

# the private practice magazine

SUMMER 2012/13

The quarterly management magazine for health care professionals

## THE BUSINESS OF BEING IN BUSINESS

The Private Practice 2013 Business & Financial Education Program

## PRACTICE MANAGEMENT

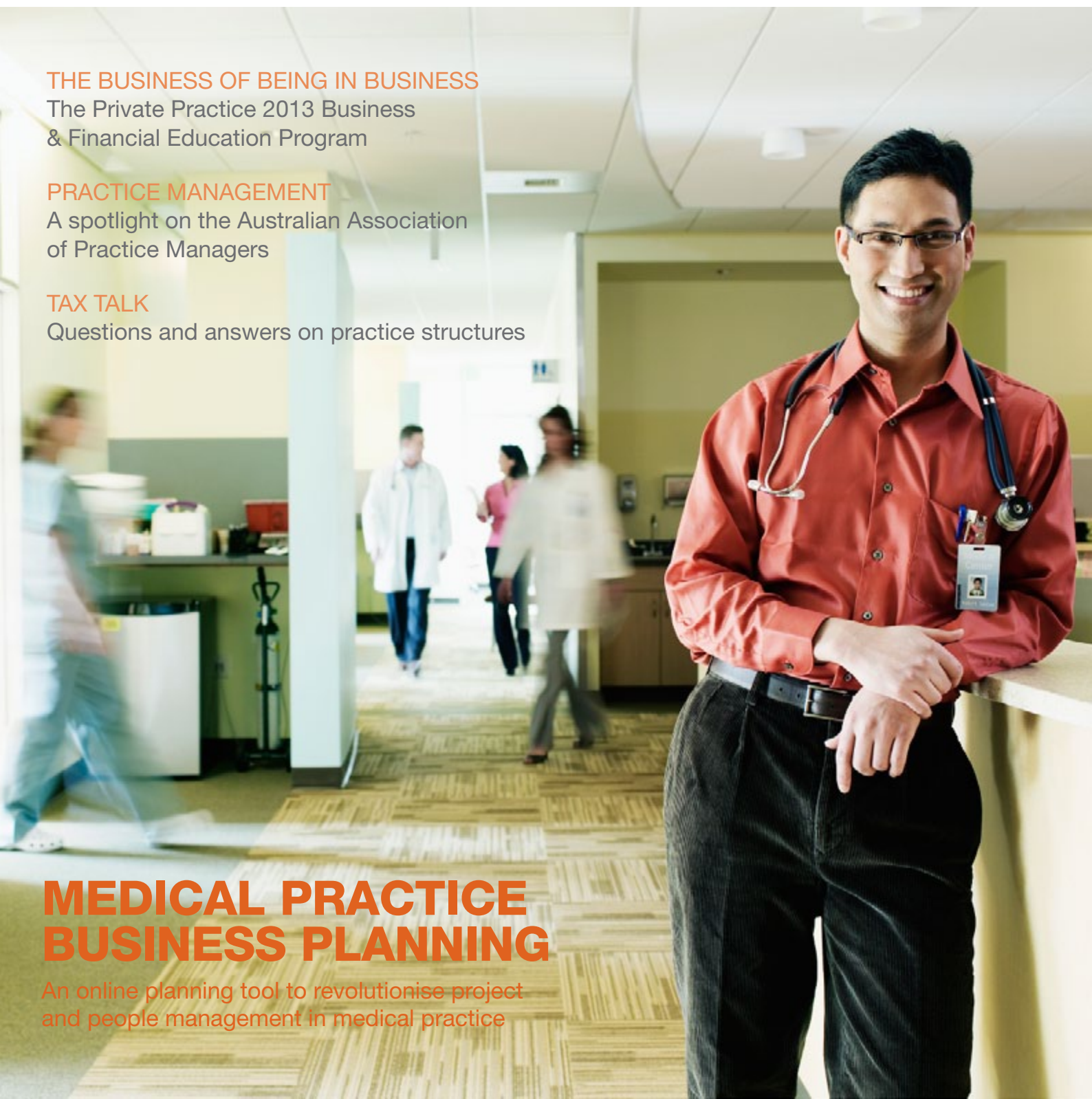
A spotlight on the Australian Association of Practice Managers

## TAX TALK

Questions and answers on practice structures

## MEDICAL PRACTICE BUSINESS PLANNING

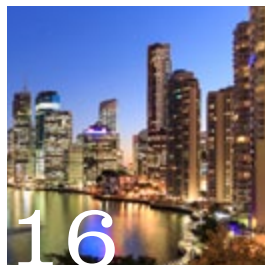
An online planning tool to revolutionise project and people management in medical practice



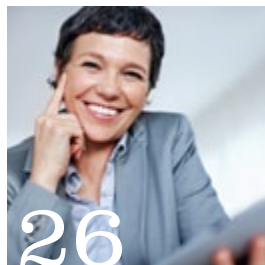
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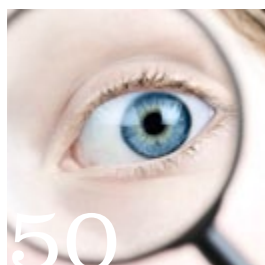
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# IN THE SYSTEM

**“Money, Happiness, Life – they all come down to how well your practice works. Not how well you work. Whether money takes the form of Income, Profit, Flow or Equity, the amount of it – and how much of it stays with you – will always depend on how well your practice works. Not on your people, not on you, but on the system.” – Michael E Gerber**

Controversial stuff for the last edition of *The Private Practice eZine* for 2012... Gerber is challenging the conventional wisdom that people (especially the practitioners) make the practice. This is true of the vast majority of healthcare practices, and while good people are crucial, it's the systems, policies and procedures that make the business.

Why do you want your practice to be a business?

- So you can grow.
- So you can achieve work/life balance.
- So you can establish and realise saleable value.
- So you can leverage your passion, your skills, your dedication.

In this, our summer edition, our underlying theme is the system.

Before reading on, I challenge you to stop and ask yourself this: If you could have your practice working exactly how you want it to, what would that look like?

Look to the future and imagine what you will want to do with your practice when you retire. Would you like to sell it, have it acquired by a “corporate” or move it on to your family?

Discovering what drives you is the first step towards establishing a real business. The rest is down to systems – if you get the systems right when your practice is small, it will grow and be on a definite path to fulfilling its potential.

These are themes we work on at our courses, workshops and other education initiatives – please follow **this link** to see what we have on the go in 2013 to help YOU.

The final word goes to Gerber:

*“The rule of business growth says that every business, like every child, is destined to grow! Needs to grow. Is determined to grow... Once a Doctor has started a practice, it's his or her job to help it grow. To nurture it and support it in every way. To infuse it with: Purpose, Passion, Will, Belief, Personality, Method.”*

We hope you enjoy this edition and wish you a safe, fun and peaceful festive season.

A stylized, handwritten signature in grey ink, appearing to read 'SM'.

**Steven Macarounas, Editor**  
**editor@theprivatepractice.com.au**





# Q:

## How do you make your insurance more affordable?

Insurance isn't something that's normally top of mind but if something happened that could affect the financial well-being of you, your family and practice, then you'll be glad you have it.

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**Queensland:** Scott Moses, Lane Moses Private Wealth (07) 3720 1299.

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**Western Australia:** Wayne Leggett, Paramount Wealth Management (08) 9474 3522.

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With you



A.



# TAX TALK

Don't quite understand the taxation rules around private practice and business structures? **Julie Smith** answers three of the most common questions.

**Q. I have heard that now I am in private practice, I should use a company or trust structure to reduce my medical income – is this right?**

**A.** Let's face it – nobody wants to pay any more tax than they absolutely have to. Occasionally however, in the quest to minimise tax, an individual becomes confused about the different types of income they are receiving, how this income has to be taxed and the strategies available to minimise their tax bill.

The main type of income you will receive from practice is known as personal exertion income – income from your personal work and exertion in seeing patients. To understand this type of income, think of it like this – if you do the work, you pay the tax. Despite what you may have heard in hospital corridors or at dinner parties, there are no tax structures available to legitimately distribute this income to other family members. The Australian Taxation Office (ATO) has even gone to the trouble of legislating provisions dealing with this exact issue under its 'Personal Services Income Tax Provisions'.

If you are currently using a structure such as a trust or a company to receive your practice income, you will almost certainly be subject to specific provisions within the tax law. These provisions operate to ensure that, despite the structure, any personal exertion income is taxable to the individual who is performing the work. If you have been distributing this income more widely to family members, you should seek confirmation from an experienced advisor on the legitimacy of this in relation to the anti-avoidance provisions of the tax legislation.

**Q. Apparently I need a 'service entity' – what exactly is it and what does it do?**

**A.** A service entity is an entity established by doctors setting up their own rooms or a general medical practice. It's the entity under which all equipment is owned, non-medical staff are employed and all business expenses are incurred.

The income of the service entity comes from the doctors to whom the business provides the services. The fee paid by the doctor is a tax deduction to them and income to the service entity. As a business, the service trust is entitled to make a profit, so the fee charged to the doctor will usually be in excess of the costs incurred.

For example, a service entity may have costs of \$200,000 during a year but charge the doctor \$240,000 in service fees. The service entity would then have made a profit of \$40,000. This profit is not covered under personal services income tax, as it is a separate business to the doctor's medical practice. The income is derived through the operation of a business and as such can be distributed or allocated to other parties – usually associates of the doctor.

If the income levels of the recipients of the income from the service trust are lower than the doctor's income, there can be both tax and asset-protection benefits under this arrangement.

**Q. I like the tax benefits of the service trust – can I charge all of my income across to this and pay no tax?**

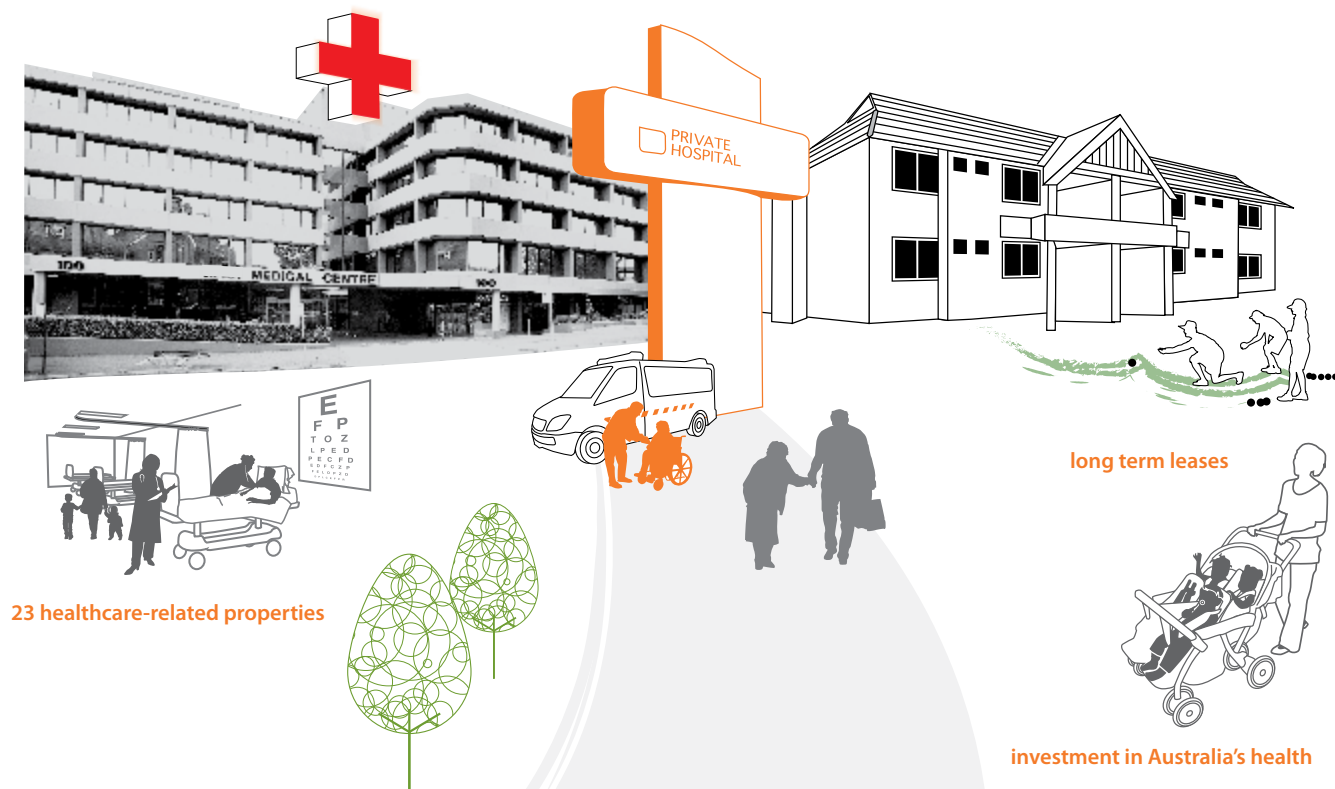
**A.** While this is a great idea in theory, the ATO has also looked into this. Service fees need to be based on commercial rates and terms. Excessive service fees can be seen as tax avoidance and attract substantial penalties. ©

**Note:** This article is intended to be general in nature and should not be relied upon by any person without seeking advice concerning their own circumstances.



**Julie Smith is a Director at William Buck.**

# Give your investments a **healthy boost** with our Healthcare Property Trust



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\*Past performance is not a reliable indicator of future performance. Returns are calculated after fees and expenses and assume the reinvestment of distributions.

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<sup>1</sup>AIHW 2012. Health expenditure Australia 2010-11. Health and welfare expenditure series no. 47. Cat. no. HWE 56. Canberra: AIHW. <sup>2</sup>Goss J 2008. Projection of Australian health care expenditure by disease, 2003 to 2033. Cat. no. HWE 43. Canberra: AIHW.

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### 2013 Medical Practice Marketing Workshop

**SYDNEY Friday 15th March 2013**

Discover a wealth of proven medical practice marketing strategies, including doctor referral systems, branding, Internet marketing, advertising, community marketing, publicity (free press), use of social media and more.



### 2013 PRACTICE SUCCESSION & TRANSITION PLANNING – brought to you in collaboration with Succession Plus

**SYDNEY Saturday 27th - Sunday 28th April 2013**

A 2 Day Workshop to develop a succession plan for your medical practice, to achieve and maximise 'sale-able' value and help set a path for transition from practice to private life.



### 2013 RANZCOG Private Practice 'Comprehensive' – For Senior Trainees & Recent Fellows

**MELBOURNE Friday 24th - Sunday 26th May 2013**

This 'Comprehensive' course is exclusively convened on behalf of the Royal Australian & New Zealand College of Obstetricians & Gynaecologists. The course is designed to assist senior Trainees and recent Fellows with the transition to private practice by introducing and providing training on business and financial principals that will underpin successful establishment and management of their business and personal lives.



### 2013 RANZCOG Private Practice Symposium – For Established Fellows & Practice Managers

**SYDNEY Saturday 15th June 2013**

This Symposium is exclusively convened on behalf of the Royal Australian & New Zealand College of Obstetricians & Gynaecologists. The course is presented for established Fellows and Practice Managers and even 'soon-to-be-retiring' practitioners and will address issues and concerns such as Business Planning, Financial Modelling, Succession Planning, Superannuation and Retirement Strategy.



### 2013 Business & Financial 'Comprehensive' for Dermatology Trainees and Fellows

**SYDNEY Friday 26th - Sunday 28th July 2013**

This course presents the very latest tips, ideas and strategy around Practice, Financial & Lifestyle Management for Trainees and Fellows. The 3 day Symposium offers a curriculum designed to encourage interaction between recent Fellows exploring employment and practice development/acquisition options and established practitioners seeking additions to their team and succession solutions.



### 2013 Private Practice Dermatology Symposium – For Established Fellows & Practice Managers

**SYDNEY Saturday 27th July 2013**

The course is presented for established Fellows and Practice Managers and even 'soon-to-be-retiring' practitioners and will address issues and concerns such as Business Planning, Financial Modelling, Succession Planning, Superannuation and Retirement Strategy.



### 2013 Medical Practice Business Planning Workshop

**SYDNEY 2nd August 2013**

This one day 'intensive' workshop will provide a detailed analysis of the elements of a business plan, the theory and strategies behind effective business planning, together with a hands-on, interactive planning session utilising the MedPlan Medical Practice Business Planning software.

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# ON THE PRECIPICE

Focusing on the 'fiscal cliff' and the need for the US to 'raise the ceiling',  
**Chris Caton** puts us in the economic picture for the new year ahead.

