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MEDIFIT INSPIRED SOLUTIONS
Welcome to the first issue of The Private Practice Magazine. It is with great pride and a fair degree of anticipation that we launch what is both a new publication and a genuine labour of love.

I’ll admit that our goals are lofty – our aim is to be informational, educational and, dare I say it, transformational. As we see it, the time has come for the medical profession to shed that mostly accurate tag of financial naivety and take responsibility for the management of their business, their finances and, most importantly, their lifestyle.

Historically, for most doctors the commitment to medicine has been an all-consuming one with little time, and often little inclination, to come to grips with financial concepts such as accounting, taxation, finance, investments, insurance, etc. As a result, most doctors will choose accountants and financial advisers who appear to have the right degree of competence, whom they get on with and trust to have their best interests at heart, thereafter largely leaving the decision-making to them.

In addition, for those in practice, issues such as KPIs, HR, IT and other business acronyms are mostly misunderstood and often ignored.

This hands-off approach is a huge mistake, because you have the best chance of making the right decision for yourself, your business and your family if you make these decisions from an informed and involved perspective.

If you take the time to truly understand your needs, your goals, the options available in terms of financial and business programs required to achieve your goals; if you truly understand the fundamentals of risk and reward as they relate to each and every financial or business decision or indecision (or inactivity), then you have put your best foot forward and will minimise the mismatch between result and expectation.

Along with an awareness of your options and knowledge of business, an understanding of financial fundamentals is crucial, not so you become an expert but so that you know the right questions to ask.

This is not to diminish the role of advice, but it must be from a respected source and balanced against your own knowledge and instincts. As American Indian philosophy saw it, advice brings many rewards:

- It honours the giver,
- It enhances the receiver, and
- It creates perspective.

Our industry-leading contributors and I look forward to creating perspective in your life.

Steven Macarounas, Editor
editor@theprivatepractice.com.au

P.S. Please feel free to contact me should you want further information on any stories in this magazine.
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When managing your own business, Hanya Oversby says setting Key Performance Indicators for staff is essential for workplace harmony.

Dr Greenwood walks into his practice and senses the tension but manages to avoid any discussions with his staff as he rushes into his office and closes the door. “Let it wait until my busy day is over,” he grumbles to himself. He checks his email and phone messages then wades through the pile of paperwork awaiting him. His receptionist buzzes through to say his first patient has arrived and the day begins.

Each time Dr Greenwood approaches the reception area, he senses the negative energy wafting around his staff. “Whatever the issue is it will resolve itself soon,” he thinks to himself as he keeps on marching through the day. The situation worsens – of course – as he endeavors to keep up with expertly managing his patients and asks himself, “Who has the energy to deal with this stuff when I’m plugging away just to get through the day making sure my patients are receiving the best possible treatment?”

STRATEGIC THINKING

We all start out with the best intentions of creating a harmonious and well-organised workplace, but sometimes things just seem to slip out of our control. The good news is that by implementing some effective systems for your staff to adopt and follow, it’s possible to avoid the above scenario.

As a medical specialist business consultant, I have had the opportunity to work with many practices. Through this experience, it has become apparent that there are some common strategies used that consistently assist a business in developing effective and efficient systems. Among these many strategies, a key tool is the management of staff via the setting and monitoring of Key Performance Indicators (KPIs).

Issues often occur in a practice when staff are unclear with regards to the following:

- **The Business Plan** – i.e. the vision, plans and goals of the practice.
- **Leadership** – when the organisational structure and parameters of authority are not clearly established.
- **Job Descriptions** – when staff are unclear of the jobs they are required to perform within their role at the practice.

The first step in managing your staff would be to clearly outline these parameters. Ideally, a practitioner should be able to find time in each week to work on business development (as shown as the inner circle in Figure 1). Unfortunately this usually doesn’t happen, as busy doctors are often trapped in the outer circles of administrative tasks and seeing patients. The key to achieving time to develop the business is to implement effective systems that allow doctors to delegate jobs to their staff and keep a finger on the pulse by regularly monitoring the established KPI for each staff member.
MEASURING UP

KPIs should be developed in relation to the identified tasks that add value to the practice. Using a receptionist as an example, the KPI could be as simple as:

**Quantitative KPI** – measurable by producing evidence of performance:
- Ensuring all tasks on the opening and closing procedures checklist are performed daily and signed off. These checklists can be checked on a weekly basis.
- All patients are billed and payment is received on the day. Any delayed payments must be followed up as soon as possible. Daily or weekly monitoring of financial transactions can be a measure of this KPI.

**Qualitative KPI** – measurable by observation and feedback of staff performance:
- Phone calls into the practice are answered within four rings and the enquiry is dealt with effectively and efficiently. The receptionist must also be personable, as he or she is the frontline marketing to your practice.
- The staff member is working as a team member and takes on an equal share of the workload.

**TIME WISE**

Again, the challenge of being able to consistently monitor these KPIs is time. Ideally the appointment of a manager or position of responsibility within the practice is beneficial to ensuring the expected standards of the practitioner are met. As business thinker Michael E. Gerber points out in *The E Myth Physician*, "People allow you to be everywhere you want to be simultaneously, without actually having to be there physically!"

Whether you have appointed a manager or are managing the business yourself, your time is best invested in identifying the key KPIs that are important in demonstrating the health of your practice. Once identified, the reporting of these KPIs should be in a template form and reviewed regularly. An effective method is to use a color-coded dashboard reporting tool, which uses information exported from your practice software and your accounting software (as shown in Figure 2).

Managing your business and staff is no different to observing the condition of your patient – you look for the telltale signs that may cause greater health problems. By monitoring the KPI you have established for your staff and your business, you are able to identify those elements that are causing damaging trends and poor performances within your practice. This will give you the ability to deal with any issues before they become critical, thus keeping your business on a healthy path.
MEDICAL BILLING

Myth Busting

Navigating the medical billing maze can be maddening, but dispelling five common beliefs helps to make sense of the system, writes Margaret Faux.

