they cover any practice you do as voluntary work prior to undertaking this work.

What does 'amount of cover' mean?

You must make sure that your PII arrangements provide an appropriate amount of cover. This means that your PII arrangements provide cover appropriate to the nature, context and risks of your professional practice. Under the National Law, practising without appropriate PII arrangements may result in regulatory action.

The amount of cover needs to be enough to meet any liability (i.e. legal responsibility) to pay compensation if a successful claim is made against you. The appropriate amount of cover for you may depend on a combination of factors, including:

- the practice area(s) you work in

- whether you practise independently and/or as part of an organisation
- the service users you work with
- the risks and complexities involved with your practice
- legal or contractual obligations with your employer
- your previous history of insurance claims and the type of claim made against you in the past, if any, and
- your professional experience.

The appropriate cover for one registered health practitioner may not be appropriate for another. You need to make sure that you consider the risks which may arise from your own practice and that your PII arrangements provide adequate cover appropriate for those risks.

It is recommended you seek advice from your insurer or insurance broker, defence organisation, professional body, trade union, and/or employer, to make reasonable, informed decisions about the level of cover appropriate to you and your practice.

If you are selected for an audit or are otherwise required to provide evidence of your compliance to the PII registration standard, you will need to justify the chosen amount of coverage.

What does 'run-off cover' mean?

Run-off cover is a type of cover that health practitioners may need when they stop practising, depending on the type of PII arrangements they held while practising. It protects a health practitioner who has ceased practice against claims that arise out of, or are a consequence of activities that were undertaken when the practitioner was conducting that practice.

A 'claims made' PII policy only covers you for claims made during the period of cover. You would need to have run-off cover to deal with any claims made after you stop practising and your claims-made cover has ended.

If you have held 'occurrence-based cover' - a PII policy that covered you for any incidents that occurred during the period of cover, (either through an individual policy or other arrangements), you will **not** need run-off cover to deal with any claims arising from after you finish practising. If you are unsure which cover you have under your PII policy, you must contact the policy provider to confirm this prior to ceasing all coverage.

What does the requirement for automatic reinstatement mean?

Automatic reinstatement is a feature in some insurance policies that restores the original sum insured (the policy limit) after it has been exhausted by a claim, so the full limit is available again for new, unrelated claims.

Under the NMBA's PII registration standard, PII arrangements for nurses and/or midwives must include automatic reinstatement to ensure that cover would not be exhausted should a single large claim be made. This outcome may also be achieved by a practitioner's PII policy providing for aggregate coverage of a certain amount, with a lower limit (usually half of the total insured) set on the amount that will be covered in relation to any one claim.

What is my duty of disclosure?

As with any insurance policy, you have a duty to disclose any information to your PII arrangements provider (or the third party responsible for your PII arrangements) that you know, or could reasonably be expected to know, might affect their decision to provide or to continue providing your PII arrangements.

The duty of disclosure exists whether the insurance is provided under a contract of insurance, or any other PII arrangement.

Is it my responsibility to ensure that my PII arrangements are in place?

As a nurse and/or midwife, **you** are responsible for continuing to meet the NMBA's standards and all other obligations of your registration. It is your responsibility to ensure that the PII arrangements you organise, or are organised on your behalf by a third party, are appropriate for your practice and meet the NMBA's PII registration standard.

When you apply for registration, you are asked to declare that you will not practise the profession unless you have PII arrangements in place. Each year, when you renew your registration, you will be asked to make a declaration that you practised the profession in accordance with the requirements of the NMBA's PII registration standard, and that you will not practise the profession unless you have PII arrangements in place that meet this standard.

If you do not complete the declaration confirming that appropriate PII arrangements are in place, the NMBA may refuse your application for registration or renewal, or impose a condition on your registration, e.g. the NMBA may impose a condition that you must not practise your profession until you have appropriate PII arrangements in place.

The NMBA will not ask you to routinely provide certificates or other evidence of your PII arrangements. However, you may be asked for evidence for routine audit purposes or if, for example, there is concern that you may not have appropriate PII arrangements in place. The type of evidence you need to demonstrate compliance is set out in the NMBA's PII registration standard.