Share markets had a mixed month. The ASX200 had a strong final week, but still finished down by 0.2% for November as a whole. This was just the second negative month of the year to date. Since the start of the year, the market has risen by 11.1%. The US share market, as measured by the S&P500 index, rose by 0.2% in the month, to be up by 12.6% year-to-date. It was a month of two halves, however, with the S&P index down by more than 4% in the first half, and then clawing it all back in the second half.

The weakness in the US share market in the early part of the month can be attributed to the post-election focus on the fiscal cliff. If you haven't heard this term, you haven't been paying attention. It refers to the sudden, and large, tightening of fiscal policy that will occur, by accident more than design, in early 2013.

There are three elements to the fiscal cliff. First, certain stimulatory policies put in place by the Obama administration – notably a cut in payroll taxes and higher unemployment benefits are set to expire, and are likely to do so no matter what.

Second, in late-2011, Congress did something quite strange. Earlier that year, it had passed an increase in the Federal Government debt ceiling – the maximum debt that the US Government is allowed

to issue. At the time, it was obvious that it would be necessary to raise the ceiling again (because the Government is still running a deficit), probably in early 2013. In order to minimise the frequency of such future raisings, Congress set itself the task of coming up with a medium-term deficit reduction plan. And, in order to concentrate on the task, the legislators decided that, if they failed to come up with a plan, then there would be automatic swingeing cuts in spending as of early 2013. No plan was forthcoming, so hello spending cuts.

Third, and most importantly, the tax cuts legislated during the Bush presidency in 2001 and 2003 are set to expire. Who cuts taxes and puts a use-by date on those cuts? The Americans. These tax cuts were directed disproportionately towards the top end. In addition, the Alternative Minimum Tax is due to go up. This is an interesting concept, designed to limit the ability of (mainly wealthy) Americans, to reduce their gross income massively by means of deductions. It's quite complicated; if you want to know more go to Wikipedia.

The chart below shows the relative importance of these elements in the fiscal cliff, with increased taxes being clearly the biggest part. Most estimates put the total size of the cliff at \$607 billion, around 4%



**Chris Caton** is Chief  
Economist of BT  
Financial Group.





of GDP. The chart seems to suggest that the size is closer to 3%, but this is because the fiscal year begins in October, and it will be one-quarter over before the cliff arrives. Take an economy growing at 2% and take 4% out of it, and you are almost certainly back in recession.

Obviously this cannot be allowed to happen, and so it won't be. Congress will negotiate a significantly smaller tightening. The problem is that the Obama administration wants to raise taxes on the wealthy, while the Republicans would like any tightening to be by way of spending cuts. So there will be some eyeballing, and the issue may not be fully resolved until early in the New Year. At worst, there will be a fiscal escarpment on 1 January. Of course, as long as sentiment waxes and wanes about the resolution of this issue, markets will remain volatile.

With respect to the other two major international issues (China and Europe), there was little change during the month. If anything, the European situation continued to improve. Greece's lenders agreed on a plan for the next tranche, and long-term interest rates continued to fall, thus taking further pressure off borrowing costs.


## The Australian Situation

Having surprised most Australian economists by cutting rates in early-October, the RBA then surprised the same people by not cutting in November. And yet, the same issues that led to the cut in October are still there. Employment growth continues to be weak (just 0.6% in the past year) and the unemployment rate, while low, has been rising. It currently stands at 5.4%. Just as importantly,

it is becoming progressively more obvious that the end of the mining capital spending boom is nigh. Capital spending plans data released on 29 November made this abundantly clear. It thus appeared probable that the RBA would continue to cut, and it chose to do this on 4 December. If not then, then early next year.

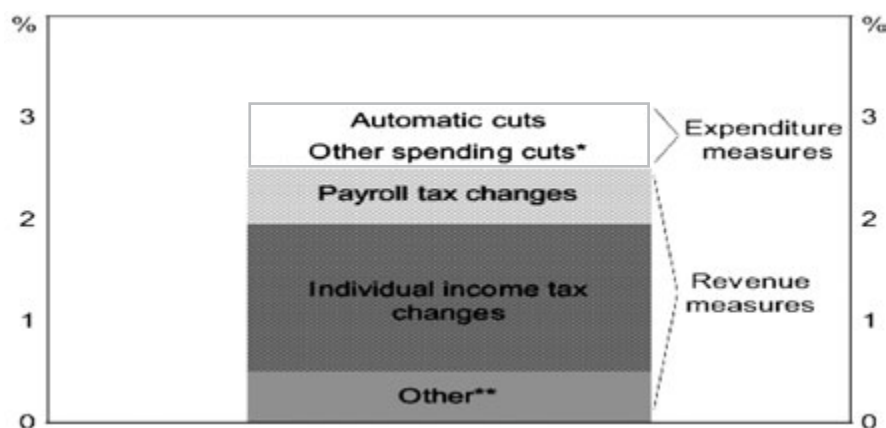
## Looking to the New Year

It will again be a challenging year. At some stage, and it now appears that it will be earlier rather than later, the mining investment boom will peak, and the source of about half of Australia's growth in recent years will contribute nothing, or even become a drag. This does not necessarily have to lead to a slump, however. Low interest rates will help other sectors, particularly non-mining construction, which should emerge from the doldrums. It's hard to see the exchange rate not falling once the peak of the mining boom is clear to everyone, so this will help also. And, of course, mining exports will pick up; we haven't been doing all of the capital spending just for the thrill of it! A growth pothole is likely, however.

The share market no longer looks as cheap as it was, but it is still on the cheap side and can thus make further gains. My current targets for end-June 2013 and end-December are 4850 and 5100 respectively. The index currently sits at 4506. 

### United States – Fiscal Consolidation

Fiscal year 2012/13, per cent of nominal GDP



\* Includes unemployment insurance and Medicare payments to physicians

\*\* Mostly changes in revenues and includes an economic feedback effect

Source: Congressional Budget Office



# ALL SYSTEMS GO

If you want to get your practice working to an optimum level, enhance team focus and meet the new national standards, **Kathryn Davis** recommends going through the accreditation process.

To my mind, accreditation is the most powerful way to get your practice on track with procedures and systems. As the owner of a medical practice, I have experienced firsthand the tremendous value of systems. As a consultant, I love helping practice managers and the practice team on the journey through accreditation; being there for the 'eureka' moment when everything comes together and the practice starts humming along like a well-oiled machine.

On my initial assessment of the practice we go through the systems already in place and, often, the systems not in place.

Practices may have a practice manager who has just joined the business or has never been involved with accreditation before. Some practices may be plodding along quite nicely, not realising that things could be done in an easier or more efficient way.

I have a saying, "You don't know what you know till you know what you don't know". My job satisfaction comes from seeing how much a practice team learns and begins working together as a cohesive team just by going through accreditation.

### EMBRACING CHANGE

Accreditation is a time for positive change and enlightenment. In the process you can streamline systems and actually make your job easier and increase the practice team's morale and team spirit.

My 10 top tips for accreditation under the new standards are:

1. Start early.
2. Involve your entire practice team and have regular meetings.
3. Know the standards. Obtain copies of these three documents: The Royal

Australian College of General Practitioners (RACGP) Standards for General Practices 4th Standards, Infection Control Standards for Office Bases Practices 4th Edition, and the National Safety and Quality Health Service Standards.

4. Familiarise yourself with the changes from the 3rd to the 4th Standards.
5. Get help. Use a consultant for a few hours, a few days or a few weeks, depending on your needs.
6. Join an online forum to chat with other practice managers.
7. Use tools that make accreditation easier and increase efficiency.
8. Under the 4th Standards, practices are now required to obtain patient feedback by using a validated patient experience questionnaire approved by the RACGP, which has approved the use of two patient feedback questionnaires. Your practice will need to determine how many patient feedback surveys are required for each full-time GP. The practice can also use other methods to gather patient feedback, such as using their own RACGP-approved questionnaire or via focus groups or patient interviews.
9. Review your practice team's job descriptions. These must state the roles, responsibilities and conditions of employment for each staff member. The descriptions should be signed by the employee to acknowledge that the staff member understands and accepts this position. Practices who have not employed staff within the last three years are not required to have an induction program but must be able to describe how they plan to induct new employees.



**Kathryn Davis is  
Managing Director at  
Medical Directions.**



10. Designate. Each practice must have a designated person in the following areas (this must be documented in the relevant job descriptions and also forms part of the Clinical Governance criterion in your practice):
- Practice electronic systems and computer security.
  - Cold Chain Management.
  - Infection Control: This new mandatory indicator requires the practice to be visibly clean.
  - Sterilisation Process.
  - Environmental Cleaning: Practice staff must be aware of and be able

to describe additional infection-control procedures relating to Personal Protective Equipment (PPE) and triage of patients with a communicable disease.

- Storage and Security of Medicines.
- Safety and Quality Improvements.
- Clinical Risk Management.
- Feedback and complaints.
- Privacy.
- Occupational Health and Safety.

### PATIENT RECORDS

Have a meeting with your clinical team and explain the new requirements for patient records and how this reflects

the move towards e-health initiatives. One important factor is using the correct coding supplied in your practice clinical software. A new unflagged indicator is designed to encourage practices to develop and implement a standardised clinical terminology coding system.

At least 75% of active patients within any practice must now have an accurate and updated health summary. This includes details on:

- Adverse drug reactions.
- Current medication list.
- Current health problems.
- Relevant past health history.



- Health-risk factors, such as smoking, nutrition, alcohol and physical exercise.
- Immunisations.
- Relevant family history.
- Relevant social history, including cultural background, where clinically relevant.

A useful exercise your practice could do is to have all GPs review each other's patient records. This exercise can form part of your practice clinical-risk management. Evaluate the results and then discuss at the next clinical meeting.

## CLINICAL HANDOVER

Practices also need to be aware of the new criterion for Clinical Handover, which is aligned with the National Safety and Quality Health Service Standards. Clinical Handover is the transfer of patient care to another person or professional group on a temporary or permanent basis. Practices will need to demonstrate how Clinical Handover occurs in your practice and how the clinical team members ensure the accuracy of information and timeliness of handover.

Acceptable strategies for Clinical Handover include the use of a buddy system, updated health summaries and comprehensive consultation notes, management plans, team care arrangements and comprehensive referral letters. Clinical Handover also occurs when a GP assigns a procedure to the nurse. For example, the GP would like the nurse to administer a Fluvax to one of his/her patients. How does the GP relay that instruction to the nurse? Is it through internal messaging or notated in the patient's record?

All practice staff must be aware of the process for Clinical Handover and be able to demonstrate awareness of the circumstances that necessitate a Clinical Handover of patients. You need a written policy for Clinical Handover.

## PATIENT IDENTIFICATION

Another new criterion, Patient Identification starts from the moment your patient rings to make an appointment. Reception staff should ask the patient to confirm who they are by asking them at least three of the five patient identifiers. Practice staff should not

volunteer this information to the caller or patient presenting at the reception.

The RACGP-approved patient identifiers include:

- Patient name, both family and given names.
- Date of birth.
- Address.
- Gender, as identified by the patient.
- Patient record number, where relevant.

These identifiers must be used when writing any referral documents and interacting with patients over the phone, especially if your practice gives results over the phone or electronically.

## EQUIPMENT CHECK

Practices are required to have a documented schedule of maintenance for key medical equipment. All equipment that is battery-operated, electrical or requires calibration must undergo regular maintenance according to the manufacturer's instructions. Only staff who have been trained in the correct operation and maintenance of the equipment should be allowed to operate these devices.

One management tool that helps with your equipment maintenance is knowNOW, which comes with a built-in maintenance schedule. You simply enter in your key medical equipment, corresponding maintenance task and required inspection period (monthly or yearly). Once entered, you can relax. One week before each piece of equipment is due for its scheduled maintenance a visual flag appears and an email is sent to you as a reminder. When the maintenance is marked as completed, the next maintenance date is automatically scheduled – easy!

This may sound like a lot to take in, and it's only the tip of the iceberg. However, once your practice has gone through this process you will emerge at the other end with new systems and procedures using best practice and a renewed team spirit. The key is to use accreditation as a way to objectively identify areas that require improvement and training, then act on these areas.

I love seeing the growth in confidence as the practice team develops knowledge and skills during the accreditation process, and the shared feeling of pride after a job well done. ☺



For more information and advice on navigating the path to accreditation, visit [www.medicaldirections.com.au](http://www.medicaldirections.com.au) or call 1300 978 897.



# TECHNOLOGY EXPERTS

**Keith Rutherford heads our technology consulting team and has over 25 years experience in developing technology solutions for business.**

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# BUYING POWER

Why wait for the real-estate market to improve when you can buy property today and receive equity immediately, asks **Greg Morris**.

Listen to media coverage of the property market today and it's mostly doom and gloom. Yet at a time when most people are sitting on the fence and waiting for the market to improve, some have continued to achieve double-digit gains and seriously improve their financial position by considering and applying alternative property investment strategies. Indeed, many of these strategies provide immediate equity positions on purchase and remove the need to rely on normal market price movements.

A primary consideration for many investors in today's market is rental yield. This is being driven by a popular perception that it may be some time before we see any meaningful growth through normal real-

estate price movements, particularly in our capital cities. This sentiment was reiterated in September 2012, when Westpac CEO Gail Kelly publicly announced that the years of compound growth in house prices were "over for good".

But while the lowering interest rates and increasing rental yields are providing some favourable investment conditions for positive yields, to be able to leverage an asset base in order to continue building a property portfolio, an increase in equity is required.

Maybe because we had it so good for so long by the market rising significantly through the last boom, most people seem to have forgotten that there are a number of ways – aside from normal market upward-price movement – to achieve an increase in equity.



**Greg Morris is**  
**Consultant, Residential**  
**Projects & Investment**  
**Division, Savills.**





## VALUE ADDED

Before we discuss some of these equity creation strategies, it's important to understand what determines how much equity you have. When asked, most people will suggest it is determined by what someone is prepared to pay for your property. While this is true, it only applies if you are actually selling the property and receiving money from the buyer.

If you are planning to leverage equity in an existing property or one you're thinking about buying and borrowing against, it's actually your bank or lender and their licensed valuers who will determine how much equity you have and what you can ultimately borrow.

By understanding this process, and working with a good mortgage broker to conduct a 'mortgage securitisation valuation' on the chosen property before you are completely committed to the purchase, you can obtain a good deal of certainty about what your equity position will be. Of course, this is

only one side of the equation – the cost of the property also has to be considered.

## RENOVATION & BUILDING

The most predictable equity gain or increase in property value can be achieved by improving a piece of real estate and, in particular, by building on a vacant block of land.

Some of the most profitable exercises we have undertaken at Savills over the past few years on behalf of our clients have been to determine opportunities to build in an area of identified price disparity. This is where we find a vacant block of land or development site and package it up by putting a turnkey building on it, by way of a fixed-price contract. This could be an individual house, duplex, townhouses or units.

On completion, our total out-of-pocket costs of both the land and the building are significantly less than the value of comparative properties in the area.

When the bank conducts a mortgage valuation on completion, the valuers will take comparable

## GOOD BUYS

Identified potential 'Wholesale' Locations – as identified, investigated and recommended by the Savills property panel:

- **Sunshine Coast, Queensland**  
– now is the time to buy.
- **Fortitude Valley, Brisbane**  
– now is the time to buy.
- **Mackay, Queensland**  
– a hotspot throughout 2013.
- **Darwin, Northern Territory**  
– keep an eye out in mid 2013.
- **Bowen Hills, Brisbane**  
– get in quick!

properties in the area into consideration and, by default, give you an immediate increase in equity in the property that can then be borrowed against.

A recent example of this was in the town of Collinsville, approximately an hour south-west of Bowen, in Queensland. We purchased every vacant block of land in town possible on behalf of our clients for \$50,000. We then put a standard four-bedroom house package on each block for \$235,000, bringing the total investment outlay up to \$285,000. On completion, the bank valued



the properties at \$385,000, providing an immediate equity gain of \$100,000 (or 26%). These properties also attracted a rental return of \$650 per week, providing a strong, cashflow-positive return from day one.

### GROUPING TOGETHER

Despite the current market conditions, we are continually finding similar opportunities all over the country. This strategy can work very well for individual investors purchasing individual house and land or duplex packages, however for units and townhouse projects the costs can be significantly higher, which tends to push this option out of reach for most solo investors. The good news is that it isn't out of reach for individual

investors who join forces and buy as a group.

The typical profit margin within a unit or townhouse development is larger than that of a house or duplex build. Along with the current market conditions, this is the reason for the recent increase in the number of investors grouping together as a syndicate to buy and build entire unit and townhouse projects. In effect they are removing the developers' position and retaining the development profit as equity, which is usually around 20% of the property's end value.

This is not the only way investors can benefit by buying as a group. An alternative is negotiating a group discount with a developer who needs sales to meet his development presale funding requirements, or to simply to clear out the balance of properties left in a project.