1. Simplified billing is simple
   This is possibly the greatest misnomer in medical history. Simplified billing, otherwise known as no-gap claiming, relates to inpatient services and is a system whereby the patient’s health fund contributes an amount above the Medicare schedule fee. It may sound simple but every fund has different fee schedules. There are different rates in different states and claims are regularly rejected for seemingly absurd reasons, or no reason at all.

   Put simply, simplified billing requires a dedicated person spending significant time each week on the phone chasing up rejected and incorrectly processed claims. So, if you don’t have many arrears from your no-gap claiming, then your billing staff are doing an excellent job!

2. You have two years to claim
   It’s widely believed that you can submit a claim up to two years after providing a service. You can, but be warned: you need to have had an open provider number at the date of service, and you had to be registered as a no-gap provider with the health fund at the date of service if you wish to claim using this method. No health fund will backdate your registration two years.

3. If I’m covering for a colleague on the weekends, I can claim an initial consultation when I see his/her patients for the first time
   Actually, you can’t. In these circumstances, the ‘locum tenens’ provisions of the MBS apply. If your colleague has already claimed an initial consultation for the patient, your consultation is considered a subsequent consultation, even though you have not met with the patient before and may need to go over some of that earlier ground. The only times that you could claim an initial consultation are if the patient was admitted under the care of your colleague during the locum but you are the first person to see them, or if an existing patient is referred to you under a new referral.

4. It’s OK to use your public hospital provider number for occasional private work
   Your public hospital provider number will usually be linked to both the hospital’s address and, more importantly, its bank account. So, if you were to send a private no-gap claim to a health fund using this provider number, the money would be deposited into the hospital’s bank account, not yours and the corresponding payment statement would be sent to the hospital, not you.

   This is not always the case, but it’s something worth checking before claiming.

5. It’s OK to email medical invoices and billing records
   It’s not only medical letters with detailed medical histories that have to be ‘privacy-protected’ when transmitted across the Internet. All ‘health information’ is protected under privacy legislation, and even information consisting of patient names and addresses is considered ‘health information’ when provided in this context, and should only be sent in an encrypted form. ☛
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OUTLOOK

ON THE MONEY

The economic goings-on during the first quarter may have set the scene for a positive domestic outlook. Economist Chris Caton provides an overview.

Time marches on but nothing changes quickly. As August began, financial markets were fretting about a possible slowdown in China, and about a possible double-dip – a return to recessionary conditions in the US. The markets ended the month with the same concerns but with neither fear any closer to being realised, despite the continued flow of soft data in the US.

I retain the view that these fears are exaggerated, and hence that markets are cheap right now. They got a little cheaper in the month. The US market, as measured by the S&P500 index, fell by 4.7%, while the Australian ASX200 index was down by 2% in the month – its fourth fall in five months. It is now also down on a year-to-year basis, by 1.7%.

During August we were reminded just how fragile sentiment can be. The US Federal Reserve announced it would add to its arsenal of expansionary policies, purchasing long-term securities in order to push interest rates down and thus stimulate activity. The market reaction was not “Well, that’s got to help” but rather “If that’s what the Fed thinks it has to do, then things must be even worse than we thought”. Policy makers must wonder how to take a trick sometimes!

Oddly, the Australian market regained all of its August losses on the first day of September, but the volatility isn’t over. The US market also began the month well, rising by 2.5% on 1 September.

This is something of a relief, since September is traditionally the worst month for the US share market, with the Dow index falling in 66 of the past 113 Septembers.

Remarkably, the US market’s gain on 1 September came about because of a single piece of economic news – a survey of purchasing managers in the manufacturing sector that suggested healthy growth was still continuing.

This news did not justify such a large reaction, and it’s unlikely it would have occurred had the market not previously sold off too much.

HANGING IN

The Australian market had other concerns in August, in addition to worries about the global economy. We sat through a particularly uninspiring election campaign, the result of which – as we all know – still wasn’t clear at the end of the month, as the major parties continued to curry favour with the Independents before an announcement was made in Labor’s favour on 7 September.

Before the election I had thought a ‘hung’ parliament would be bad for investment markets. However, markets seem to take the non-result in their stride and, on the economic front, the news continues to be good. Employment is still growing, retail sales have risen for five months in a row,
building approvals may have stopped falling and the international trade accounts have been spectacularly good. The national accounts showed the economy grew by 1.2% in the June quarter and by 3.3% in the past year.

Whatever is going on elsewhere, the Australian economy continues to do well. And the recent statistics have the fingerprints of the renewed mining boom all over them, reminding us that, resource rent tax or not, mining will be the strongest part of the economy for the next year or two, at least.

The probable downside of this is further rises in interest rates. Given that we are looking at continued strong growth, starting from close to full employment – the unemployment rate is currently 5.3% – the Reserve Bank of Australia probably has more to do to restrain the rest of the economy in order to give the mining sector room to grow. Given recent Reserve Bank rhetoric, interest rates may well rise in early October. After that, the most likely day is Melbourne Cup Tuesday – bet on that.
I love delivering babies. I’ve often said it’s the best job in the world, albeit with not the best hours. Few outside the medical profession could truly understand the depth of satisfaction that comes with using your skill, training and experience to deliver a quality result at an important time in a patient’s life.

That’s what we sign up for. We don’t come for the intrusion by governments on our professional expertise and practice, the red tape, the tax files or the workplace laws. No matter how necessary, the long list of distractions is generally as unwelcome as it is inevitable.

This magazine aims to help doctors meet the challenges of running a medical practice. It aims to help give us a solid platform from which we can get on with the real business of helping patients. The Australian Medical Association (AMA) does this on a system-wide scale.

The AMA seeks to ensure doctors have a say in the development and operation of the health system on which we all ultimately rely. Ours is the only independent organisation representing all doctors, from all craft groups, nation wide.

Our advice to governments is built on direct experience at the coalface of health delivery. From our practical experience, we tell governments what works and what doesn’t. We bring this experience to governments of all persuasions in a sincere effort to deliver the best possible health outcomes for patients.

FIGHTING TO WIN

When this experience is ignored, our independence and strength ensures we can fight for sensible policy. In hospitals we fight for beds over bureaucracies. In private practice we fight for solutions that serve patients, not government auditors. More often than not we prevail.