What do I do if my practice changes?

The NMBA recognises that your practice may change e.g. you decide to focus your practice on a particular area, expand your practice into new areas, start working with a new client group, or move into a role in management, education or research.

This may mean that the level of cover you need changes, or that you need to make other arrangements. You must make sure that you continue to have PII arrangements in place which provide appropriate cover for your practice.

What do I do if my PII arrangements change?

You need to inform the NMBA in writing within **seven days**, if at any point when you are registered, you no longer have appropriate PII arrangements in place for your professional practice. Under the National Law, failing to notify the NMBA within seven days may prompt regulatory action. However, you do not need to inform the NMBA about routine changes, such as a change of insurance provider, or if you do not have PII arrangements in place because you are no longer practising.

For more information

- [Professional indemnity insurance arrangements](#)
- Visit www.nursingmidwiferyboard.gov.au under *Contact us* to lodge an online enquiry form
- For registration enquiries: 1300 419 495 (in Australia) +61 3 9275 9009 (overseas callers)
- For support services <https://www.ahpra.gov.au/Notifications/Support-services.aspx#practitioner-support>
- Nurses and midwives may access 24/7 free and confidential support services at [Nurse & Midwife Support](#)
- Aboriginal and Torres Strait Islander people can get culturally safe, one-on-one help with registration from the [Aboriginal and Torres Strait Islander Engagement and Support team](#). Yarn with us at mobengagementsupport@ahpra.gov.au
- Other support services as listed on the [Ahpra website](#)

Appendix 1 - Professional indemnity insurance arrangements for midwives practising private midwifery

Important note: The PII exemption for privately practising midwives providing intrapartum care outside of a hospital setting (homebirth) will no longer apply after 31 December 2026. This means that **from 1 January 2027**, all privately practising midwives will be required to hold insurance for all aspects of their practice, including for the provision of intrapartum care during a homebirth.

Details on the exemption from holding PII for intrapartum care during homebirth (ending 31 December 2026)

From 1 July 2010 up until 31 December 2026, some PPMs are eligible for an exemption from holding PII for intrapartum care when caring for women having homebirths under section 284 of the National Law.

Section 284(2) of the National Law states that midwives practising private midwifery do not need to include the declarations required by subsection (1)(a)(iv) and (v) in their annual statement to the NMBA (under section 109) for any period of registration within the transition period.

This exemption is strictly limited to the provision of private intrapartum care provided in a homebirth setting. Midwives working in private practice have still been required to hold appropriate PII to provide antenatal and postnatal care, regardless of the planned location of the birth. The exemption has only been available to midwives who meet the requirements set out in section 284 of the National Law.

For the PII exemption to apply under the National Scheme and satisfy NMBA requirements, midwives in private practice have been required to demonstrate they meet all obligations in the NMBA's [Safety and quality guidelines for privately practising midwives](#).

On 1 July 2025, a PII product for PPMs offering intrapartum care outside of a hospital setting (homebirth) became available. As a result, section 284 of the National Law, a transitional provision, will no longer apply to provide an exemption from PII to PPMs after 31 December 2026.

What do I need to do to ensure I am covered for intrapartum care from 1 January 2027?

You must arrange appropriate PII cover for intrapartum care in a homebirth setting with an insurer by 1 January 2027. If you do not have an appropriate policy in place by this date, you will not be able to practise in this setting until you satisfy your PII requirements.

It is important to note that your insurer's PII coverage may be subject to various conditions. Prior to practising under your PII arrangement, you must ensure you can meet any requirements and conditions outlined in your insurer's product disclosure statement (PDS).

Glossary

Automatic reinstatement is a provision in policies which allows for the limit of indemnity (amount insured) to be reinstated for new, unrelated claims, after one or more claims has been paid to the limit of the indemnity.

Civil liability insurance means insurance that covers the costs of liability incurred by the insured arising from civil claims seeking compensation for personal injury, harm or loss incurred, where the claim arises directly from an alleged act, error or omission committed in the conduct of the practitioner's practice or professional business during the policy period. Civil liability cover includes cover for legal expenses incurred in defence or settlement of a civil claim and for damages payable.