Depending on the number of investors, the size of the development and the motivation of the developer, it's not uncommon to negotiate between 10-20% off the property's valuation. Again, when this savings is realised as equity it can be utilised to continue to grow your property portfolio – even during a stagnant property market such as we are experiencing today. ©

Savills Residential Projects division provides a buyers' agency service, assisting clients in identifying property investment opportunities and purchasing property that delivers an immediate equity position. This allows clients to continue to achieve their property investment goals without being reliant on normal market movements. For more information please contact Greg Morris on 07 3221 0870, or email [gmmorris@savills.com.au](mailto:gmmorris@savills.com.au)



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# Consumables

Uncertain about the Medicare rules on charging for bandages and other consumables? **Margaret Faux** outlines your options.

*'So, can you bulk bill AND charge a gap on the same consult?'*

During a recent webinar for GPs on the subject of MBS items I had just completed my presentation, which included a variety of nuts and bolts issues on billing such as Medicare's legal framework, the doctor's responsibility for claiming and the mechanics of a bulk billing transaction, when a participant put up his electronic hand and asked the above question.

You got me there, I thought to myself. What could he possibly mean and is this a trick question? I thought I had been clear in my explanation and references to the legislation:

- Legal authority is s20A of the *Health Insurance Act 1973*.
- Step 1: Patient assigns his/her right to the Medicare rebate to the doctor.

- Step 2: Doctor accepts that rebate in full payment for the services rendered.
- Only exception is the provision of certain vaccines, which can be charged separately.
- Has been confirmed in obiter comments by the High Court in *Wong v Commonwealth* and is clearly set out both in the MBS and on the Medicare website.

But my electronic inquisition continued as others followed with questions about charging \$20 gaps, administration fees and charging for bandages and other consumables when bulk billing a professional service.

## TAKING CHARGE

Of course, the answer to all of these questions was a resounding "No". With the exception of the listed vaccines, if you are bulk billing a single professional service,



**Margaret Faux is  
Managing Director  
of Synapse Medical  
Services.**



the amount you will receive from Medicare is the only amount you are legally permitted to receive for that service. End of story.

Then one participant specifically asked if it was okay to ask patients to buy their own bandage from the local chemist and bring it with them. It was an interesting question that reminded me of the following comment made by a GP attendee at a course held by the Private Practice a few years back:

*If we bulk bill item 23, we get \$35. The cost price of our bandages is \$10 and we have no interest in making a profit on them. But if we cannot charge for the bandages we use, then the net amount to our practice for providing a service that includes a bandage would be \$25, which wouldn't even cover our costs for providing the service. The patients are happy to pay for the bandages but would not be happy to pay for the services, particularly those long-standing patients of our practice whom we have always bulk billed. I'm not sure how to manage it and how it fits into the context you just explained, being that we are free to set our fees.*

He was right. Doctors in Australia are free to set the fees for their professional services. It's not what you charge but how you charge it that matters, and if you choose to bulk bill you have essentially opted out of the 'set your own fee' option for that particular service.

If you want to charge a fee above the Medicare rebate, you have to do

it another way, which is referred to as a 'patient claim'. There are three legal options available for processing these claims. All three require you to issue an invoice to the patient for the full amount of your fee, then:

1. The patient pays you in full and claims the available rebate from Medicare.
2. The patient pays you in full then you submit a claim to Medicare on behalf of the patient, indicating the paid invoice. Medicare will pay the available rebate to the patient either by cheque or direct bank deposit.
3. You ask the patient to pay only the gap between your fee and the available rebate. A claim is then submitted to Medicare representing the full amount of the invoice and showing the gap paid by the patient. Medicare will issue a cheque payable to you for the rebate. But because Medicare must post the cheque to the 'eligible person', it will be sent to the patient, who will forward it to you.

## SETTLING ON A SOLUTION

There were a few solutions to the questioning GP's dilemma. One was to start charging gaps on the day, using one of the three available patient claim options, but this particular GP felt that would not work well given the demographic of his practice – in fact, he thought it may actually turn patients away.

Another option, given his belief that his patients were happy to pay

for the bandages, was to ask them to BYOB (bring your own bandage). He expressed some discomfort with this option initially but concluded that, in his practice environment, it was a better solution than introducing gaps.

So, the answer to the webinar question was therefore also "Yes".

Although there will be many reasons and contexts whereby it won't be appropriate to adopt a policy requiring patients to purchase their consumables, and many practices will continue to be happy absorbing the cost of the occasional bandage, there is nothing in the legislation to prohibit this practice.

And well-trained patients will no doubt turn up with bandages in their handbags, pockets and briefcases. On the flip side, of course, others may turn up empty handed, and then it's back to patient claims or bulk billing and absorbing the cost of consumables. <sup>(D)</sup>



# NET BENEFITS

By creating an efficient online appointments system for patients, **Dr Calin Pava** has enabled practices to cut down the time receptionists spend on the phone and free up administration staff.



A familiar sight to many doctors approaching their surgery in the morning is the crowd of people waiting for the doors to open. Once inside, the scene is completed by stressed-out receptionists trying to cope with the influx of patients while simultaneously answering phones that are ringing off the hook with patients seeking appointments. Delays are occurring with everybody, including the doctors, who are racing trying to catch up until mid-morning.

While many of us accept this as part of our working lives, does it really have to be this way? What if the early morning rush could be avoided and patients arrived when their appointments are scheduled? Doctors would run on time and receptionists could have time to communicate with the patients in the surgery. This may sound like fantasy, but **www.docappointments.com.au** – an online appointment system created by Dr Calin Pava – is offering a genuine solution.

Reacting in response to the above scenario, Dr Pava started the development process with an investigation of the systems available on the market, which he felt didn't fit all the necessary criteria for an efficient and user-friendly system that brought benefits to both patients and practices.

Here he explains how docappointments works and outlines the design criteria he set.

## OFFERING CHOICE

Practices using the docappointments system are starting to move away from the common scenario outlined towards an environment where patients can choose their own appointments from a wide range of available times, with a doctor of their choice. Patients only need to ring the surgery for long appointments. Otherwise they can make a standard appointment for a consultation 24 hours a day from their computer, iPhone or Android smart phone.

Appointments can be made and cancelled on the move, and patients receive an email confirmation when making or cancelling their appointment. When appointments are made via the iPhone and Android apps, patients will also receive automatic reminders both 24 hours and one hour prior to their appointment. Both the email and calendar reminders are free and confirm the time, date and location where patients will see their doctor, with Google map instructions on how to get there – a great benefit for new patients.

Patients are motivated to use the system – they don't have to negotiate with a receptionist or wait on hold listening to the



**Dr Calin Pava is  
Principal of Devonport  
GP Superclinic,  
in Tasmania.**



music while phones are engaged. If it's 2am when a patient decides they need to see a doctor, they can set an appointment with the doctor of their choice at a time suitable to them, which offers reassurance and can prevent people from presenting to the emergency department. And due to the automatic reminders, the rate of missed appointments is almost zero.

## DESIGN CRITERIA

During the development process, it was decided that docappointments should incorporate the following features:

### 1. Be fully integrated with practice management software.

It was considered that a system requiring the receptionist to log online in order to make the appointments and match them with a free appointment in the practice management software would definitely not be suitable. As a result, docappointments was developed to automatically pick up appointments designated as 'Internet' in the practice management software. The latest update to the software allows

the practice manager to make all free appointments for any doctor chosen available online with one click of a button, without any other intervention from the receptionist. When a patient makes an appointment it appears directly in 'Best Practice' or 'Pracsoft' – and 'ZedMed', coming soon in the next release.

### 2. Allow easy and fast appointments, on both computers and smart phones.

As a result the registration process was simplified and

standardised in line with other registration processes available online. Patients register with each individual practice and can register additional family members and make appointments via iPhone and Android apps on smart phones, as well as their computer. Once registered, patients can make an appointment in less than 10 seconds.

### 3. Prevent fragmentation of care.

An online appointment system creates the opportunity for







patients to choose the earlier available appointment at different practices to make the process of seeing a doctor as convenient as possible. This might not be in the best interest of the patient and may be damaging for certain practices. The docappointments system was designed with continuity of care in mind, encouraging patients to register with one practice and log on to the appointment system via the website of the practice, allowing them to choose from a range of appointments with their own doctor. The iPhone and Android apps simplify that process even further by remembering the preferred doctor of the patient, making appointments with the patient's own doctor accessible with one touch of a button.

#### 4. Work in real time, allowing patients to make and cancel appointments at any time and prevent double bookings.

The system is interacting in real time with practice management software, and the appointments made by patients instantly appear into the practice's system. The software contains failsafe elements and always checks that an appointment is still available prior to confirming the appointment to a patient.

If a particular slot is no longer available, the patient receives a message inviting them to choose another appointment.

#### 5. Protect the practice from abuse.

It allows each patient to make one single appointment for themselves and for each of their family members. It also has the capability of blocking a patient from making appointments if so desired by the practice.

#### 6. Allow for the fact that some doctors accept new patients and some do not, preferring to see their own existing patients.

It has the capability of allowing each doctor either to freely accept new patients or to restrict access to existing patients only.

#### 7. Be cost effective.

The system charges a fixed, flat user fee per practice, irrespective of the number of doctors using the system, which can vary from time to time. The flat fee per month is the equivalent of three consultations, and no extra fees are charged. There is no charge per appointment and the automatic reminders given to the patients when they make their appointment on the iPhone and Android apps are at no cost to the practice.





## CASE STUDY

This example is from a general practice with nine full-time equivalent (FTE) doctors.

Reducing the time the receptionists are spending on the phone allows them to provide a better service to the patients in the practice. They are free to interact with patients, thus increasing patient satisfaction and reducing staff stress levels.

Administration staff freed from answering the phone can now be employed in performing other tasks, such as chronic disease management. They can undertake searches to find and contact patients that qualify for a chronic-disease management item number, improving the quality of care provided to the patients and the practice income stream.

BEFORE ONLINE APPOINTMENTS	AFTER ONLINE APPOINTMENTS
8 receptionists	6 receptionists (2 moved to chronic disease management)
280 patients per day	310 patients per day
6-8 chronic disease item numbers per day	18-21 chronic disease item numbers per day
510-600 phone calls per day	360-400 phone calls per day
Time on hold: 60-90 seconds	Time on hold: 10-25 seconds

## FREE & EASY TO USE

The apps for iPhone and Android smartphones are free to patients and are available from Apple iTunes, Android Market and Google Play stores – search for 'docappointments'. To trial the system's ease of use, simply download and have a look at the two demonstration practices included in the list of surgeries.

# PRACTICE MANAGERS

An experienced practice manager can help to ensure a practice is treated as a business by focusing on smooth day-to-day operation, long-term growth and work/life balance for all principals. Here we meet some of the people most passionate about this vital role.

The Australian Association of Practice Managers (AAPM) is the peak professional body dedicated to supporting effective practice management in the healthcare profession. AAPM promotes professional development in the field of healthcare practice management, provides specialised services and networks to assist and support practice management. It also promotes the profession of practice management and

represents and unites practice managers.

“We have over 1700 members nationally who work in general practice, specialist practices, allied health and dental practices,” explains AAPM Chief Executive Officer Gillian Leach, who works from the association’s head office in Melbourne. “AAPM has representation with over 10,000 in practitioners healthcare practices across Australia.”

Recognising the demand for a 'master class' level of business and financial education among many of its members, the Australian Association of Practice Managers collaborated with The Private Practice throughout 2012 to present the AAPM Private Practice Business & Financial Symposium – a state-based series of educational events.

Each Symposium presented three days of workshops, with modules grouped under 'Medical Practice Business Planning', 'Practice Operations', 'Lifestyle Planning & Management' and 'Practice Succession & Transition Planning'.

All workshops were extremely well received by Practice Managers and Principals alike, and we look forward to presenting a similar program in 2013. Please **click on this link** to express your interest in attending the 2013 program and we will send you details in due course.

To support its members, AAPM provides professional development opportunities across Australia in the form of face-to-face contact, e-seminars, to resources and templates, phone support, online learning and mentoring.

"We also provide a voice at many levels of government, society, corporate and business in support of the role of practice management," adds Gillian. "And we provide up-to-date information on changes that are occurring in the health sector, such as e-health, practice incentive payments, Medicare and many other issues. Our members also enjoy being part of a supportive network of people in similar positions."

## DOWN TO BUSINESS

So, what exactly is a practice manager responsible for, and what makes a great practice manager?

"The role of practice management in a healthcare setting involves strategic planning, reviewing and the implementation of processes in practices which increase efficiency and contribute to the overall notion of 'excellence in healthcare'," says current AAPM National President Carolyn Ingram, who advocates around the ideals of professional practice management.

"This is achieved using the core principles of healthcare management – financial, human resources, planning and marketing, risk, governance, accreditation, business and clinical operations and professional responsibility."

As Gillian points out, practice managers are increasingly being acknowledged as the decision-makers in the business aspect of health practices. "Practice managers have the responsibility for making most purchase decisions and are the key drivers in implementing new systems and processes," she says.

In terms of skills, training and temperament, modern-day practice managers must have excellent business-management acumen that can be applied to each aspect of their role. They also need to have a good understanding of the health service they manage, along with exceptional organisational skills and the ability to communicate clearly with their staff, clinicians and with clients.

## BRINGING BALANCE

According to Carolyn, the definition of 'practice manager' sometimes blurs, with a number of job descriptions now being associated with the role, including business manager, executive officer, director, chief executive officer and practice liaison.

"The practice manager may also be a clinician carrying out the role of manager in addition to their clinical workload," says Gillian, adding that

many clinicians in small practices don't realise they can employ a part-time or consultant practice manager to help grow the practice and give back some work-life balance.

"A practice manager will assist the practice in growing without adding more hours to the clinician's day. This allows the clinicians to maximise their time with patients," she explains.

Carolyn agrees: "As a practitioner you study hard in your chosen field of specialty with a view to making a difference in the lives of your patients. So, to be hands on with patients and working in the business should be paramount. A practice manager working on the practice can guide your 'business', focusing on the core principles of practice management to success.

"His or her training, education and continual professional development in the field of practice management is also paramount to ensuring the continued success and ensuring all statutory requirements are met as and when they fall due, including keeping up to date with all changes across the healthcare sector," Carolyn concludes. "The value a qualified practice manager can add to your healthcare practice cannot be quantified."

**"Practice managers have the responsibility for making most purchase decisions and are the key drivers in implementing new systems and processes."**



## LEADING THE WAY

The 2012 Practice Managers of the year were recently announced at AAPM's National Conference, held in Brisbane. The winners were judged on their skills and experience on practice management, particularly in implementing change, improving efficiency and growing their practice. The winners have also actively contributed to the profession of practice management and provided support and inspiration, not only to their own staff but to other colleagues in practice management.

This year's National Practice Manager of the Year is Elizabeth Stanick, Practice Manager at the Hobart Anaesthetic Group in Tasmania. Here Elizabeth outlines her role and provides insight into the challenges and personal rewards her job brings.

"The chaos is what I enjoy most about my job. No two days are ever the same and I thrive on having to sort out emergency cases and juggling resources to find the best solution."

"I have been employed as Practice Manager with The Hobart Anaesthetic Group since January 1990, a period of almost 23 years. This was my first foray into practice management, but it was an area that lent itself superbly to the combination of my previous experience in both nursing and the banking industry. I can't begin to imagine how difficult it would be to manage an anaesthetic practice without a medical background, as I use my knowledge every day, particularly when arranging emergency cases and assigning lists.

My role is primarily one of overseeing the operation of the practice to ensure its smooth running, and I also undertake the financial management function. We have 31 anaesthetists in the practice and 13 staff (8 full time equivalent staff). Three staff members are on maternity leave at present.

Our working days are unpredictable. We provide anaesthesia services for over 100 proceduralists, covering five private hospitals, and we do over 50% of Tasmania's private anaesthesia caseload each year.

We operate a chronic-pain clinic three days per week, and also arrange pre-anaesthesia assessments in our rooms for patients having a major procedure or obstetric procedure. This averages between 100 and 110 patients per week. Although this work is planned and should run smoothly, it is thrown into chaos on a daily basis by emergency cases, which have to take precedence over all other work.

The chaos is what I enjoy most about my job. No two days are ever the same and I thrive on having to sort out emergency cases and juggling resources to find the best solution. Alternately, I do get a lot of satisfaction from reconciling bank statements, and shutting myself away doing the MYOB figures – not sure what all this says about my personality!"



## FORGING STRONG BONDS

"The greatest challenge in my position is managing human resources. Fortunately I have wonderful staff and they cause very little grief, but it is not an area I am comfortable with. It has been an interesting exercise having three staff on maternity leave, and having replacement staff in the maternity leave positions. I am now going through the process of terminating the replacement staff and I dislike this part of my job intensely.