Two examples of recent AMA wins on real issues include:

- Privacy Protected: Because of strong lobbying by the AMA, Medicare Australia now recognises the importance of keeping clinical patient information away from administrative clerks. At the same time, the red-tape burden of compliance for doctors has been diminished.
- Collaborative Care: The Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009 sought to grant access to the MBS and PBS for nurses and midwives without the need for collaborative arrangement with doctors. This risked fragmenting care, and compromising safety for mothers, babies and patients in general. Government accepted the AMA’s advice that this put continuity of care at risk. The legislation was amended to ensure patients benefited from a team-based approach to their care.

We all want to get on and practise medicine; however, these ‘distractions’ demand the attention of our profession. We ignore them at our peril and at great risk to our patients. I joined the AMA because I saw that my responsibility to my patients extended beyond my practice, and beyond the hospital in which I work, to the broader health system.

AMA membership recognises our changing circumstances. It allows doctors to quietly support the voice of the profession in the system, or to take an active interest and get involved in a myriad of ways.

If you believe clinicians must have a voice in the development of the health system of the future, you need to be a member of the AMA. Every doctor who is a member strengthens that voice. Please join us today at www.ama.com.au
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Here we talk to those at the forefront of training, treatment and research about core issues in the field of dermatology, and the challenges and rewards of working as a dermatologist in private practice.

Situated in Sydney, New South Wales, the Australasian College of Dermatologists is the smallest of Australasia’s 12 medical colleges. “We have around 390 fellows and 83 trainees,” says Chief Executive Officer Rodney Sheaves, by way of explaining that our dermatologist pool is small but highly trained and extremely dedicated. “As well as dermatologists, the college is an accredited provider of training for medical students, nurses and GPs. Our accreditation is provided by the Australian Medical Council, which we were last given in 2007, and we have no dropout rate and a gender ratio of 50/50.”

Along with serving as a non-partisan adviser to the Federal Government, the college works hard to keep the wider community informed about skin diseases. “There is a lot of public information on our website and we are active in media and public relations campaigns,” says Sheaves. “We also assist magazines and newspapers with stories on cosmetic dermatology and skin diseases, produce publications for GPs and dermatologists to give out in their practices, and provide speakers for radio and television programs.”
“We would like more training positions for dermatologists in public hospitals.”

KEY COLLEGE ISSUES

Training in skin cancer: “One concern the college has is that some skin-cancer clinics are operated by GPs who haven’t undertaken additional training in skin cancer. Some clinics are very good with very experienced GPs, and to their credit they deal with a lot of cases that dermatologists aren’t needed for, but GP dermatology training is important,” Sheaves explains. “This is why the college became involved with the Royal Australian College of General Practitioners and the Australian College for Rural and Remote Medicine. We have been running a ‘Dermatology Course for GPs’ in conjunction with both colleges for three years, and to date 340 GPs have completed it.

“The college also plays quite an important role in ensuring that foreign-qualified dermatologists who come to Australia have the training required to provide skin care for pathologies such as skin cancer.”

Reaching remote areas: “This is a huge issue that we are constantly trying to address,” says Sheaves. “We would like to be able to produce more dermatologists – at present the ratio is about one dermatologist per 40,000 people. But rather than a shortage, the problem is mal-distribution, as most dermatologists are in cities rather than country areas.”

This discrepancy is addressed by financing, supporting and encouraging city-based dermatologists to go on rural rotations once a month, visiting regional centres such as Broken Hill. “This system is well-organised in Victoria as it is a small state, and Perth dermatologists get out into Western Australian regions,” Sheaves explains. “Queensland now has a good system, with three dermatologists in Cairns and one in Townsville. [College President] Dr Ian McCrossin provides his skills to remote communities in New South Wales on a regular basis, through the Royal Flying Doctor Service.”

In addition, the college has a program, supported by the Federal Government, whereby dermatologists go to rural areas on a voluntary basis to assess indigenous skin health.

Too few places: “Under the Howard Government, the number of medical schools in Australia increased, as did the amount of funding given to existing schools. Those people are currently working their way through the training system, and by 2012 there will be a lot of competition for a limited number of positions. All colleges will face the problem of trying to place this wave of qualified practitioners,” Sheaves explains.

“We would like more training positions for dermatologists in public hospitals, but dermatology is rated fairly low on the list of priorities as most hospitals would rather have more of other specialty positions available,” he adds. “It’s something we have to keep working on.”

Dr Reid has been practising for 20 years and works in a group practice – St Peter’s Dermatology, in South Australia. “We have five dermatologists in our practice, and what I value most is the camaraderie and the ability to be able to ask my peers advice on difficult problems,” she explains. “We all respect each other and haven’t had any issues that haven’t been resolved.”

Dr Reid highly recommends that newly trained fellows work in a couple of established practices before striking out on their own. “There are many ways to run a practice, and working for a number of people in the early years allows you to take the best from each,” she advises. “It is also vitally important to learn about management and finance. We all need to learn to work smarter, and having an idea of how you can make your money work for you will allow for earlier retirement!”

Dr Robert Rosen agrees. In 1997 he set up Southern Suburbs Dermatology, in Sydney’s Kogarah, with Dr Howard Studniberg. “We grew our business slowly and now have 20 staff, comprising seven doctors, a team of nurses, a director of nursing, and finance manager, bookkeeper and accountant,” says the senior dermatologist to be trained, and we have to fight hard to keep our training positions available in hospitals,” she says. “The core issue for newly trained dermatologists is the uncertainty of these positions.”

Dermatology, in Sydney’s Kogarah, with Dr Howard Studniberg. “We grew our business slowly and now have 20 staff, comprising seven doctors, a team of nurses, a director of nursing, and finance manager, bookkeeper and accountant,” says the senior
dermatologist. “We had to learn how to employ people and how to dismiss people, and about things such as compensation laws and the difference between cash flow and profit and loss. You really need these skills when running your own practice.”