Exemption for midwives practising private midwifery means under section 284 of the National Law a midwife who practices private midwifery may be exempt from the requirement for PII arrangements for intrapartum care. This exemption is due to end on 31 December 2026 and will not be extended.

Homebirth means a birth in which the woman gives birth at her own home or another person's home (as defined under section 284 of the National Law). This may include locations hired, borrowed or otherwise engaged for the purposes of a birth i.e., Airbnb and hotels.

Midwife means a person whose name is included in the [Register of practitioners](#).

The NMBA has endorsed the [International Confederation of Midwives](#) (ICM) definition of a midwife and has applied it to the Australian context.

National Law means the Health Practitioner Regulation National Law, as in force in each state and territory.

National Scheme means the National Registration and Accreditation Scheme for health professions. More information about the National Scheme is available at www.ahpra.gov.au

Nurse includes enrolled nurse, registered nurse, nurse practitioner and any registered nurse with a scheduled medicines endorsement.

Nursing and Midwifery Board of Australia (NMBA) means the national body responsible for the regulation of nurses and midwives in Australia.

Occurrence-based policy means a policy that is in place when the event which is the subject of the claim occurred, even if the policy has not been renewed.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients, women or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.

Privately practising midwife (PPM) means a midwife who practices the midwifery profession in a private capacity. PPMs can be sole practitioners, work in partnership models, operate their own business and/or attend homebirths as the second health practitioner. They can be employed by a private midwifery business, contracted by a private business or practise in a voluntary capacity. PPMs who are credentialed with a health service can also provide private midwifery care to a woman that is admitted to the health service. Whilst providing private midwifery services in this capacity they are not employees of the health service.

Professional indemnity insurance (PII) arrangements means arrangements that secure for the practitioner's professional practice, insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries and covers the cost and expenses of defending a legal claim, as well as any damages payable. Some government organisations under policies of the owning government are self-insured for the same range of matters.

Retroactive cover means PII arrangements which cover the insured against claims arising out of or in consequence of activities that were undertaken in the course of the practitioner's professional practice, prior to the date of the commencement of the insurance.

Run-off cover means insurance that protects a practitioner who has ceased a particular practice against claims that arise out of or are a consequence of activities that were undertaken when he/she was conducting that practice. This type of cover may be included in a PII policy or may need to be purchased separately.

Second health practitioner (usually a midwife in the context of the provision of intrapartum care) is a health practitioner registered under the National Law who is educated to provide maternal and newborn care, skilled and current in obstetric emergency management, adult life support and neonatal resuscitation and demonstrates recency of practice relevant to their profession and endorsement (where applicable)

Third party cover means the cover that an individual holds through a third party's insurance arrangement, such as through an employer, education provider or union.

Document history

Approved by: Nursing and Midwifery Board of Australia

Date commenced: June 2016

Next review due: December 2026

Policy history: Is this a new policy? **N**

Does this policy amend or update an existing policy? **Y**

If so which version **v3.1**

Does this policy replace another policy with a different title? **N**

Approval date	Version	Reason for change
November 2025	v4.0	Further clarity throughout document on responsibility to ensure and demonstrate evidence of appropriate PII coverage, amendments to reflect PII exemption for PPMs ending on 31 December 2026, updated ICM definitions and added definitions to glossary.
June 2024	v3.1	Extension of end date of PII exemption under s284 of National Law for privately practising midwives providing intrapartum care to 1 July 2025
May 2022	v3.0	New document template Extension of end date of PII exemption under s284 of National Law for privately practising midwives providing intrapartum care to 31 December 2023
April 2019	v2.3	Extension of end date of PII exemption under s284 of National Law for privately practising midwives providing intrapartum care to 31 December 2021
January 2017	v2.2	Updated reference to 'Safety and quality guidelines for privately practising midwives'
November 2016	v2.1	Extension to end date of PII exemption under s284 of National Law for privately practising midwives providing intrapartum care to 31 December 2019
June 2016	v2.0	Editorial changes to reflect document coming into effect (from previous advanced copy)
February 2016	v1.0	Advanced copy