Having a good relationship with our practice principals is vital to my job. This relationship has to be built on trust and active responsiveness. If any of the principals asks me to undertake something on their behalf, I strive to respond and fulfill that requirement in the most efficient and effective manner possible. There are many varied personalities among the 31

anaesthetists, but I aim to adapt the approach I use to suit the personality of the individual.

I am also fortunate to have an excellent working relationship with our Board Chairman and, due to the ease of communication between us, we have been able to work together over many years to develop and strengthen the practice. This relationship is of the utmost importance to me personally."

## REAPING THE REWARDS

"Several years ago I was appointed as a Director to our Board of Management and it has proven to be an important achievement for me, both professionally and personally. I have since become a Graduate of the Australian Institute of Company Directors so I can add value to the Board.

I am deeply honoured to receive the [National Practice Manager of the Year] award, although I

consider it more a reflection of our practice than a personal award. The anaesthetists are extremely supportive of me and have a strong commitment to continuous improvement and professional development. The staff members are a fantastic group and there is a strong bond between everyone in the practice. I am very privileged to work as part of this practice team, where we are highly valued and respected. I believe people can excel when the environment is conducive to do so.

To practice managers starting out, I would suggest joining your local AAPM committee and meet as many other practice managers as you possibly can. Help to organise events and get involved – the more you are involved, the more you will learn. Nothing is stagnant in medical practices and the only way to keep abreast is to be seeking information and meeting with like-minded people."

**The Private Practice's  
Steven Macarounas  
presents Elizabeth  
with her prize cheque.**



## AAPM'S STATE WINNERS FOR 2012

### NEW SOUTH WALES:

Fiona Kolokas, Business Manager at DMC Medical Centre in Drummoyne, Consultant at Synergize MediManagement and Convenor of the 2013 AAPM/QIP International Health Care Conference.

### QUEENSLAND:

Tammy Rose, Practice Manager at Medeco Medical Centre in Inala.

### SOUTH AUSTRALIA:

Prashiba Thavarajadeva, Practice Manager at Montague Farm Medical Centre in Pooraka.

### VICTORIA:

Tracy Clarke, Practice Manager at Westcare Medical Centre in Melton.

### WESTERN AUSTRALIA:

Zoe Stevens  
Practice Manager  
North Street Medical Centre

### Q. Please describe your role and what an average day involves.

**Fiona:** I always start my day by chatting with some of the staff to touch base on how things are going then I do a bank reconciliation (a wise person told me to always do this at the start of the day), then emails. After that I refer to my ever-growing list, which has a fairly equal mix of operational items and strategic projects that I'm working on. Admittedly I really love the strategic work – it's where I can truly drive the practice. Of course, without the operational items the practice would quickly fall apart.

**Tammy:** I see my role as multi-faceted. Like most practice managers, I am responsible for rosters, paying bills, doing the pays and hiring and, very rarely, firing. The day-to-day micro managing falls to me. There is the business side of things and I am accountable for the practice's bottom line. I also do all the accounting aspects of the practice, including MYOB, reconciliation of bank statements and end-of-year finances. I have to ensure that we have adequate patient numbers coming through the door and that those patients are satisfied enough with their experience to make our doctors their family doctors. This means staff must project a welcoming, warm reception to the public. The three words that best describe my role are Passion – I love my job and I love my practice; Compassion – the patients are my motivation; and Drive – I am driven to be the best I can be and to make my practice the best it can be.

**Prashiba:** My day varies in the type and number of tasks I perform – I believe in the versatility of the role and enjoy the hands-on aspects. Currently we are fitting out a new practice at another location, so my

day involves speaking to contractors, suppliers and recruitment agencies. Day-to-day duties include IT support, liaising with Medicare and human-resource management. A significant part of my week involves working on various improvement initiatives within the surgery, for which undisturbed quiet time is essential. In an effort to better understand other roles within the practice I'm also completing a Medical Assistant course, along with front desk staff – this will allow us to become more clinically involved within the practice and thus take some of the pressure off our nurses and doctors.

**Tracy:** Our practice is extremely busy – we have 25 GPs, equating to a full-time equivalent of 16, together with key nursing, administrative and reception staff. We are constantly striving for improvement of the services provided to our patients and the community of Melton. We invite our team to openly communicate – innovative ideas are both embraced and implemented after being presented to all members of our team for input. I firmly believe that my role is that of a facilitator who enables my talented team to function successfully. No day is average!

**Zoe:** Problem solving along with a spreadsheet here and there! One day I can be climbing under the desk fixing cables in my high heels and the next in the treatment room assisting the nurses. As a manager you just go where you're needed and sometimes you're needed everywhere all at the same time.

## **Q: What do you believe to be the ideal relationship between Practice Principals and Practice Managers?**

**Fiona:** It needs to be a very respectful but also comfortable relationship. It's vital that both the principals and practice manager trust each other enough to allow true business management and development to occur. Without that trust it's difficult to truly move the practice forward.

**Tammy:** As a practice manager, I must maintain the happiness of my staff – happy staff means productive staff. I like to organise staff dinners and social events so that staff members and their families feel important. With the doctors working long hours, it is vital that their families feel they are an integral part of our work place. Our doctors are enormously busy and if I can make their lives a bit less stressful or put a smile on their faces with a small kindness then I certainly will. Also, happy staff extends positively to our patients and this is essential to them feeling welcome and hopefully getting better. While I am passionate about every aspect of being our practice's manager, the part of the job that most excites me is running a team that has a tremendous harmony. Team spirit doesn't just happen – it needs to be worked at.

**Prashiba:** We find it helps to have constant communication to discuss ideas and strategies with the principals and consider all versions of the practice strategy.

It's the role of the practice manager

to execute the strategies and develop the changes in workflow to implement those directions. It helps when he or she has the confidence of the practice owners in achieving the business goals.

I believe the PM is more conscious of the pulse of the organisation, which helps in handling day-to-day operational matters. Practice managers often initiate new directions and methodologies for the business, which can be refreshingly eye-opening to the traditional doctor.

**Tracy:** An ideal relationship between practice principals and a manager consists of open communication and support. I feel extremely well supported by my principals, who embrace improvement and innovation, and openly encourage me and all our staff members to participate in professional development and education.

**Zoe:** I couldn't do my job if my principal, Laura, didn't trust me to do it and in return I keep communication channels open at all times. I've known her for such a long time it's one of those situations where we usually think the same process for an outcome and finish each other's sentences.

## **Q: What do you most enjoy about your job?**

**Fiona:** I love the incredible variety – every day is different; every day has its challenges. I love working with people and I love shaping and driving the business. It's a thrill to see the continuing development and success of our practice. I also



enjoy leading and working with our team – they are a wonderful and very committed group of people, and I’m so proud of their achievements. I’m especially passionate about mentoring and particularly enjoy sharing my knowledge with budding practice managers.

**Tammy:** I love the interaction with the local community and leading a strong team with dedicated doctors. I believe that making patients feel special is essential to both their wellbeing and a successful practice. If I can add to someone’s life and happiness, then that is what I aim to do. I like to instill this quality into my desk staff and I honestly feel they can have a significant benefit to our patients’ health by extending warmth and empathy.

**Prashiba:** The ever-changing nature of the primary health sector and its crucial role in keeping our society well are some of the attractions. You are constantly learning about new aspects of your role and ways to improve patient access to healthcare. I enjoy looking at new opportunities and ideas, and gauging their suitability in a medical-practice environment. At the end of the day, we are here to improve the health outcomes of our community and looking for new ways to make this happen has been an enjoyable and satisfying experience.

**Tracy:** I love working as a practice manager – in fact, I enjoy the challenges of being employed in an ever-changing work environment where we are constantly reassessing our performance and looking at ways to improve. It is wonderful to be part of an organisation that is bringing such improvement to a community.

**Zoe:** The diversity of the work is always a challenge and keeps it interesting, but the people I work with make it the most enjoyable.

### **Q: What are your greatest challenges?**

**Fiona:** As much as one of the most enjoyable aspects of my job is leadership and working with my team, dealing with people (staff and patients) is also the greatest challenge. Various personalities, expectations, politics and staff are often the most tricky aspects of my job.

**Tammy:** My greatest challenges are now the focus for my practice for the year 2013. My areas of focus include finding a new registrar for the practice; the amalgamation with a two-man practice nearby; continuation of maintaining high team morale and promoting our practice through extending ourselves to our local community; continuation of our commitment to training medical student; and, most importantly, to give myself a holiday that involves the use of my passport, parachuting and ballooning!

**Prashiba:** The constantly changing environment is one of the biggest challenges in general practice, in particular the increasing workload placed upon health professionals. I’ve found attending seminars on legislative and medico-legal requirements within general practice to be useful in this regard. My favourite challenge is to build greater efficiency into general practice and give health professionals strategies to improve their own effectiveness and work satisfaction.

**Tracy:** Implementing change. Developing the skills to engage the whole team when change has been necessary has been a journey sometimes hard learned, however it has also been one of my most rewarding experiences.

**Zoe:** Difficult patients and doctors! Every practice has got a few of those.

**Q: What does being named State Practice Manager of the Year mean to you?**

**Fiona:** It's such a huge honour! It's an incredible reward and recognition for years of commitment and striving to go the extra mile, as well as blood, sweat and not too many tears. I am very grateful to my Director, Dr Joe Cordaro, for nominating me and can't believe my good fortune in winning this award.

**Tammy:** While I never had the privilege of representing our great state on the sporting field, at least I can now feel like I am promoting Queensland on the national stage. I am greatly humbled and flattered by this honour but feel an intense sense of responsibility. I feel I have been given a unique chance to recommit to a standard of excellence both at my own practice and also in representing the AAPM. I am enjoying the chance to mix with the State Committee and share with them my ideas for improving our profession. It has also been a wonderful chance to learn from esteemed colleagues.

**Prashiba:** On a personal level I'm honoured to be in the company of the other award recipients. The award supports the time and effort put into the practice to grow and improve it over the last four years. It reaffirms the direction we are heading in to improve patient outcomes. From the practice perspective, it recognises the hard work of the entire team in contributing to the vision for our practice and the diligence required

to make that a reality. The award belongs as much to the team as myself.

**Tracy:** To be recognised by your professional body for the contribution you have made to general practice is a great honour. I feel extremely fortunate to have been both nominated and then to have received such an award.

**Zoe:** It was such an honour being nominated by the practice. The fact that they think I'm practice manager of the year is honour enough.

**Q: What advice do you have for new practice managers starting out?**


**Fiona:** Persevere and learn as much as you can from anyone you can. Try to get a mentor, and gain as much experience and knowledge from this person as possible. Attend every professional development event you can (so incredibly important), and ensure that you complete a Certificate or Diploma in Practice Management. Never stop learning from whatever source you can. And, most importantly, passion for your profession and enthusiasm will get you everywhere!

**Tammy:** It can be taken as a chance to challenge yourself and improve every day in your role as a practice manager. It reminds you that as a practice manager you have a huge responsibility to maintain the financial interests of the practice, but also to be a fundamental part of establishing the practice's morale. These issues make a huge impact on staff happiness and, of course,

on patient outcomes. Reach for the stars – the sky's the limit!

**Prashiba:** I really believe in gaining as much knowledge and experience as possible in any field. While there are multiple methods to achieve this, I found the most useful is to talk to other experienced practice managers in your area – understand their journey and experiences so as to avoid some of their mistakes and to learn from their successes. Secondly, attend as many practice manager/staff seminars, educational events or meetings as possible. The idea is to listen and learn how practices have achieved their success and the paths they took to meet their goals. As medical practices we have a lot to gain from talking to each other instead of maintaining our own silence and practice secrets. Working smarter gets you everywhere!

**Tracy:** Network, network, network. I am constantly in awe of the talented people I have met during the last four years. These amazing people are so willing to share their knowledge and experience. Utilise the professional bodies that are available to you, in particular the AAPM.

**Zoe:** Keep a pen and pad handy at all times, as before you get back to your desk you will be interrupted and your initial mission can easily be forgotten. 



# Starting point



**Adam Basheer is  
Managing Director  
at Fit 4 Market.**

Being in private practice means having to get to grips with running a business and having a long-term plan for success. If you're not sure where to start, **Adam Basheer** suggests utilising MedPlan – an online tool designed especially for the medical industry.

It's fair to say that business planning isn't necessarily a key strength for many medical practitioners. With no aspect of any medical degree or health discipline ever dedicated to such a topic, why would it be? There is far too much to learn on the scientific and medical front, let alone

having the time to dedicate to absorbing the principles of actually running a business. The reality, however, is that a large majority of practitioners will one day find themselves in some form of private practice, which essentially means they will be running a business.



### WORKING WITH THE ELEMENTS

When it comes to planning for the business side of their practice, practitioners typically say they know they need to be doing it, but don't know where to start. Although there are many templates available and plenty of theories to follow, there is no clear pathway. One practitioner I have come across spent \$70,000 getting consultants to help write and implement a plan, only to be left no wiser than before.

Effective business planning boils down to three main elements:

- 1. Thinking:** Take time to consider the main issues for the practice and wider business. Identify the key issues then create a method to address them.
- 2. Recording:** Don't just write the key issues down – record them in a meaningful way that will offer clear direction for yourself and your staff down the track.
- 3. Managing:** Both the plan and the people within the plan that will help to make it all happen must be managed. Thinking and recording without having a method of action is a waste of time.

### HONING IN ON YOUR ISSUES

If the key issues within your business aren't obvious, MedPlan can help. Specifically designed for practice management, MedPlan is an online business-planning tool. It divides each business into four key critical areas – Intentions, Targets, Initiatives, Measures – then presents a checklist of all the issues that a practice may face in each of those areas.

Acting a little like a business-diagnostic tool, MedPlan helps you to

analyse your practice and identify the key aspects that need to be worked on. This in turn helps to focus your plan on the issues most important right now and to create actions around them.

Some of the questions MedPlan addresses:

- Do you have a management information system in place?
- Do you have a set process for key decision-making?
- What are your business-interruption procedures?
- Do you benchmark your practice?
- Do you perform profit centre analyses?
- Do you have patient appointment targets?
- Do you know what the main influencers are on your patients and referrers?
- Do you provide appropriate management training or coaching?
- Are you collaborating with other practices, professionals or companies?

The resolution of these issues then becomes an important focal point. If you start by analysing each issue broadly, you can discover the means to solve the issue and narrow the solution down to specific action points. MedPlan does this by introducing the concept of 'Intention' – i.e. what you are trying to achieve – then narrowing it down and targeting very specific initiatives. The aim is to create a truly actionable plan.

It's important to keep in mind that a plan without action is useless – unfortunately many plans become nothing more than academic exercises. Creating a flexible and actionable plan is the key to a successful planning process that will produce results for your business.

## MEASURING UP

This is where the measures you put into the plan become the most important element. What are you trying to achieve and how do you know when it is all on track? Are you gathering data so that you can make decisions about the practice based on some form of evidence, rather than just a gut feeling?

Having good measures in place will reveal where you need to devote time and resources and let you address any real problems you are facing before they get out of control.

One of the problems practitioners face when planning is the need to get everything perfect. When you are dealing with the sciences there are generally right and wrong answers; when you are planning, no precision exists. There are only good, better or worse plans and results for your business. This is something those with science backgrounds find hard to get their heads around.

If you are a perfectionist and you want to plan, the first thing you have to accept is that no plan is perfect. You simply learn from your previous plan and make a better one next time. The more you plan the better you get at it, so taking the time to devise a plan is always going to be beneficial.

Once you have been through the planning process and produced a reasonable plan, it's time for implementation. This is the point at which you may be met by a force strong that exists within all of us and can potentially destroy all of your best planning efforts – procrastination. Creating action is the only way to combat this.

## MAKING IT HAPPEN

The only real way to create continued action is to set up a system around completing and monitoring the plan. As an example, MedPlan incorporates a system using continuous email reminders for you and your staff around the specific actions in the plan. It creates an online checklist for everyone involved in the plan and presents you with online reminders (let's call it motivation) to complete the initiatives assigned to you.

On top of this you need to have regular meetings with staff – at least monthly and perhaps weekly or biweekly. These meetings will keep the plan top of mind, up to date and relevant to the practice.

Planning in itself is a continuous process – you gather more information as you go and this helps you to improve the plan. If you can create a system within your practice that ensures you are planning and implementing the plan on a regular basis, then it won't become an arduous task.