Southern Suburbs Dermatology incorporates a day surgery, and Dr Rosen undertakes many procedures, as well as devoting time to three or four research projects each year. Like Dr Reid, he says he learned much about running a successful business by working within a number of private practices, both in Sydney and at Stanford University, California, where he undertook further training in dermatology and worked with four plastic surgeons who jointly ran a day surgery. “This is when ideas began ruminating about how I would like my own practice to be,” he recalls.

As far as combining running a private practice with family life, Dr Rosen says it’s about constantly modifying how you work. “Even though I love what I do, if I work continuously I get worn down, so I try to take a break every three months to relax and unwind,” he adds. “I have three children and want to be available to them for all of the important things, and we try to make holiday times special. Having some balance is essential.”

ONE YEAR IN
Having made the transition from clinician to business owner less than a year ago, dermatologist Dr Boon T Tan chose to set his practice up in the Melbourne suburb of Bulleen. “My considerations were the cost of real estate, demographics of people and GPs in the surrounding suburbs, proximity to my previous patient pool and the potential of the suburb for raising my young family,” he explains.

Reflecting on the past few months since

FACE VALUE
Visit www.natashacook.com and you’ll quickly discover that this switched-on dermatologist understands the importance of social media interaction, providing up-to-the-minute information on her area of expertise and having a marketing strategy in place.

“We wanted our website to be edgy, modern, interactive and fun,” says Dr Cook, of Macquarie Street Dermatology, in Sydney’s CBD. “Clicking through the site is like visiting our practice – there’s a caricature of myself on reception, you can click on the certificates on the walls to view my qualifications, and you’ll find plenty of information on general skin care and hot dermatology topics.”

The Dr Natasha Cook Dermatology range of skincare products can also be purchased via the website. “It’s a way of marketing the range, which I launched four years ago and is sold in a number of clinics and beauty salons,” she adds.

The site also incorporates a press room – as a highly regarded media authority with special interest in skin-cancer surgery, cosmetic dermatology, skincare and cosmetic science, Dr Cook is regularly interviewed by magazines and newspapers. “Having a media presence that has grown organically has given myself and the practice exposure to GPs and self-referring patients, and that exposure has resulted in the steady growth of our business,” she explains.

In addition to recommending that private practitioners have well designed, educational and user-friendly websites, Dr Cook has several tips for dermatologists looking to raise the profile of their practices and attract referrals. “Make one-on-one visits to GPs located within access of your practice and hold information nights for small groups of doctors,” she suggests. “Pull out a few lasers and actually demonstrate how the technology works so GPs can explain the process when referring patients. It’s a good way of making everyone feel included.”

Newsletters are another way of spreading the word. “We produce quarterly newsletters that provide information on a range of topics and are a gentle reminder of the importance of regular skin checks,” says Dr Cook. “We take advantage of a Genie Solutions system, which can identify patients on our mailing list according to age, gender and postcode. It’s a cost-effective way to make sure our messages are targeted to the right audience, which is an essential aspect of any marketing campaign.”
“The better we, as practitioners, run our businesses, the better the business of serving our patients becomes.”

opening Bulleen Dermatology, Dr Tan says his biggest challenge by far has been learning how to run a business. “The complexity of business structure, accounting, human resources, financial planning and time management are all areas where my knowledge was desperately deficient,” he admits. “It’s like fatherhood – you think you have got everything prepared but the job ends up being bigger than anticipated. However it is enjoyable, so you don’t look back.”

So, has Dr Tan sought guidance along the way? “Much has been about applying common sense. However, there are intricacies that require guidance. I have found professional consultant Hanya Oversby, of Specialty Consulting, to be immensely helpful and have sought advice from friends, colleagues and even patients,” he says.

According to Dr Tan, organised business and financial training has also been absolutely crucial. “As medical practitioners we spend a larger amount of time in university and training than other professions, so we graduate older and usually with more financial burden. Even if a medical practitioner prefers to work in the public system, planning for one’s future financial security is essential,” he adds. “The better we, as practitioners, run our businesses, the better the business of serving our patients becomes.”

What would Dr Tan say to anyone looking to set up their own practice while juggling the demands of family life? “Be efficient, hire competent staff, delegate and invest in technology,” he advises. “Living close to work cuts down on travelling time and it’s important to ensure you have a strict balance of work, family and rest time. Ultimately, you must be prepared for hard work.”

Q. Describe the products being developed.
A. There are many products in development, including moisturising agents and fillers. Earlier this year Galderma Australia launched several new products from the Cetaphil range, including a broad spectrum SPF 30+ sunprotection and the Restoraderm line specifically designed for Eczema. The products in the range are recommended by dermatologists.

Q. How committed is Galderma to education?
A. In recognising that medical education is key, Galderma aims to provide relevant and objective medical information on our products and on the management of pathologies such as acne. In this regard we have three types of actions in place. Firstly we have our medical representatives visit doctors directly; secondly we provide training for doctors on both specific products and disease management, delivered by Key Opinion Leaders; and thirdly we offer web-based training.

Q. Does Galderma offer any financial assistance within Australia?
A. Yes – we invest in the Australasian College of Dermatologists by providing for example research grants. Earlier this year Galderma was a platinum sponsor of the Congress of Dermatology, held in Darwin, and in 2011 the company will be a platinum sponsor of the World Congress of Dermatology in Seoul. This demonstrates our genuine commitment to dermatology.

Q. How is Galderma applying new technologies to training?
A. I am very keen on the use of new technologies, as I believe they allow doctors to become more educated. Galderma is currently partnering with [pharmacy product educator] iTherapeutics on a platform that will help to educate pharmacists on skin diseases and relevant products. There are many opportunities in this area.
Voice recognition (VR) has evolved markedly since it was first introduced in 1952, when it was limited to recognising single spoken digits. In its current product-cycle stage, it is commonly used in healthcare to assist or, in some cases, negate the need for medical transcriptionists.

Aside from digital dictation, where audio files are kept without converting words to text, VR traditionally used in healthcare has two distinct modes - front-end and back-end.

As a process of converting spoken words into text, voice-recognition technology can be utilised by medical practitioners to vastly improve efficiency and reduce costs. Rafic Habib reports.

Rafic Habib heads up specialised Medical IT company ISN Solutions.

UPFRONT

With front-end mode, the author dictates into the recorder and, within a matter of seconds, the words appear on the screen to be reviewed and approved.

This model is most suitable for those wishing to self-edit their work, as all the text is available immediately after the dictation. Once the edit has been made, the dictation – in text and audio formats – is ready for dissemination.
Radiology, pathology, ER and other areas with short and often urgent reports prefer this methodology, as they can finalise reports at the time, avoiding backlogs that need to be attended to at a later stage.

BEHIND THE SCENES
Under the back-end model, dictation is still completed by the healthcare professional, but the text is not initially available onscreen. Instead, the audio file is sent direct to a server, which transcribes the text automatically. The writer can then review the dictated file at a later date as text or listen to the original audio file.

With this back-end system, the author may not even know that VR has been used, as they don’t see any of the processing.

Authors with lengthy or complex reports may prefer this methodology, as editing long documents often impacts on reporting schedules.

GETTING INTEGRATED
Irrespective of whether front-end or back-end dictation is used, the recorded file must eventually be integrated into the patient file.

After dictating the report, integration is as simple as clicking a button which brings up the patient’s full details for verification, so the author attaches the voice file to the correct patient.

PRODUCTIVITY PUSH
As a result of integration, workflow can be customised using VR software within your practice-management software. Best practice in workflow is always to use the least number of mouse clicks possible to perform the task, to reduce the chance of human error.

The other key is to enable the user to have and maintain a high level of accuracy and recognition within a short period of time.

HCA International, London’s largest private radiology group, is using VR with great success. Combining MedSpeech, a dictation workflow software powered by the world’s best voice recognition engine, with an efficient integration system allows HCA’s 180 authors to complete dictations in an average of two minutes and 40 seconds – as opposed to turnaround times of well over 24 hours under simple digital dictation workflow. This has dramatically increased productivity while significantly decreasing turnaround times and the cost of labour.

Voice recognition has certainly come a long way in recent years and is providing the healthcare sector with functional and realistic technology that does actually work. The efficiencies gained from a relatively small investment can provide benefits to any medical practice, from one-user sites through to multi-regional or area-wide health services.

More information on voice recognition can be found at: www.speechsolutions.com.au №
SOCIAL MEDIA

SOCIALLY SAVVY

Not convinced about the benefits of Facebook, Twitter, Internet profiles or smartphone apps? Heidi Allen suggests that getting savvy with social media can bring a wide range of benefits to your practice.

The Internet has changed the professional landscape forever, with health organisations and doctors using various forms of social media to build their professional profiles, attract patients and stay in touch with important industry developments. Even respected journals such as The New England Journal of Medicine and the British Medical Journal use social media resources such as Facebook, Twitter and blogging sites to publish “rigorous accessible information that will help doctors improve their practice”.

Savvy consumers also access online resources to get clued up about their own health. The Pew Internet Report 2010 revealed that over 70% of adults aged under 50 search for their health information online. As a consequence, social networking sites have become extremely popular – www.patientslikeme.com, for example, has over 70,000 members.

SOCIAŁLY ADEPT

An interesting social media phenomenon is also occurring within the medical profession. Doctors are adopting smartphones, such as Apple’s iPhone and the BlackBerry, at an exponential rate – even faster than the general public.

Why is this happening? One reason may be that smart phones offer easy connectivity and computing ability, making them particularly useful for doctors who work from several locations and often have to deal with the stress of inefficient, paper-based workflow processes. Manually filtering and prioritising communications in each place leaves room for critical communications to be missed and puts increased demand on time already in short supply.

Potential solutions for managing an overwhelming information flow goes some way to explaining the impressive take-up of this new technology by doctors. According to US market-intelligence firm Spyglass Consulting, over 90% of doctors are using smartphones to “communicate, manage personal/business workflows and access information, including medical reference materials”, with a strong preference being shown toward the iPhone due to its ease of use.

Australian company iSoft, the largest health information technology company listed on the Australian Securities Exchange, is currently exploring the potential of mobile devices such as Apple’s iPhone and the recently launched iPad by developing software applications that can be integrated with existing workflow processes.

One iPhone application – or app – that has been readily embraced by busy doctors is iStethoscope, developed by British computer scientist Dr Peter J. Bentley in collaboration with cardiologist researchers to enable iPhones to be quickly converted into...
SOCIAL MEDIA

stethoscopes. Patients that have downloaded the same app can monitor their own heartbeat and send the results, via iPhone or email, to their doctor for analysis.

According to a September 2010 article published in British newspaper *The Guardian*, a free version of the app released by Dr Bentley is being downloaded by more than 500 users around the globe each day. “Experts say the software, a major advance in medical technology, has saved lives and enabled doctors in remote areas to access specialist expertise,” said the paper, adding that iStethoscope is not the only mobile-phone program lightening doctors’ bags and transforming their practices.

The same article revealed there are nearly 6000 applications related to health in the Apple App Store: “The uptake has been rapid. In late 2009, two-thirds of doctors and 42% of the public were using smartphones – in effect handheld computers – for personal and professional reasons. More than 80% of doctors said they expected to own a smartphone by 2012”.

NET GAINS

These are impressive figures, but are Australian doctors showing the same level of enthusiasm? Dr Marcus Tan, a Perth-based management consultant to the healthcare sector and a practitioner with a special interest in skin cancer and minor surgery, reveals he was sceptical about social media until recently but has since had a complete change of heart.

“Up until 12 months ago I hadn’t really ventured into social networking,” he explains. “Frankly I didn’t think I had the time to spend on what I thought were frivolous applications, like Facebook and Twitter. I was inspired by a colleague who showed me the power of social media and how he used it for blogging, tweeting and social networking.”

Dr Tan admits he has since found Twitter and Facebook to be incredibly effective communication tools. In fact, by engaging with social media Dr Tan says he has had the opportunity to link up with several innovators and early adopters within the healthcare industry – so much so that he has now started his own blog, www.futurehealth.com.au, in order to discuss health innovations.

“Social media is ostensibly about having and sharing conversations,” he notes. “There are some really interesting discussions going on and it’s a great way of keeping up with the latest news and cutting-edge resources, both in and out of the healthcare sector.”