Just like paying the bills, making appointments or managing staff within the practice, planning should be part of a continuous business system. In fact, a good plan will result in a smooth-running, cost-efficient practice, enabling you to concentrate more on medical practice and less on running the business of medical practice. ⑤

MedPlan is a cloud-based, business-planning package specifically designed for medical practice. It helps you create a plan in a simple and practical way and assists you to run the business using the planning process. Go to [medplan.com.au](http://medplan.com.au) to review MedPlan and receive a free trial period of one month to see if it is right for you.



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# INVESTMENT SUCCESS

By using equity in the family home as an investment tool, **John Empey** says it's possible to kick-start an effective investment strategy.

Young doctors often ask me how to get started with an investment program. In many cases they have already purchased their first home and have spoken to their Investment adviser about acquiring shares, managed funds and further property. Often they have been making mortgage payments for a number of years and started to build some significant equity in their home from extra repayments, home improvements and capital appreciation.

Even though they initially borrowed 90% of the original purchase price, they find they have built 30-40% equity after five or so years. For example – the original purchase price of \$600,000 for a modest family home may now result in a property worth \$700,000 after five years due to some improvements and passive market appreciation. With extra repayments, the original mortgage loan of \$540,000 is now \$460,000, which translates to significant and useful equity.



**John Empey is  
Managing Director  
of Fortnum Lending  
Services.**

## OFFSET YOUR OPTIONS

Here is a common strategy that can be employed to acquire further property and some investment products. Firstly, convert the existing mortgage loan to an 'interest only' repayment product with a 100% offset deposit account attached to it. Future deposits put into the offset account are offset against the loan balance dollar for dollar, thereby reducing the monthly interest payable on the loan account.

Most banks offer such a product, some better than others, so shop around or consult your mortgage broker, who will be fully aware of what is available in the market. Refinance to another lender if need be.

As your payments are now reduced by paying interest only, you can allocate significant funds into your offset account. The effectiveness of an offset account is the bank is now paying you deposit interest equivalent to the interest rate on the loan, perhaps 6%. These funds also remain readily



accessible. If you need them for school fees, you are quite entitled to take some money out. The bank has no 'hold' on this money – it is yours to do with as you please.

Why pay interest only? The plan is to maintain your loan amount with no further loan reductions, as this property will ultimately become an 'investment' property once you buy a new family home – your second home.

The offset account is then transferred to your new home and the original property is rented out to cover the interest-only repayment. With this process, you will own a more substantial family home, while your old home will become an investment with a mortgage loan of \$460,000 against a value of \$700,000. Your offset account, which has built up, becomes the deposit on the new home and you instantly become a property investor.

### TAKE A LINE OF CREDIT

The second component of your investment strategy is to set up a line-of-credit facility secured by your original property to the value of 80% of its current value, which is \$700,000. The arithmetic works like this:

- $\$700,000 \times 80\% = \$560,000$
- $\$560,000$  less the existing loan of  $\$460,000 = \$100,000$

You now have a \$100,000 line of credit to be utilised to purchase shares or managed funds. You are not only a property investor – you also now own a share portfolio, all secured by some lazy equity in your home.

The line-of-credit facility is like a big credit card but at home-loan interest rates, typically around 6%. As with credit cards, interest is payable monthly on your usage for each month. Consult your accountant for your specific tax

treatment, but generally the interest is tax deductible as the loan is for investment purposes.

What I have described is a very simple strategy to begin your investment career. I strongly recommend that you form an investment plan in conjunction with your financial planner and use a mortgage broker to source the best loan package in the market. Good luck! ☺





# Solid foundations

Investors looking to dip back into the markets would be well advised to take a look at the burgeoning healthcare property sector, which offers a number of intangible benefits. By **Chris Smith**.

The last few years have clearly been challenging for investors. Many have chosen to stay in the safety of cash, usually in the form of term deposits, and it's easy to understand why this has been such an attractive option for those seeking stable, low-risk, income-producing investments.

However it seems some investors are starting to think about getting back into markets and taking advantage of some of the better economic and investment news.

At Australian Unity Investments we are anecdotally hearing reports investors are starting to realise that returns from cash are declining as interest rates come down and that capital growth will be required. At the same time, investors still appear to be concerned

about getting back into the perceived higher-risk equity markets, and as a result property is increasingly being perceived as an attractive stepping stone.

Property has obvious advantages, not least of all because it is a solid, tangible, bricks-and-mortar investment, which gives many a sense of security.

Healthcare property in particular has a number of other advantages, including generally longer-term tenancies that offer regular income and exposure to the massive demographic change of Australia's ageing population.

Furthermore, there are additional benefits that many investors may find worth considering.



Chris Smith is head of Healthcare & Retirement Property Funds at Australian Unity Investments.



## BUILDING BLOCKS

Under-investment by the Government in Australia's hospital and medical infrastructure has resulted in the current burst of activity to build, or rebuild, hospitals around the country, in both the private and public sectors. Examples include the new Royal Adelaide Hospital, expected to be completed in 2016; the Royal North Shore Hospital redevelopment in Sydney, due for completion in 2014; Gold Coast University Hospital, due to open in 2013; and Sunshine Coast University Hospital, which should finish in 2016.

While these examples are enormous projects, around the country there are developments of all sizes taking place as we play 'catch up', and the private sector is leading the way.

These developments are supported by huge demand for their services. Almost as soon as they are built, most healthcare properties are operating at capacity. For investors, there are any number of opportunities to invest in quality healthcare property assets.

## COMMUNITY CENTRES

Another element of healthcare property that can be attractive to investors is its role within the community it serves. Hospitals and medical centres are very different to, say, apartment blocks or retail malls in the way they are seen and treated by the local community. In many cases, the community feels a strong sense of ownership and involvement in these facilities, which is an intangible but valuable feature to consider when investing in such properties.

One good example of this is a medical facility owned by Australian Unity Healthcare Property Trust in

Mackay, Queensland. Last year, the existing tenant, which provided IVF services for families both in Mackay and in the surrounding region, decided not to renew its lease, causing huge concern in the area. A number of groups formed with the goal being to find ways to ensure that IVF services continued to be provided, and fortunately we found a tenant that could do so. This illustrates the vital community role healthcare properties can play.

## NEW INITIATIVES

The healthcare sector is continually developing and growing, and the same is true of its infrastructure, which adds to the investment opportunities available.

For instance, one type of development that has started to pop up around the country is 'medihotels' – accommodation services associated with hospitals in major hospital precincts, where the families of patients may have to travel some distance to be with their loved ones. In some circumstances, they are also used to house patients who require

regular medial attention but not a full-time hospital bed.

## WELL PLACED

In many ways, Australia is well positioned to be at the cutting edge of developing the kinds of healthcare infrastructure that will be in high demand by developed countries around the world, most of which are experiencing a rapidly ageing population.

By having a superannuation system in place we are already more advanced than most, and we are putting in place the resources, services and facilities that will be required to care for older Australians.

The Government has identified the importance of this kind of development through the Productivity Commission Inquiry Report on *Caring for Older Australians* (which can be found at <http://www.pc.gov.au/projects/inquiry/aged-care/report>). We can expect healthcare services and facilities, including aged care, to be an important part of the country's development and focus for years to come. ☺

AUI's flagship property fund, the Australian Unity Healthcare Property Trust, opened in 1999 to capitalise on Australia's ageing population and growing demands for healthcare services. Over the past 13 years the Trust has grown to become one of the largest healthcare property funds in Australia.

The Trust currently owns a quality portfolio of 23 healthcare-related properties across major Australian states, characterised by leases that are typically longer than most in the commercial property sector.

Units in the Australian Unity Healthcare Property Trust are issued by Australian Unity Funds Management Limited ABN 60 071 497 115 AFSL 234454. This information is general information only and does not take into account the financial objectives, situation or needs of any particular investor. Investors should refer to the current Product Disclosure Statement (PDS) and consider whether the product is appropriate for them in deciding whether to acquire, hold or dispose of the product. The PDS is available at [www.australianunityinvestments.com.au](http://www.australianunityinvestments.com.au)

# IN YOUR INTEREST

Want to make your insurance premiums more affordable over the long term? **Russell Hannah** talks us through the options.

Insurance isn't normally top of mind but if something happened that could potentially affect the financial wellbeing of yourself, your family and your practice, then you'll be glad to have it. When seeking out a suitable insurance policy, cost usually enters into the equation.

You basically have three premium options:

1. You can opt for a stepped premium that is calculated each year in line with your age.

2. You can choose a level premium that is calculated each year, based on your age when the cover commenced. Level premiums are usually higher at the start than stepped premiums (as the graph reveals). However, over time, as stepped premiums increase, level premiums can end up cheaper – often at the stage in life when you most need the cover.

The premium savings in the later years can also make up for the additional payments in the earlier years, saving you money over the life of the policy. The case study on page 44 provides an example of the long-term savings that choosing level premiums could provide.

3. You can combine the best of both. When buying a home, packaging a combination of fixed and variable rate loans can give you peace of mind about managing the longer-term affordability of repayments. It can also provide shorter-term flexibility by allowing

you to repay part of your loan quicker.

Similarly, a combination of level and stepped premiums allows you to structure your financial goals for both the short and long term. This approach is often referred to as 'Split Premiums', and the premium in the earlier years will be lower than if you opt entirely for level premiums.

Over time you can reduce your sum insured on the stepped premium structure as you repay your loans, or reduce your family commitments, and potentially need less insurance.

As a result, you could end up paying level premiums on most – if not all – of your insurance in the later years, and benefit from the lower premium costs associated with level premiums at that time.

To find out the best premium solution for you, speak to a financial adviser who can help you determine the types and amounts of insurance you require and can review your needs over time to make sure you remain suitably covered.

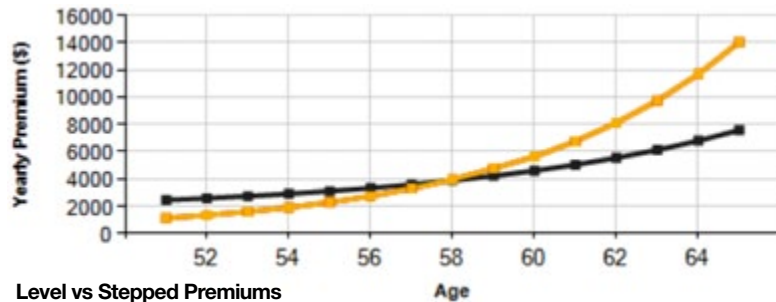
**Note:** Choosing a level premium doesn't mean your premiums are guaranteed or won't change in the future. Level premium rates may increase due to rate increases, CPI increases and policy fee increases. However, unlike stepped premiums, level premiums don't go up by age-related increases.



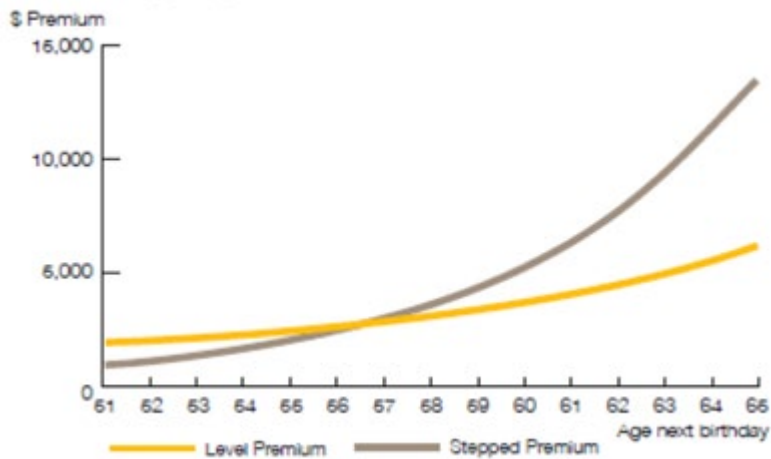
**Russell Hannah is  
National Manager  
– Insurance at MLC  
Insurance.**

## CHARTING THE BENEFITS

By using this strategy, you could pay a lower average premium over the life of the policy and make your cover more affordable at a time when you need it most.



Level vs Stepped Premiums



Insurance assumptions: Age 50, male, non-smoker, \$500,000 in Life Cover increased by 5% each year. Based on MLC Limited's standard premium rates as at 1 June 2012 and excludes policy fee.



## CASE STUDY

Tom and Harry are both aged 50 and each own half of a medical practice valued at \$1 million. To protect their respective interests in the business, their financial adviser recommended they execute a Buy/Sell agreement. This is a legal contract between business owners that helps to facilitate an orderly transfer of interests in the business if an owner needs to depart the business for a range of reasons.

To fund the agreement if either of the owners were to die, they each took out \$500,000 in Life Insurance, where the premium for both of them will be \$1,128 in the first year. They also took out the cover in their super funds, where they could both make an after-tax saving of \$434 on the first year's premiums and \$22,845 over a 15-year period.

Their financial adviser also explained that it would be even more cost-effective over the longer term if they paid level rather than stepped premiums. This is because, over the next 15 years, they'll both pay level premiums totalling \$64,488 compared to a total of \$80,079 if they choose stepped premiums.

Level premiums could therefore save them both a total of \$15,592 over the next 15 years (or \$9,316 in today's dollars,

assuming an inflation rate of 3%). This is in addition to the savings they could make by holding the insurance in super.

However, if Tom and Harry only needed insurance for a shorter timeframe, such as five years, it may be more cost-effective for them if they opt for stepped rather than level premiums.

Furthermore, if they both pay level premiums, the cost in year 15, for example, would be \$7,573 each, compared to \$14,308 with stepped premiums. In other words, level premiums could be significantly lower in the later years, when the cover is needed most.

**Insurance assumptions:** For simplicity purposes, we've assumed Tom and Harry pay the same premiums. These premiums are based on MLC Limited's standard premium rates as at 28 June 2012 for non-smoking males aged 50, with \$500,000 in Life Cover increased by 5% each year and ignoring the policy fee. In reality, they may pay different premiums based on factors such as their age, health and the amount of insurance each of them requires to protect their respective business interests. However, they are both likely to save money over the longer term if they select level rather than stepped premiums. ⓘ

For more information about how MLC can help protect you financially, please speak to your nearest Private Practice endorsed Financial Adviser, details of which are below.

- **New South Wales:** Warren Skinner, Fintuition (02) 9362 5050.
- **Victoria:** Denis Durand, Durand Financial Services (03) 9909 7553.
- **Queensland:** Scott Moses, Lane Moses Private Wealth (07) 3720 1299.
- **South Australia:** Andy Murdock, Ora Financial Services (08) 8211 6611.
- **Western Australia:** Wayne Leggett, Paramount Wealth Management (08) 9474 3522.



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# A matter of perception

When a patient decides to leave a practice, they invariably say nothing – they simply don't return. **Jason Borody** explains how understanding the reasons why patients move on can positively impact your practice's bottom line.

The issue of 'disappearing patients' is frequently put in the too-hard basket. It's easy to understand why, given that many practices don't track active patient trends. Leaving patients rarely complain (less than 4%) and by the time you realise they have left it's impossible or awkward to ask them why they are no longer patients.

There are many reasons why patients may walk – some may have been referred to another doctor or attracted to a competitor; some people may have simply relocated. However, delve a little deeper and you'll find that these reasons are minor factors when it comes to lost patients.

## SHOWING YOU CARE

PricewaterhouseCoopers Health Research Institute (HRI) has found that 'personal experience' is the number-one reason for

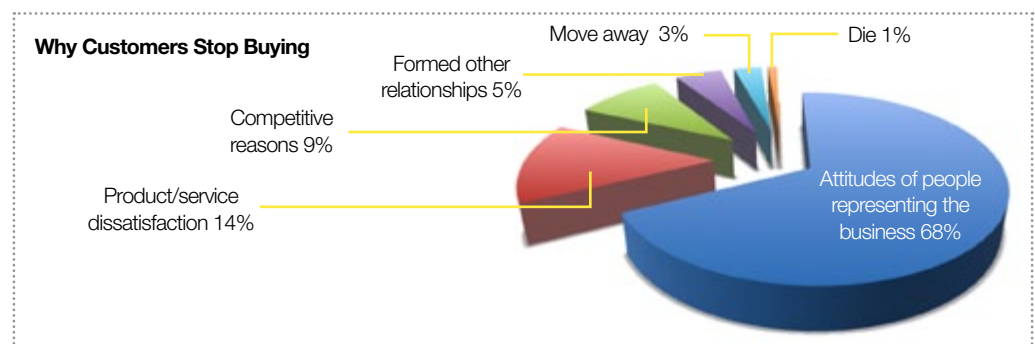
choosing a doctor or hospital.

The 2012 *National Patient Experience Study* (Source: J.D. Powers and Associates) found that "consumer perceptions are built across multiple channels – in person, online, on the phone and increasingly through non-traditional settings... the ideal experience is increasingly being defined by non-clinical elements, such as convenience, customer service and staff attitude".