How does Dr Tan see social media being used within the medical profession down the track?

“I see a time when patient/professional education and feedback occurs via social media, especially interdisciplinary learning – in some small way this is already happening,” he says. ‘I also see it as a great way of conducting clinical research, not just for patient recruitment but for encouraging greater health-professional involvement. Hospitals could use it to alert the community about waiting times at emergency departments, service recovery and disaster coordination. There are already many examples of this in the US.”

One such example was devised by New York-based Dr Jay Parkinson, sometimes known as “the doctor of the future”. In 2007, after completing one residency in pediatrics and another in preventative medicine, Dr Parkinson set up shop in his Brooklyn neighbourhood, implementing a seven-step plan that brought both the Internet and his iPhone into play:

1. Patients would visit his website
2. See his Google calendar
3. Choose a time and input their symptoms
4. Dr Parkinson’s iPhone would alert him
5. He would make a house call
### Individual professional social media sites

<table>
<thead>
<tr>
<th>Website Description</th>
<th>Cost</th>
<th>Reach in Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>LinkedIn.com</td>
<td>Free</td>
<td>2 million professionals listed</td>
</tr>
<tr>
<td>A searchable directory listing the professional expertise of clinicians and their practices</td>
<td>Basic profile: Free</td>
<td>37,000 doctor and practice profiles listed in Australia; 200,000 page views per month</td>
</tr>
<tr>
<td>HealthEngine.com.au</td>
<td>Premium Practitioner Profile: $99 per year</td>
<td></td>
</tr>
</tbody>
</table>

6. Patients would pay via PayPal
7. Follow-up would be via email, instant messaging, video chat or in person.

This simple yet effective system has since become widely known as Hello Health and is described by Dr Parkinson as "a mixture of secure social network and electronic medial record that enables doctors and patients to connect both in their office and online". Many US doctors have now put this proven primary-care platform to use in their own practices.

### Premium profile of a practitioner listed on HealthEngine.

**STARTING UP**

If you’re interested in putting social media to effective use within your practice but Hello Health sounds far too futuristic, start by building your personal profile online. Although the practice you are working in may have a website, you may not have an individual online professional identity, which becomes a problem if you’re working in several different places or move practices. Even if you have the very best medical expertise, how will patients find you if you don’t take advantage of social-media platforms?

If you have concerns about privacy or being unable to control your digital footprint, fear not – you can take charge of the information that goes online. In addition, getting started with social media can be simple. A good starting point is to register yourself on www.linkedin.com and www.healthengine.com.au, both of which allow you to have an individual unique online profile.

On both of these sites you can list your professional skills as well as your practice details and website address, if you have one. LinkedIn is a general site for all types of professions and is often used by other professionals to find general information about someone, whereas HealthEngine is specific to doctors in Australia and is used by the general public to search for the relevant specialist they need.

If you want to appear on the first page of Google for your particular area of expertise, adding yourself to these sites is a big step in the right direction. It’s free, easy to do and you are in control of the information being posted, so give it a try! ☺️
Opening your own practice will be one of the most important things you will ever do and an important part of setting up is developing banking solutions tailored to your specific requirements. What you need from the outset is effective control of your finances and solutions that will help lower your costs and manage your cash flow.

Here are some tips to help you effectively manage your cash flow:

1. **Choose appropriate transaction accounts**
   You can choose from a range of accounts to suit your needs – from interest-bearing, high-volume accounts to GST accounts and cheque accounts. Choosing the right account will help you simplify and control your banking, lower your costs and help you meet your compliance obligations (such as GST and tax payments).

2. **Arrange a ‘safety net’ overdraft facility**
   There will likely be times when you may need a safety net to cover unexpected cash shortfalls or short-term finance needs. An overdraft is particularly useful at such times. Unlike fixed-term loans, overdrafts do not require regular monthly payments and are useful as an ad hoc cash-flow solution.

3. **Choose from a range of commercial cards**
   Commercial credit cards can help you manage your business expenses better, while delivering opportunities for improved cash flow, reduced paperwork and better expense control.

4. **Discuss fixed-term business loans**
   You can use a business loan to provide finance for additional equipment, stock or capital improvements to your premises. These loans are typically for a fixed period, with terms and repayments to suit your business. You can choose between variable or fixed-rate loans and several repayment options are available.

5. **Finance the purchase of assets**
   To start your practice you may need financing for capital such as medical equipment. Asset finance allows you to acquire equipment without draining your cash resources upfront. The item being purchased is normally sufficient as security for finance and payment terms can be matched to your business income.

6. **Arrange convenient payment options for your patients**
   Make it as easy and convenient as possible for your patients to pay you. With the right payment options you can offer your customers convenient payment methods such as an EFTPOS service that accepts all major credit cards.

**Nick Reade is the General Manager of Small Business Banking at ANZ.**

The thrill and potential of starting a practice may drive most start-ups, but Nick Reade of the ANZ says establishing sound banking solutions from day one will help ensure long-term success.
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So far this year, the Australian share market has declined by over 8%, with factors including the financial turmoil in Europe, comparatively high interest rates and speculation over the proposed Australian Resources Super Profits Tax. One by-product of this economic turmoil and cases of corporate malfeasance is a string of debates around the role of the investor in relation to obtaining financial advice.

We know that, fundamentally, investor education is an important aspect of the relationship with an adviser. While investors have the right to see a ‘trusted’ financial adviser, so too must they take on responsibility for their own financial welfare.

The fact is that the relationship between clients and their financial advisers is a two-way street. When markets turn and investor funds decline, investors may question the advice they have received or, at the very least, seek reassurance about that advice. Conversely, some financial advisers take the view that because an investor has signed off on their advice, they have understood the risks involved and therefore should bear the responsibility for the detail of their financial plan.

It is worth noting here that when markets turn, some investors will typically claim that they did not understand the advice they were given, despite having disclosed that they did. Unfortunately, when markets are going well ‘genuine’ investor understanding is not tested – it’s only when markets decline that this truth comes to light.

Caveat emptor

To ensure that investments have the greatest opportunity for growth, investors and their financial advisers must take joint responsibility and work in unison. Hugh Elvy reports.

Hugh Elvy is head of Financial Planning at the Institute of Chartered Accountants in Australia.
Who is ultimately responsible for the decisions made in relation to an individual’s financial future? Is it the investor who has signed off on the advice he or she has been given or is it the adviser who has provided the advice? Or are the financial products to blame? The answer is a combination of these three factors.

OWNING UP
When it comes to investment funds, nobody likes surprises. Generally, it’s important to emphasise that an individual must take overall ownership of his or her personal financial situation.

Investors need to understand the impacts of market volatility and the reasons behind the rises and falls of investment and superannuation balances. Just because an investor has employed a financial adviser doesn’t mean they should relinquish all responsibility for their financial future.

The problem is the system doesn’t work that way. The reason the majority of consumers seek advice is because they lack the expertise or the time to manage their financial affairs appropriately – this truth also applies to individuals seeking advice in areas such as tax and legal affairs.

One easy step investors can take to better understand their financial situation is simply to read their superannuation statements. Rather than the usual process of immediately filing the statement away to look at in the future, open it and look at the balance. This brings home very quickly the impact of the markets and your financial position relative to previous years. No doubt you’ll take great interest if you’re losing money or the value of your funds decrease!

MAKING GAINS
As simple as it may seem, another step is to draw up a proper financial budget and set some goals. If you run your own business, you should be developing budgets, cash flows and an understanding of how the business is operating. At times this is done at the expense of one’s personal situation, reviewing expenditure is critical as this is the area we have the most control over. It also brings to the fore issues such as debt management, including monthly financial obligations to credit cards and home loans.

These are areas most individuals can quickly grasp and when, for example, interest rates change, investors will either have an immediate understanding of the impact or will at least want to know what the impact will be. The current rise in interest rates is a great opportunity for individuals to build on their understanding of financial matters.

On a final note, global events over the past couple of years have brought to light the need to differentiate between ‘trust’ and ‘blind trust’ in the relationship between clients and their financial advisers.

While blind trust implies the abdication of responsibility by the individual, the role of the trusted adviser is to act in the best interests of the client. This includes not only the proactive provision of advice – i.e. what to do – but just as importantly includes relaying information to an investor on what not to do.

This last part is critical because the investor may not have the appropriate knowledge required to make the right decision, particularly when emotion takes over and there is a risk of money being lost.

Ultimately, if you are making investments you must take an active interest in your financial position and financial strategy, and begin to understand the details of your investments.

If you are making investments you must take an active interest in your financial position and financial strategy, and begin to understand the details of your investments.

One of the biggest challenges is engaging investors so they develop enough of an interest in their financial future to comprehend all the pros and cons relevant to their investments. The assumption being that if the business operates appropriately, personal finances will take care of themselves. This is not usually the case.
In the first of our three-part feature on asset protection, Greg Peach discusses Discretionary Trusts and the legal rights of each party.

Discretionary trusts are one of the most popular ways for business owners to protect their assets. This article provides a brief overview of how trusts are established and the roles and responsibilities of each party. The diagram below shows the basic structure of a discretionary trust and the parties involved.

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**A Matter of Trust**

Greg Peach is a Partner at Macpherson & Kelley Lawyers.
Trustee

- The trustee is the legal owner of the trust assets which are held on trust for the beneficiaries.
- The trustee can be a person or a company. However, a company is often preferred because of its limited liability, perpetual succession and flexibility with the mix of shareholders and directors. It is recommended that the company only carry on activities as trustee and not other activities in its own right.
- The trustee must act in the best interests of the beneficiaries, in accordance with the terms of the trust deed and Australian law.

The appointor

- The appointor, or appointors, have the power to replace the trustee.

Beneficiaries

- The beneficiaries are the people for whose benefit the trust was originally established.
- Beneficiaries have a right to be considered for a distribution of income or capital by the trustee.
- A beneficiary has no present entitlement to income or capital unless the trustee resolves to make a distribution to that beneficiary. As such, discretionary trusts can offer asset protection advantages to a beneficiary.

Trust deed and life span of trust

- The trust deed is the governing document for the trust and sets out the trustee’s powers, obligations, restrictions, and also nominates the beneficiaries or classes of beneficiaries.
- To establish the trust, an unrelated person such as a family friend, who cannot be a beneficiary, settles on the trust the initial trust fund which is often a nominal sum.
- Trusts are limited in life span to a maximum of 80 years following which they must be wound up.

Tax considerations

There are significant tax aspects to consider when establishing a discretionary trust, some of which include:

- A trustee can stream income to beneficiaries on lower marginal rates of tax. However, special rules apply to distributions to children under 18 years of age, which may mean that their income is taxed at a higher rate.
- If a discretionary trust has elected with the Australia Taxation Office (ATO) to be treated as a family trust, distributions outside the family group render the family trust liable to pay tax on the distribution at the highest marginal rate of tax plus Medicare Levy.
- A family trust election may need to be made to distribute franking credits to beneficiaries and for the trust to off-set tax losses against future income. Once a family trust election has been made it generally cannot be revoked.
- Under a ruling from the ATO, where a trust makes a distribution to a company beneficiary and that distribution is not paid to that company, it may be considered to be a loan attracting certain provisions of the Income Tax Assessment Act that have the potential to create a tax liability for the trust.
- Income of the trust should generally be distributed to beneficiaries annually as accumulated income in the trust may have adverse tax consequences.
- The trustee may be required to register for GST purposes, depending upon its activities and the amount of income received each year.

This article is of a general nature only and before implementing any arrangements regarding your own individual circumstances, you should consult a professional adviser. 😊
Super in Practice

While it’s definitely worthwhile exploring the possibility of using your super fund to acquire practice rooms, David O’Callaghan recommends that you investigate all of the pros and pitfalls from the outset.

With recent changes to the legislation governing superannuation funds – in particular self-managed super funds (SMSFs) – doctors have been showing a great deal of interest in the potential to utilise their funds to acquire practice rooms.

Undertaking such a strategy certainly provides some appealing benefits, but it’s crucial that you are aware of the pitfalls before proceeding.