It appears a sense of indifference by providers toward patients is the greatest reason people take their business elsewhere. Research shows that patient perceptions of not being valued by medical practices account for almost seven out of 10 patients who leave, with some surveys reporting this figure to be as high as 80%. Other factors are almost negligible, except for service dissatisfaction, which sits at 14%.



**Jason Borody is**  
**Managing Director**  
**at Vividus.**





Although the *Why Customers Stop Buying* survey at left is not healthcare specific, the results of this well-respected document have been validated in many service areas, including healthcare, hospital and patient-satisfaction surveys. (Source: IIR Seminar Centre/Rockefeller Foundation; published in the US News and World Report.)

Medical practitioners are generally caring professionals who strive to deliver a high standard of care, but projecting an 'attitude of indifference' is something entirely different.

The average practice has over 20 different 'touch points' with patients. These include ease of booking an appointment, accessibility and parking, the waiting-room experience and post-treatment follow-up and reminders.

While most doctors believe their qualifications and patient relationships are the primary factors affecting patient satisfaction, the vast majority of a patient's experience is not actually with the doctor. What your practice does, or does not do, to build and maintain patient rapport can be challenging to monitor and manage – especially as it is often the little things that make the biggest difference.

## A SENSE OF AWARENESS

Patients have neither the medical expertise nor access to information that allows them to evaluate your clinical quality of care. Instead they rely on a combination of 'how they felt' and 'proxy perceptions'.

It has been found that perceptions towards quality of care are often based on alternate characteristics. Poorly cleaned bathrooms raise questions

of general practice hygiene, while outdated magazines in the waiting room may create perceptions of outdated treatments and practices. Quality medical care is obviously critical, and expected, however total patient satisfaction is equally critical to patient perceptions and retention.

The good news is that it can be relatively easy and inexpensive to monitor and maintain patient satisfaction.

## TRACK RECORDS

Along with accreditation, measuring patient satisfaction is a primary reason for undertaking perception surveys, but there are many other benefits. Patients appreciate the ability to provide feedback and value being heard, and they often provide valuable insights and ideas that can improve your practice. In addition, trended results over time provide a basis for staff and marketing performance indicators.

There are many ways to track patient perceptions. Here are some basic ideas that can be implemented immediately:

- Train staff and physicians to ask patients for feedback, and be sure to listen and respond.
- Write your own simple form with several carefully crafted questions, including at least one open-response question.
- Use an online survey tool such as 'Survey Monkey' to administer your surveys.
- Appoint an agency to manage your surveys.

While you may be tempted to run with a DIY option to reduce costs, there are several considerations to keep in mind:

- The process of writing questions, creating survey forms, administering surveys, data cleaning, data collation and reporting may be more time-consuming than you expect.
- As well as patients, the survey process should also be carried out for staff and referral sources.
- Response rates are generally higher when surveys are managed by professional independent agencies.
- Agencies can provide benchmarking against industry standards.
- Real value comes from developing strategic marketing plans based on your survey results.

Patient satisfaction should not be underestimated – patient retention and the reputation of your practice rely on it. ☺

## EVERY PATIENT COUNTS

Do you track the cost of lost patients? The impact may be more far-reaching than you realise. Here are just a few business reasons to make patient retention a high priority:

- Lost 'repeat business' over a patient's lifetime.
- Lost patient referrals – the best and highest return-on-investment marketing you have.
- Risk to your reputation through negative word-of-mouth.
- Loss of 'market share' to competitors.
- New-patient acquisition costs are much higher than retention costs.

**Note:** If you have questions about your practice's patient retention rates or satisfaction levels, contact Vividus on 07 3283 2233 to discuss survey options and results-based strategic marketing plans, or visit [www.vividus.com.au](http://www.vividus.com.au)



# TICKING THE BOXES

When it comes to insurance policies, it's often a case of price versus quality and security. **Gurnaik Tiyyur** recommends doing your research to ensure the policy you choose provides adequate protection.

**Note:** Guard Medical Insurance is backed by MIGA.



**Gurnaik Tiyyur is  
Director of Guard  
Medical Insurance.**

Medical indemnity insurance is complex and insurance policies can be lengthy and confusing. Sometimes it's easier to make a decision on insurance based on price, as understanding the differences in cover between insurers can be difficult. At Guard Medical Insurance we make it our job to ensure you understand exactly what you are covered for.

There are significant differences between the various medical indemnity providers but most doctors will never know this, as often they are too busy to review their insurance cover before renewal.

For example, did you know medical indemnity providers can call for extra premiums from its members if it has a funding shortfall, which you are obliged to meet. This can result in thousands of extra dollars you may need to pay. How do you

know you are part of a well funded MDO?

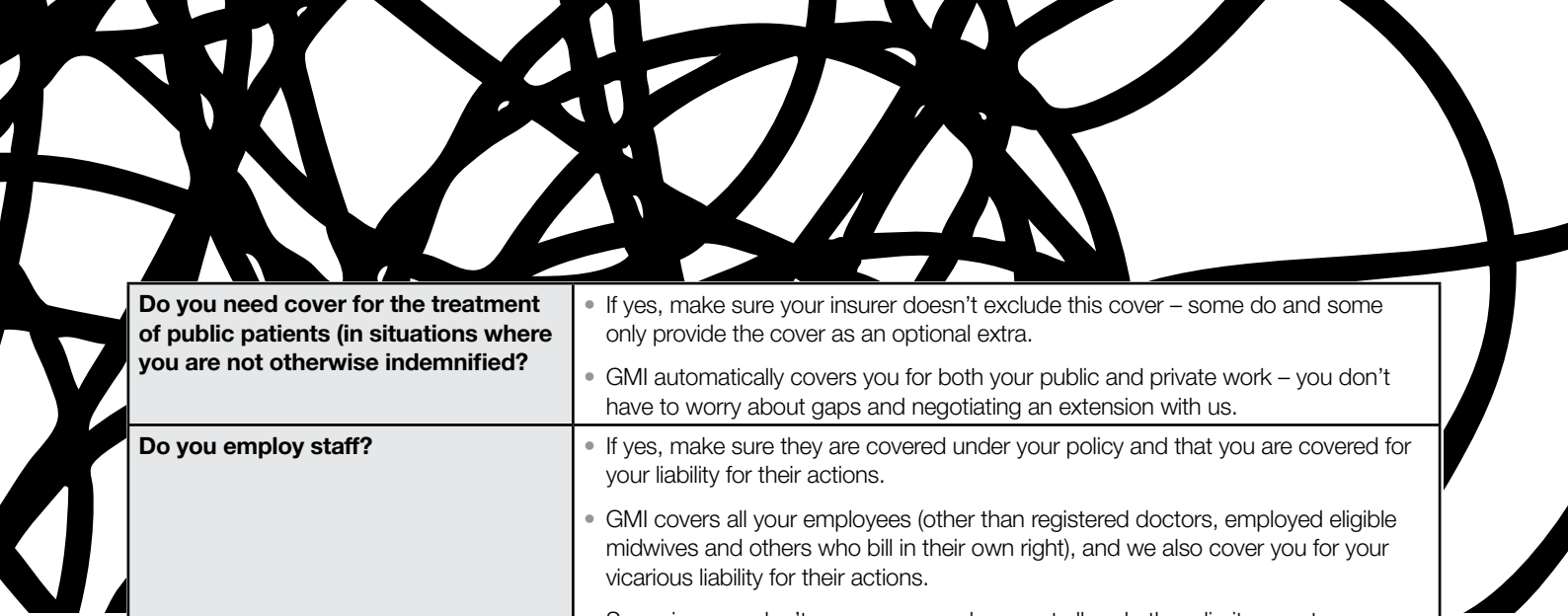
Some medical indemnity providers do not provide locum cover within their insurance coverage and some limit the number of staff they will cover you for under your medical indemnity policy.

If you have a claim, the amount saved in premium will be insignificant when faced with bills you are not insured for. A claim can also have a significant impact on you both personally and professionally.

Most providers limit their Legal Defence costs to \$500,000 and Medicare enquiries to \$150,000 – at Guard we provide up to \$1 million cover for both.

## CHECK THE FINE PRINT


The Guard checklist alerts you to some of the elements of insurance you should be looking out for.



<b>Do you need cover for the treatment of public patients (in situations where you are not otherwise indemnified?)</b>	<ul style="list-style-type: none"> <li>• If yes, make sure your insurer doesn't exclude this cover – some do and some only provide the cover as an optional extra.</li> <li>• GMI automatically covers you for both your public and private work – you don't have to worry about gaps and negotiating an extension with us.</li> </ul>
<b>Do you employ staff?</b>	<ul style="list-style-type: none"> <li>• If yes, make sure they are covered under your policy and that you are covered for your liability for their actions.</li> <li>• GMI covers all your employees (other than registered doctors, employed eligible midwives and others who bill in their own right), and we also cover you for your vicarious liability for their actions.</li> <li>• Some insurers don't cover your employees at all and others limit cover to situations where employees are working under your direct supervision and control.</li> </ul>
<b>Do you employ other doctors in your practice?</b>	<ul style="list-style-type: none"> <li>• If yes, make sure you have cover for any vicarious liability you may have for their actions.</li> <li>• GMI covers you for this but some insurers do not.</li> </ul>
<b>Do you supervise, train or mentor another doctor?</b>	<ul style="list-style-type: none"> <li>• If yes, you may be liable for their actions and be exposed to a claim if they allege they can't practice because of your actions (such as a negative recommendation during or following completion of their training).</li> <li>• GMI covers you for this but other insurers may not.</li> </ul>
<b>Do you have locums, contractors or medical students working in your practice?</b>	<ul style="list-style-type: none"> <li>• If yes, make sure you have cover for your vicarious liability for their actions.</li> <li>• GMI covers you for this but not all insurers do.</li> </ul>
<b>Do you travel overseas?</b>	<ul style="list-style-type: none"> <li>• If yes, make sure you have cover for Good Samaritan Acts. You may not be covered everywhere, particularly in the US.</li> <li>• GMI provides you with this cover worldwide so you don't have to worry about where you are or what airspace you are travelling in at the time.</li> </ul>
<b>Do you practice overseas?</b>	<ul style="list-style-type: none"> <li>• If yes, make sure you have cover – not all insurers automatically provide cover for practice outside of Australia.</li> <li>• GMI does, other than in the US, provided you don't work overseas for more than 120 days in the policy period.</li> </ul>
<b>Are you involved in medical research or clinical trials?</b>	<ul style="list-style-type: none"> <li>• If yes, make sure you are covered for this.</li> <li>• GMI automatically covers you for medical research and clinical trials in your area of practice, provided they are approved by a human-research ethics committee and conducted in accordance with the committee's requirements.</li> </ul>

Saving money on your premium may not be worth it if you are exposed financially or professionally because your insurer denies your claim.

We are proud of the breadth of our insurance policy and the protection it provides, as we believe it is one of the most comprehensive in Australia.

Our aim is to provide doctors with superior cover and a policy that offers real value for money. 

### PUT GUARD'S POLICY TO THE TEST

If you are not insured with Guard Medical Insurance, you are invited to put the company's policy to the test to see if Guard offers more value and better protection for you.

Guard is so confident of its policy that if you insure your medical indemnity insurance cover through them they will provide you with a complimentary travel policy that covers you and your family for business and personal international and domestic trips valued at \$800, valid for 12 months. This offer is only available through Guard Medical Insurance and conditions apply. Visit [www.guardmedicalinsurance.com.au](http://www.guardmedicalinsurance.com.au)



# Make your money work

If tax is the biggest cost for investors, **Tim Blackwood** says you should know exactly what your superannuation fund is doing to help minimise this cost and build on your wealth.

In the same way your accountant aims to minimise the amount of tax you pay, it's important to consider whether or not your super fund is working to maximise your after-tax return and income on investment.

With a mandated 9% of your salary paid into your super fund, and with that figure due to increase to 12% by around 2020, it pays to be aware of how your super fund is trying to minimise the tax you pay on it. After all, it's your money.

Tax efficiencies within platform-based superannuation funds have come along in leaps and bounds. By talking to an experienced financial adviser, who is paid a fee to recommend strategies and investments suited to your specific needs and personal circumstance, the benefits of these tax efficiencies will be abundantly clear.

Funds that have the backing of a large institution can afford to spend vital product development funds on implementing new features and continue to drive innovation within the industry to help make all super

funds more competitive and attractive to investors. This should be considered when reviewing your superannuation investments and superannuation provider.

The investment options, the fee for those investments and the investment returns should not be the only factors taken into account when making a decision on a superannuation provider. Consideration must also be given to other factors, such as the provider of the superannuation, the strength of the company, product features such as tax management, insurance offering and the flexibility to tailor a portfolio to your specific needs now and into the future.

Let's take a closer look at how super funds may tax your retirement savings. If we focus on some of the most basic superannuation structures, things such as simple retail offerings or non-advised products, compared to a full-service superannuation offering, you will see what I mean about making a fully informed choice regarding your super fund.



**Tim Blackwood is  
Business Development  
Manager at BT  
Financial Group.**



## WHY & HOW

Superannuation is arguably one of the most tax-effective vehicles for investing. It has a tax rate of 15% for contributions made on your behalf by your employer, as well as contributions made by you instead of receiving the money directly and paying tax at your marginal tax rate.

Income received within your accumulation super account is also concessionally taxed at the same rate, and further discounts for capital gains on investments held for longer than 12 months.

But it is the tax on contributions I would like to look at more closely here. In a basic super fund, generally speaking tax is deducted at a rate of 15% upon receipt of the contribution, whereas a full-service superannuation fund will allow all the funds to be invested for a much longer period, deducting tax when it is due.

When a super fund deducts tax as soon it receives the contribution, the member loses the ability to invest 100% of the contribution. If a super fund does not deduct the tax until the end of the year, those contributions can potentially be invested longer, hopefully increasing the value of your investment or earning more income, whether it be a dividend, distribution or interest.

## FUTURE GAINS

A full-service superannuation fund will generally deduct tax as though it is completing an income tax return – a portion of the 15% tax is deducted from contributions throughout the year, with a final tax return to be submitted by the fund at the end of the year (ie: March the following year). This gives your contribution more time invested, hopefully increasing the value of your retirement fund.

You wouldn't pay a mechanic to fix your car before he even opened the bonnet, would you?

While a full-service offer may cost more than the basic superannuation fund, having the ability to utilise allowable deductions such as insurance premiums, certain fees or use a franking credit that your investments accrued to directly reduce the assessable income I believe is more than worth the cost.

You also don't share in the implications of these transactions by other members of the fund – you get the benefit of the choices you and your financial adviser make. If your investment balances go down, however, a full-service superannuation fund generally allows you to use those losses to offset future gains if you choose to sell the investments not performing and generating losses.

## BOOSTING EFFICIENCY

Here is a simple example of how a more efficient tax structure could increase your final super balance:

Full Service Platform Offering					
	Cont	Income	Tax	Expense	Balance
Month1	5,000.00			30.00	4,970.00
Month2				30.00	4,940.00
Month3		247.00	223.00	30.00	4,934.00
Month4	5,000.00			30.00	9,904.00
Month5				30.00	9,874.00
Month6		493.70	233.48	30.00	10,104.22
Month7	5,000.00			30.00	15,074.22
Month8				30.00	15,044.22
Month9		752.21	244.47	30.00	15,521.96
Month10	5,000.00			30.00	20,491.96
Month11				30.00	20,461.96
Month12		1,023.10	255.98	30.00	21,199.08

Other offering					
	Cont	Income	Tax	Expense	Balance
Month1	5,000.00		750.00	20.00	4,230.00
Month2				20.00	4,210.00
Month3		210.50		20.00	4,400.50
Month4	5,000.00		750.00	20.00	8,630.50
Month5				20.00	8,610.50
Month6		430.53		20.00	9,021.03
Month7	5,000.00		750.00	20.00	13,251.03
Month8				20.00	13,231.03
Month9		661.55		20.00	13,872.58
Month10	5,000.00		750.00	20.00	18,102.58
Month11				20.00	18,082.58
Month12		904.13		20.00	18,966.71

In this example, a nominal instalment rate, like PAYG, is deducted from the full service offer each quarter, while the full 15% is deducted per taxable contribution being made.

At the end of the year, both funds complete their final wash-up, with the platform factoring in an individual's own transactions and allowable deductions.





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Medifit offer a cost competitive health care design, construction and fit out service. Since 2002, we have completed more than 300 medical, dental, day surgery and allied health care projects throughout Australia, from ground up builds to renovations of existing premises.

From initial design concepts, right through to lockup and handover, our team of experienced design and construction professionals will lead you through the process of creating a practice that reflects your vision for care. It's an investment in your future.

For no obligation advice on creating your perfect practice, contact Medifit today.

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**[www.medifit.com.au](http://www.medifit.com.au)**



Platform Superfund	
<b>Income</b>	2,516.01
<b>Franked</b>	377.40
<b>Contributions</b>	20,000.00
<b>Assessable1</b>	22,516.01
<b>Fees (deduct)</b>	180.00
<b>Fees</b>	180.00
<b>Fees Total</b>	360.00
<b>Assessable2</b>	22,336.01
<b>Tax1</b>	3,350.40
<b>Credits</b>	377.40
<b>Tax2</b>	2,973.00
<b>Tax paid</b>	956.93
<b>Final Tax</b>	2,016.07
<b>Total Tax Paid</b>	2,973.00
<b>Total Fees Paid</b>	360.00
<b>Final Balance</b>	19,183.02

Basic Superfund	
<b>Income</b>	2,206.71
<b>Franked</b>	-
<b>Contributions</b>	20,000.00
<b>Assessable1</b>	22,206.71
<b>Fees (deduct)</b>	
<b>Fees</b>	240.00
<b>Fees Total</b>	240.00
<b>Assessable2</b>	22,206.71
<b>Tax1</b>	3,331.01
<b>Credits</b>	377.40
<b>Tax2</b>	3,331.01
<b>Tax paid</b>	3,000.00
<b>Final Tax</b>	331.01
<b>Total Tax Paid</b>	3,331.01
<b>Total Fees Paid</b>	240.00
<b>Final Balance</b>	18,966.71

As demonstrated, even with higher ongoing fees the difference can be surprising. A simple analogy would be to consider purchasing a new car. You have two choices – the cheaper of the two is less fuel efficient; the expensive option is more fuel efficient. Over a period of time following the initial purchase, the saving made on the original purchase price will be eroded by the higher fuel costs. That crossover point could come sooner than you think.

### COMPETITIVE ADVANTAGES

Non-advised offerings aren't for everyone but there is certainly a place in the world for these products and, in my opinion, the

competition generated between product manufacturers is benefit enough.

As I said earlier, superannuation is a very effective way to save for retirement and the superannuation system in Australia is one of the strongest in the world. It's certainly one of the best investments from a tax perspective, but a platform is merely the vehicle to put money into, not the investment itself.

Despite potentially adding an extra layer of fees, a full-service platform offering provides you with the ability to make your money work harder for longer, and may save you some money at tax time. Who doesn't like the sound of that! ☺

**Note:** This article has been prepared for Fintuition Pty Ltd and is for general information only. Every effort has been made to ensure it is accurate; however it is not intended to be a complete description of the matters described. The article has been prepared without taking into account any personal objectives, financial situation or needs. It does not contain and is not to be taken as containing any advice or recommendation.

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# Increase your Practice efficiency and provide a better service to your patients.

FOR THE COST OF ONLY THREE APPOINTMENTS DIRECTLY FROM MD/PRACSOFT & BEST PRACTICE ... AND ZEDMED SOON!

## Advantages to your Practice:

- You can now switch your appointments online with the click of your mouse.
- Patients will have 24-hours-a-day access to appointments online and via smart phones.
- You maintain control over which appointments are shown as available – manually select or automatically 'show all' available appointments.
- Automatic appointment reminders for App users, at no cost to Practice.
- Reduce the early morning phone calls for urgent appointments – your receptionists will thank you!
- Free up your reception staff to deal with patients present in your Practice, improving patient satisfaction.

## Advantages for your patients:

- Making appointments from the convenience of computer or smart phones, at home and work, with complete confidentiality.
- No need to make a phone call, saving your patient's time and avoiding the "negotiation" with a receptionist.
- Ability to make an appointment from a wider range of available times, with doctors in your clinic.
- FREE automatic reminders for your patients.
- Capacity to make appointments for family members.

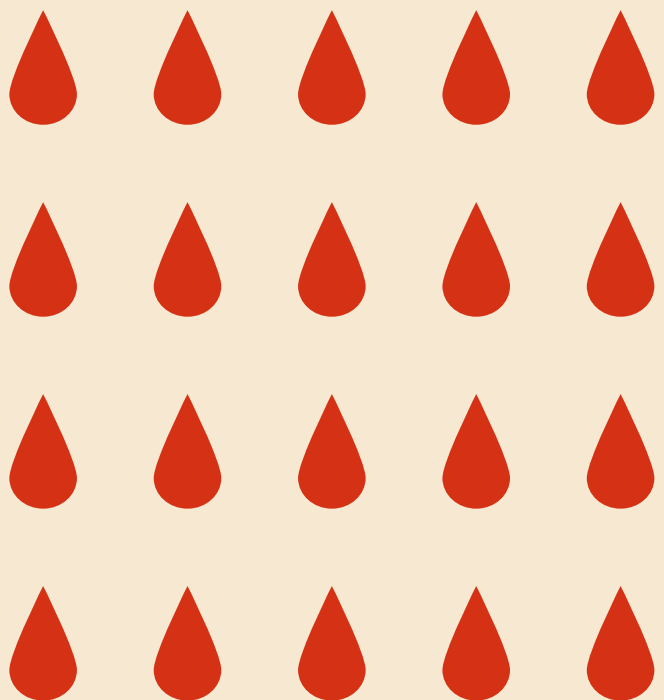
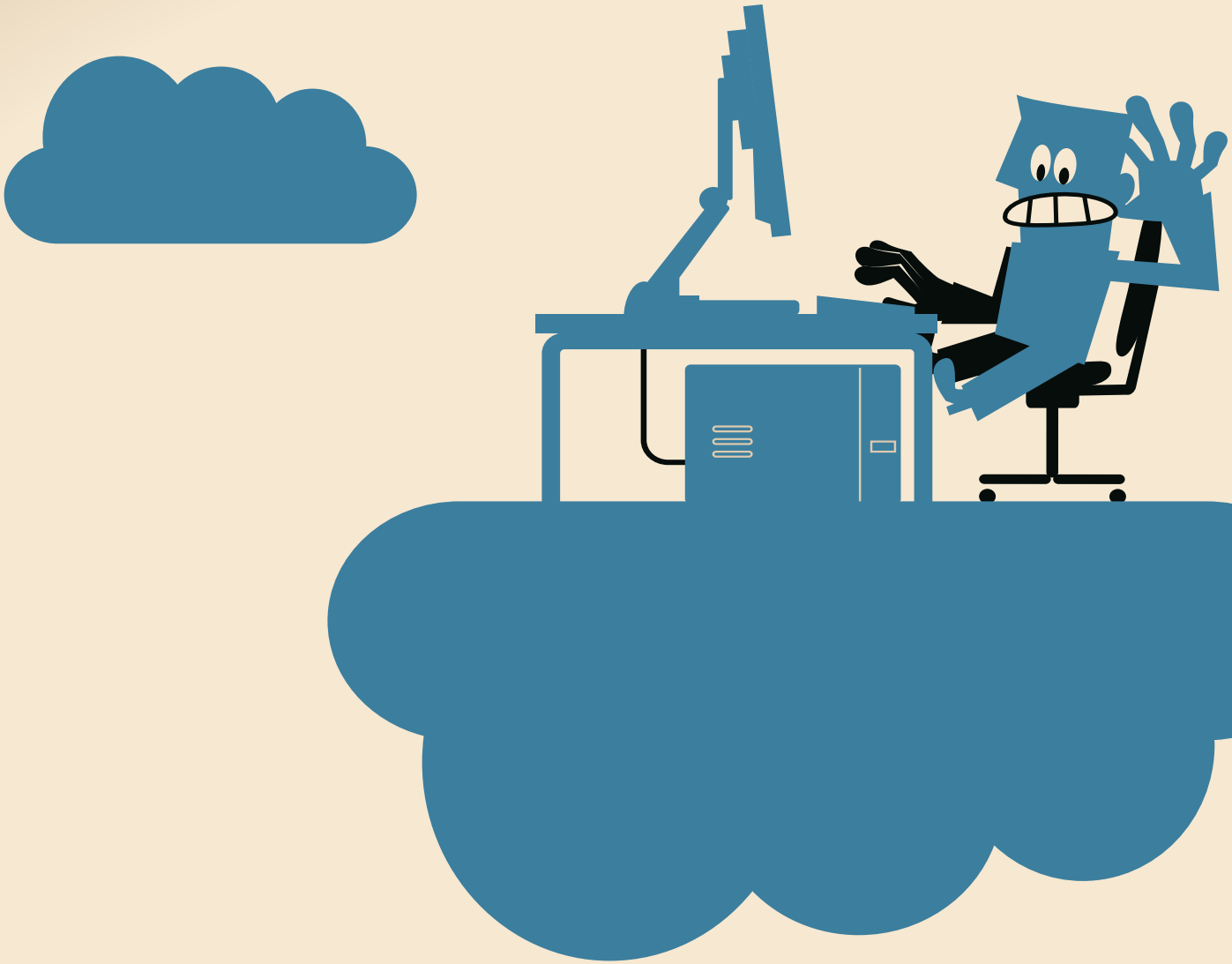


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**Keith Rutherford**  
is a Director of  
Technology Services  
at Hood Sweeney.

# REMOTE CONTROL

Mobile devices give employees the ability to remain productive wherever they may be, but they also bring risks. **Keith Rutherford** highlights the importance of getting clued up and having a remote access policy in place.

Organisations cannot ignore the seemingly insatiable demand for remote and mobile access to email, business applications and company data. The business case for a mobile workforce is compelling. Remote access and business mobility, through the use of smart phones, tablets, and notebooks, promises increased productivity, more reactive customer service and a sharper competitive edge thanks to the ability to work, communicate and collaborate from anywhere.

Furthermore, providing staff with alternatives to coming into the office every day and facilitating flexible work hours is now an expectation, rather than an employee benefit.

The strengths of this powerful

medium for transforming business and personal interaction also bring serious risks to an organisation. Unintended consequences of human behaviour or a poorly implemented remote access policy can lead to exposure of your corporate network, business-related data loss or potential compliance breaches.

So, how are you managing the benefits and the risks associated with remote access and business mobility for your business? If you already have smart devices in operation, it is important to ask yourself what control do you have over them – have you implemented protection for your business data and do you have a remote access policy in place for your employees to follow?

## MAINTAINING MOBILITY

To ensure your mobility solution supports and aligns with your business, follow these 10 tips:

### 1. Clarify the purpose of your remote devices

Depending on your device, you can enable functionality beyond email, phone calls and Internet access to include:

- Access to internal business documents and files
- Access to internal company Intranet and address book
- Instant messaging throughout the organisation (collaboration)
- Business applications (apps)
- Remote desktop and full access to company programs (notebooks)

### 2. Make sure you have a standard type of mobile device

As the fleet of your mobile devices grows, consider standardising the brand and operating system being used. There are numerous devices and brands of smart phones and tablets – Apple iOS, Google Android, BlackBerry, Windows Mobile. Deciding on a standard platform will enable your IT department to use streamlined and consistent support and mobile-device management products that will increase efficiency and support quality due to features such as:

- Password protection
- Mailbox access and control
- Internet browsing control
- Application management and deployment
- Device data and usage monitoring
- Device data security
- Device hardware restrictions, such as ‘disable camera’

### 3. Focus on device security

The importance of protecting computers with username and password authentication, and in some circumstances data encryption

or fingerprint analysis, is well established. Yet businesses do not commonly enforce similar policies for smartphones, tablets and other mobile devices. In some cases they are not even aware of the security capabilities of the device.

Most smartphones, for instance, are capable of performing tasks similar to a notebook or workstation PC. Consider the ability of these devices to store and access business data and the impact a compromise in security would have on your business.

Simple security measures such as having a password and an ‘idle timeout’ lock provide a basic level of protection if employees happen to lose their phone.

In addition, anti-virus, malware and spyware prevention is important for any business as these products protect your servers, workstations and laptops. Smartphones and tablets should be treated in the same way. Be sure to ask your provider or independent expert about the potential vulnerabilities you need to secure.

### 4. Have a policy in place

Developing a clear and plain-language policy for employee use of remote access and mobile devices is essential for ensuring that everyone knows the rules. See the ‘Checklist’ opposite for details.

### 5. Protect your privacy when it comes to mobile applications

Mobile devices offer download access to thousands of fantastic applications (apps). Whether they are games, financial, social media, health, ebooks or business related, the majority of these apps will request access to one of more of the following sources of information:

- Email and SMS content
- Contacts and calendar
- Data storage
- Phone calls and phone logs
- Network connections
- Location tracking



From a business perspective you need to ask: "Are we comfortable with non-business applications potentially having some form of access to company data on these devices?"

There are some mobile-device management products available that can restrict the access these applications have to the device, the business's information and which applications can be downloaded to the device.

#### 6. Be aware of the costs

On top of the price tag for the device, there are other costs associated with smartphones and tablets. The ability to access the telecommunication data network attracts a monthly cost and mobile-device management programs have a license fee per device. And don't forget the costs associated with upgrading or replacing damaged or lost handsets.

Your business should be aware of the initial and ongoing costs relating to mobile solutions and regularly review the appropriateness of operating within a mobile environment to ensure it continues to add value to the business.

#### 7. Train your users

Invest some time in training the users on your policy and procedures for remote access and data mobility. Simple instruction sheets can lighten the load of help-desk calls and will ensure staff are productive from the outset. Making your employees comfortable with the use and support of mobile devices allows for a smooth transition into a mobile workforce.

#### 8. Train your IT support staff

Ultimately, the key objective should be to ensure that businesses are utilising any technology solution effectively and efficiently, thus maximising the return on your data mobility investment.

Providing mobility support training to your IT staff can improve the response and fix times.

#### 9. Create a plan that supports flexibility of your mobility solutions


A poorly planned mobile architecture that cannot support dynamic business strategies and growth can restrict the entire business and frustrate staff.

Experienced IT executives know they must have a plan to scale their mobile operations effectively, allowing for flexibility and growth. Do it right and the benefits are swift and plentiful. Do it haphazardly and the business will be vulnerable to numerous and costly downtimes.

Getting mobility right requires a central point of control and accountability, efficient and effective support processes, a wide security net that ensures corporate data is never compromised and the ability to seamlessly manage version updates and introduction of new functionality across the business. Ask who will be responsible for these factors in your business.

#### 10. Mobility and cloud computing

As the latest technology buzzword, 'cloud computing' simply places business IT resources, information and software into an Internet-based system that can be accessed on demand, making technology infrastructure 'virtual'.

If you already use or are looking into cloud computing, your key consideration should be that it aligns with your mobility solution. Smartphones, tablets and notebooks provide an excellent opportunity to utilise both mobility and cloud computing, and if designed correctly can bring real synergies and efficiencies to a business. 

### REMOTE ACCESS POLICY CHECKLIST

- ☒ Which mobile devices will the IT department support?
- ☒ Can employee-owned devices be used for work, or will all mobile devices be provided by the company?
- ☒ Is the company billed directly by service providers for wireless services, or do employees pay for it themselves?
- ☒ Is there a monthly spending limit, and what happens if the limit is exceeded – does the company or the individual pay?
- ☒ What are the employee's responsibilities, and what immediate actions must they take in the event they lose their device?
- ☒ Who replaces the mobile device if it is lost, stolen or broken?
- ☒ Does the company allow access and downloading of non-business applications?
- ☒ Is the remote access policy aligned or in conflict with other company policies, such as Internet usage and occupational health and safety policies?

For more information on remote access options, contact Keith Rutherford on 1300 764 200 or [keith.rutherford@hoodsweeney.com.au](mailto:keith.rutherford@hoodsweeney.com.au)

Visit Hood Sweeney at [www.hoodsweeney.com.au](http://www.hoodsweeney.com.au)

# UNDER CONSTRUCTION

Keen to create your first medical practice? **Nathan Reid** offers some sound advice for those looking to build from scratch.

Have you recently walked past the ideal location for your dream practice, or have you long had a niggling voice in the back of your head urging you to go out and start up on your own? If so, there's no time like the present to start turning your goal into a reality.

So, where do you start? Essentially, no one project is the same. Therefore it is paramount that you do some basic research before plunging into what should be an exciting and pleasurable experience.

To ensure a smooth start and avoid wasting valuable time, you would be well advised to seek out specialist financiers to find out just how much you are able to comfortably lease or borrow to purchase. Even if you are in a position to be paying directly from your own cash reserves, seeking professional advice on leasing the fit-out, depending on your position, may improve your future taxable outcomes.

Once you have ascertained your project budget, you can go out and search for prospective locations that suit your budget and brief. It's no use contemplating a location you cannot afford to purchase or a space that is too big, as you will be paying rent on area you do not need.

There's no such thing as the perfect size for a surgery. However, depending on your area of speciality, two to four consulting room practices can be accommodated easily within 80 to 130 square metres of floor space.

Before settling on a location there are a number of other factors that need to be considered. The relevant local council can inform you of the various conditions which must be met in order to obtain the necessary planning approval. For instance, will the council allow a surgery to operate at the location, and does it require you to provide extra car parking before granting planning approval? A property professional such as an independent advocate can assist you through the buying or leasing process.

## SPECIALIST SERVICES

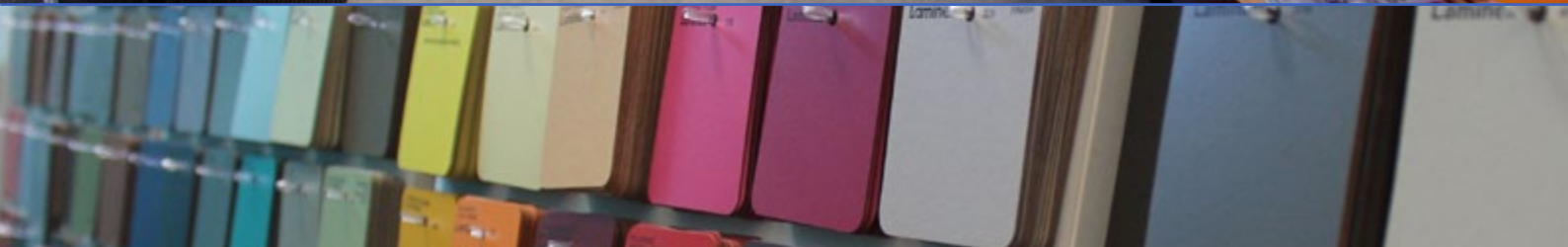
You may have a good idea of how you would like your surgery to look and the space you need to work in. While designing your own surgery may seem an attractive option, there are many elements to consider that you may be unaware of. Disability access, energy efficiency compliance, infection control and the level of documentation required by contractors to ensure a good outcome all require specialist knowledge. Engaging the services of a specialist practice designer is highly recommended.

Establishing your budget and brief is important when it comes to dealing with an experienced designer. There are compelling reasons to recommend medical design specialists over architects or corporate interior designers who may not be aware of specific compliance requirements for your surgery.

Good design is the basis of a successful outcome. Your nominated designer will



**Nathan Reid is  
Marketing Manager  
at Medifit.**





exercise due diligence through a thorough site assessment and space planning to demonstrate that the proposal will be able to satisfy any council conditions for planning approval, and allow you to proceed with your purchase or lease. 'A failure to plan is a plan to fail' is an adage that holds particular relevance to surgery design.

To create an effective design brief, you will need to think about your intentions for the practice now and into the future. Your designer will ask you a series of questions that have been formulated to help capture the essence of your vision for the practice. The

process of compiling a design brief is often a catalyst for further discussion that may identify options and opportunities you may not have considered.

Your designer will work with you to develop the concept design – at times with the aid of coloured, three-dimensional renderings – until you are satisfied with the space planning and

proposed design theme. It really can be that easy when your brief is well communicated and you do not lose sight of the original project budget.

### THE ONE-STOP OPTION

Design and construction or 'one-stop shop' firms have the advantage of being able to more accurately estimate the cost of a project at the concept design stage, before you embark on the next stage of the process – documentation.

Ideally, as concept design is nearing completion you should finalise any specialist equipment requirements with your supplier. This is critical to the success of the documentation stage. Importantly, this information allows the surgery design, function and location of specialist equipment to be finalised, and ergonomics and services to be correctly addressed in

consultation with equipment suppliers.

It is important to understand that although design documentation will indicate the location of what is required, it will not demonstrate how to actually build, install or manufacture the operational service required for your specialist equipment.

Depending on your contract, you may have the option of putting the construction out to tender. There may be immediate cost benefits to this approach, as each component of the construction is shopped around to the lowest bidder, however the time and energy commitment for managing a construction project should not be underestimated.

Coordination of the various providers on site can be a significant logistical challenge and may not prove to be worth any apparent cost savings.

### BUILDING BENEFITS

If you choose to use a one-stop design and construct firm, once the documentation is completed then you won't have to do much more than wait for the project quotation to be tendered to you. You may also find the design component is provided to you at cost if you proceed with construction.

Another bonus of using one company throughout the design and construction process is that it is solely responsible for the project's entire life cycle. This way you don't find the contractor blaming the designer if something has been missed or left off the drawings, which in your opinion should have been noted in the first place.

Be aware that taking the traditional approach of using one office for the design and contracting another to do the construction is that if it's not on the drawings it may then be regarded as a variation that you will probably end up paying for.

With the design and construct option it is the responsibility of the one-stop shop to get it right the first time. Sure, there may be variations in the future, but these will more than likely be items introduced by you during the course of construction, or factors beyond the control of everyone involved.

Still want to open your first practice? Of course you do! ©



Medifit offers comprehensive design and construction services to medical specialists throughout Australia. For details visit [www.medifit.com.au](http://www.medifit.com.au)

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# FIGHTING FATIGUE

If you are low in energy and feel cynical about your patients and your ability to make a difference, you could be suffering from compassion fatigue.

**Dike Drummond** discusses the signs, symptoms and solutions.

Compassion fatigue is when you find yourself challenged by caring for your patients in the way you know is proper and expected. Doctors, nurses, therapists, law enforcement officers, social workers and military personnel, or anyone working in a profession that relies on some degree of empathy and compassion, can all fall victim to this syndrome.

So, what are the signs? Well, if you find yourself being cynical or sarcastic about your patients, it's likely you have compassion fatigue. The same applies if you start to feel as though your patients, staff or the institution you work for are deliberately

trying to wear you out or drive you crazy.

The signs may manifest in the form of a little voice in your head, mumbling under your breath or venting to your colleagues and staff.

Being a doctor or other helping professional is the perfect compassion-fatigue formula. Caring for others with difficult, often chronic illnesses is a draining emotional experience.

The key to combating compassion fatigue is to think of yourself as having an 'emotional bank account'. You simply can't get to the end of an office day with the same amount of emotional energy in your



**Dike Drummond MD** is an executive coach for physicians at [TheHappyMD.com](http://TheHappyMD.com)



account as when you started. Your job is draining, even on a good day. It is up to you to recharge your emotional bank account on your own time. That's where the double-whammy hits – at the same time as your job is draining, you have been trained and conditioned to believe that your needs come last.

Many of the doctors I work with find it difficult to know how to recharge their batteries. Their individual needs have not been on their radar for years, even decades.

### ON A SLIPPERY SLOPE

One way to get doctors thinking about themselves is to give them an airplane analogy – if you are on an airplane with children and something goes wrong, you have to put your own oxygen mask on before you can assist anyone else.

The key to avoiding compassion fatigue is taking care of your own emotional needs first. You can't give what you don't have, just like you can't get water from a stone. If your emotional needs are not being met, you can't be there emotionally for your patients when they need you the most. And no-one teaches you how to get your own emotional needs met in medical school or residency – it's every doctor for themselves.

If you can't be emotionally present for your patients because of compassion fatigue, then you can't be there for your spouse, significant other, children or friends. Everyone loses when you allow yourself to be tapped out at work. And this is just the start of a slippery slope.

Compassion fatigue is one of the three signs of physician burnout, along with physical exhaustion and

a sense that your work doesn't make any real difference.

### YOUR CALL TO ACTION

Compassion fatigue is a clear sign that your own personal needs are not being met. Your emotional bank account has dried up and there's nothing left to give – you are running on empty and cynicism and sarcasm have become your defence mechanisms.

I imagine you have not taken enough time for yourself or the most important people in your life lately, in which case your emotional bank account may be even worse than empty – you may be overdrawn with a negative balance.

The time has come to take action. Here are some tips for restoring your mind and body.

#### 1. Take care of your needs first by:

- Getting some rest.
- Doing regular exercise.
- Spending quality time with your significant other and children.
- Doing something fun that you've been putting off for a while.
- Strongly considering taking some time off.

#### 2. Do a great job with every patient you see by:

- Cutting your work hours back to a minimum.
- Only charting what is necessary for each patient.
- Appreciating your ability to help people.

#### 3. Make recharging a part of everyday life by:

- Acknowledging that non-work activities are key to keeping your emotional bank account full and to you being the best you can be.

- Scheduling 'recharging' activities into your life every month from now on. That means choosing the things that you know will revitalise you, booking them in, doing them and celebrating them.

- Sticking to your recharging schedule. Don't go skipping your rechargers because these things don't feel as important as taking care of other people's needs – that's just your training and conditioning talking, and it's what got you to this point of compassion fatigue in the first place. ☺



# Summer Oasis



Stephen Seckold is  
Executive Chef at Flying  
Fish Restaurant & Bar.



Set over two levels at the end of Pyrmont's historic Jones Bay Wharf, **Flying Fish Restaurant & Bar** allows you to enjoy Sydney's enchanting beauty and Executive Chef Stephen Seckold's world-class cuisine from a fresh perspective.

Boasting spectacular harbour views, a coveted Chef's Hat and a rustic interior that celebrates the site's industrial-maritime heritage, Flying Fish Restaurant & Bar is a beautiful venue that dishes up one of Sydney's ultimate dining experiences.

The talented kitchen team is headed up by Stephen Seckold, who works with Head Chef Ian Royle to present an outstanding menu bursting with freshness and innovative flavour combinations. Flowing with the seasons and taking advantage of the amazing array of seafood at their fingertips, Stephen and Ian aim to constantly surprise the palate.

"Freshness, seasonality and working with an innovative team are the things that always keep me inspired in the Flying Fish kitchen," explains Stephen. "By keeping up with the seasons we get a new canvas and a new set of colours to work with every three

months – in summer we go light, crisp and tangy, and in winter we go rich, warm and hearty."

The restaurant also features a mix of dining spaces ideal for private celebrations, along with an award-winning wine list and ever-vibrant atmosphere. Another unique offering is Little Fish Bar, an alfresco wining and dining space that allows you to soak up the views as you enjoy a delicious bar menu matched with a wine and cocktail menu conjured up by Daniel Knight and Jeremy Shipley – the award-winning duo behind Hinky Dinks bar in Darlinghurst.

"It has been fun and inspiring to have Daniel and Jeremy to add a touch of the Hinky Dinks vibe to our beautiful location," adds Stephen. "Along with our waterfront location we are offering something a little out of the ordinary this summer!"





**We asked Stephen  
what guests can  
expect during a  
summer visit to  
Flying Fish...**

**Describe your summer menu at  
Flying Fish and some of the key  
ingredients you are using.**

Our summer menu is always on the lighter side to suit the warmer climate. A great example is our scallop ceviche with iced watermelon gazpacho made with heirloom tomatoes, which are in full flight right now. Snapper and prawns are in abundance, and with the festive season on our doorstep, luxury items such as caviar and European truffles grace the menu. Then, closer to Christmas, suckling pigs appear.



**What is inspiring you at the moment?**

Good weather and beautiful views always inspire me. Daylight saving really changes the mood of a dining room situated by the harbour... I love it!

**What's on the dessert menu at present?**

Delicious sweet treats featuring all of the amazing summer fruits – berries, cherries, mangoes, pineapple, coconut and melons.


**What makes Flying Fish such a great  
summer venue?**

Being on the western side of Jones Bay Wharf, the restaurant enjoys the sunset over Balmain and we look out to the striking Anzac Bridge from Little Fish Bar. The views really are spectacular and our guests love being able to relax outdoors with cocktails and bites from the bar menu.

**Describe the bar menu and the drinks  
it has been matched to.**

The bar menu is a little more relaxed than in the main dining room. You'll find a tasty mix of nibbles inspired by seasonal ingredients. At the moment the menu features sashimi, mini burgers, popcorn prawns and soft-shell fish tacos. The menu is matched to an innovative selection of imported and local wines chosen by the clever guys from Hinky Dinks, plus delicious cocktails that showcase fresh summer flavours.

**What do you think makes Sydney such  
an outstanding dining destination?**

Our multicultural society, hands down. I've never been to another major city with such a melting pot of food cultures. From Chinese, Taiwanese, Japanese and Vietnamese to Italian, American, Portuguese and Lebanese, it's truly incredible! 



## Sumac & Szechuan Pepper Fried School Prawns with Black Garlic Aioli

This tasty summer dish appears on the Little Fish Bar menu. It serves 4 as a snack or entrée and is ideal with cocktails or a chilled glass of white wine.

### Ingredients

1.2 kg fresh green school prawns,  
with shell left on  
1 litre canola oil  
1 teaspoon sumac, to serve  
2 tablespoons of thinly shredded flat leaf  
parsley, to serve  
Lemon cheeks, to serve

### Flour mix

2½ tablespoons sea salt flakes  
2 tbsp Szechuan peppercorns  
2 cloves  
1 star anise  
½ cinnamon stick  
2 dried red chillies  
100g rice flour  
25g sumac

### Black garlic aioli

(makes about 250ml)

3 cloves fermented black garlic  
1 egg yolk  
25ml yuzu juice  
125ml canola oil  
50ml olive oil  
1-2 tsp black squid ink  
Salt, to taste

### Flour mix

- Heat a small frying pan over high heat. Individually roast (this is recommended as each spice reaches its fragrant point at a different time) the Szechuan peppercorns, cloves, star anise, cinnamon stick and dried chillies until fragrant. Remove to a mortar and pestle or spice grinder, add the salt and pound or grind until a fine powder is formed.
- Sieve spice mix through a wide meshed sieve into a large bowl.
- Add the rice flour and sumac and mix to combine.

### Black aioli

- Using a stick blender and a tall cylindrical container, place the black garlic, egg yolk and yuzu juice into the container and blend until combined and smooth.
- Slowly add canola oil in a thin stream

while blending mixture, if the mixture becomes too thick add a little warm water (1 tablespoon at a time) to thin down consistency. Add the olive oil and blend.

- Add squid ink 1 teaspoon at a time to the aioli and blend till combined. The end result should be a light black aioli, add extra squid ink if required for colour. Season to taste with salt.

### To cook prawns

- Heat oil for deep-frying in a large heavy based saucepan to 180°C or until a cube of bread browns within 15 seconds.
- Gently pat the prawns, dry with kitchen paper towel (see notes). Take a large handful of prawns, place into the flour mix and toss to coat in the flour. Lift and shake off the excess and place into the hot oil. They will fry quickly and become crisp. Cook for about 1 minute.
- Remove prawns from oil with a slotted metal sieve or large spoon and drain on crumpled paper towel. Repeat the coating and cooking of the prawns.

### To serve

- Place all the cooked prawns into a large stainless steel bowl. Add extra sumac and parsley then gently toss to combine.
- Divide into 4 bowls and serve with a ramekin of black aioli and a lemon cheek each. Alternatively, serve prawns in two large bowls to be shared.

### Notes & Tips

- The fermented black garlic is a product from Korea and is available from Waimea Trading in Sydney (Ph: 02 8006 9219).
- Yuzu juice is available from IGA stores and Japanese produce outlets.
- Green school prawns are available predominately in the summer months.
- Squid ink is available in small packets from seafood outlets or speciality stores.
- It is important to ensure the prawns are not too wet, as they will clump in the flour mix. Patting them dry with kitchen paper towels is recommended.
- Frying the prawns in batches is recommended, as if too much cold food is added to hot oil when deep-frying it reduces the oil temperature and the end result may be oily rather than crispy prawns.






# EVENTS

## AAPM National Conference 16-17 October 2012

We are proud to have participated in this year's national conference for the Australian Association of Practice Managers, where The Private Practice Education Partners presented workshops on Healthcare Practice Business Planning, Financial Decision Making, Property Investment, Practice Business Expenses Insurance, Medical Practice Websites, Practice Design & Construction and Superannuation. The Private Practice is also proud to have been a sponsor of both the State and National Practice Manager of the Year Awards – congratulations to all the winners and to those who organised this tremendous event.







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# EVENTS

Dermatology Practice Succession Planning Workshop  
27-28 October 2012







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# EVENTS

AAPM Private Practice Perth Symposium  
2-4 November 2012







# EVENTS

## GPCE Melbourne 16-18 November 2012

In mid November The Private Practice presented to a 'capacity' audience at the Reed Medical Education GPCE Melbourne convention. Our Active Learning Module included workshops and seminars on the following topics:

- Thinking of Selling your Practice or Admitting a New Business Partner?
- How a 'State of the Art' Website Can Make Life Easier for You and Your Staff
- Alternative Property Investment
- Sexy Superannuation Strategy
- Why You Should Renovate Your Practice
- Banking & Finance – the Latest Strategy & Products for Medicos
- Practice Succession & Transition Planning – What, Why & How?
- Medical Practice Business Planning

Over 400 delegates attended our sessions and we thank Reed for another magnificent event.





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