What is a self-managed superannuation fund?

In simple terms, it’s a superannuation fund established for between one and four members with its own trust deed. In most cases, the trustees (or directors of a corporate trustee) and the members are one and the same. The trustees undertake the duties of running the fund, which includes decision-making regarding investment of the fund’s assets. This may be done with the assistance of fund administrators, accountants and financial advisers.

A SMSF will generally offer a broader range of investment choices than an industry or retail super fund. In general terms, a SMSF cannot acquire property from a member. However, there is a ‘business real property’ exemption that may allow a SMSF to purchase your practice rooms. (A ‘business real property’ is a business premise out of which one or more businesses operate.)

Is a SMSF right for you?

It’s important that anyone considering establishing a SMSF weighs up the pros and cons. There are a number of reasons why running a SMSF may not be the most appropriate superannuation vehicle – for instance, along with the inclination, you need to have the time to invest in running the fund properly, as there can be severe penalties imposed for breaches of the governing rules.

How it works

Julie, an obstetrician, owns her practice rooms and also has a SMSF with her husband, Ron. Using the business real property exemption, Julie is able to sell her rooms to her SMSF fund, at a commercial rate. She would then enter into a lease agreement with the SMSF to rent the rooms so she can continue to operate her practice.

In this case it would be important to ensure that the lease agreement is drawn up on a commercial arms-length basis, as failure to do so may result in the fund incurring severe penalty taxes under the arms-length income rules. The transfer of Julie’s rooms to her SMSF would also constitute a disposal of the asset, and as such Capital Gains Tax may be payable.

Julie would need to make sure that her fund’s trust deed allows such a purchase, because while a trust deed cannot be less restrictive than the governing legislation, it can be more restrictive. She should also ensure that the purchase is within the scope of the fund’s written investment strategy – all SMSFs must have a written investment strategy that outlines how the trustees will manage the funds assets.

David O’Callaghan is a Senior Adviser with Fintuition Wealth Advisers.
While the investment strategy should address investment issues such as diversification and liquidity, this does not necessarily preclude a SMSF from holding one major asset, which may be the case if most of Julie and Ron’s funds assets are required to make the purchase of the rooms. It would also be important for Julie and Ron to ensure the fund contains sufficient residual cash in order for it to meet its ongoing expenses.

Super funds & borrowing
In the past there have been very few situations whereby a super fund could borrow. Due to changes in the Superannuation Industry Supervision Act (SIS), SMSFs can now enter into borrowing on a limited-recourse basis, providing certain conditions are met. Where you previously may not have had sufficient superannuation assets to purchase your rooms, there is now the potential to do so via the addition of debt. The asset being purchased sits in a ‘bare’ trust, with the SMSF as beneficial owner, until such time as the associated debt is extinguished, after which the asset may be transferred into the fund.

Tax & asset protection
Complying superannuation funds pay tax on earnings at a maximum tax rate of 15%, so the rent the fund receives will be taxed in a concessional environment. This is particularly attractive given that the doctor paying the rent to the fund will generally be able to claim a tax deduction for the payment of the expense, which will often be deductible at the rate of 30% or higher.

Should the SMSF hold the practice rooms until after the fund is changed to a pension fund, when the doctor retires for example, the asset can potentially be sold free from Capital Gains Tax, since under current tax law, complying pension funds (such as an Account Based Pension) have an internal tax rate of zero. If the rooms had been held in the fund for a long period of time and the asset had grown significantly in value, this could amount to a very large tax saving.

Under the Bankruptcy Act, protection from creditors is made available to assets held within a superannuation fund. While there are conditions relating to this protection, it is a genuine benefit given today’s litigious society, especially for those working in the medical profession.

Overall, there are good reasons for the interest in this strategy. However care must be taken, as the rules can be complex and penalties for breaches harsh. Prior to entering into an arrangement of this type it is highly recommended that you speak with an appropriate professional adviser with expertise in this area.
Established to protect the public, the law regarding notifiable conduct is something all private practitioners must come to grips with. By **Dr Sara Bird**.

Mandatory notification of colleagues: notifiable conduct

One of the more significant developments affecting practitioners in 2010 is the introduction of the National Registration and Accreditation Scheme for the Health Professions – ‘the Scheme’. This now operates in all states and territories that have passed the National Law.

As part of the Scheme, all registered health practitioners are legally required to report any other registered health practitioner who has behaved in a manner that constitutes ‘notifiable conduct’. Making a mandatory notification is a serious step to prevent the public from being placed at risk of harm, and should only be taken on sufficient grounds. While practitioners have always had an ethical obligation to identify and report colleagues who pose a risk to the public, this has now been enshrined in law.

**What is ‘notifiable conduct’?**

‘Notifiable conduct’ is defined in the *Health Practitioner Regulation National Law Act 2009* (the National Law) and means the practitioner has:

(a) practised the practitioner’s profession while intoxicated by alcohol or drugs; or
(b) engaged in sexual misconduct in connection with the practice of the practitioner’s profession; or
(c) placed the public at risk of substantial harm in the practitioner’s practice of the profession because the practitioner has an impairment; or
(d) placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.

‘Impairment’ is defined as a person who has ‘a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect the person’s capacity to practise the profession’. The practitioner’s impairment must place the public at risk of substantial harm for the threshold for mandatory notification to be met.

**Who is required to report ‘notifiable conduct’?**

The Scheme imposes a duty to report notifiable conduct on all registered health practitioners and employers. It applies to the conduct or impairment of all registered practitioners, and not just those in the same health profession as the practitioner who is making the notification.

The 10 health professions covered by the Scheme are:

- Chiropractors
- Dental care practitioners
- Medical practitioners
- Nurses and midwives

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**Dr Sara Bird is the Manager of Medico-Legal and Advisory Services MDA National Insurance.**
EXEMPTIONS

Some exemptions to mandatory reporting exist, namely:

- Medical indemnity insurers, including medical practitioners who are employed or engaged by the medical indemnity insurer.
- Where the practitioner required to make the notification reasonably believes that someone else has already made the notification.
- Practitioners exercising functions as a member of a quality assurance committee, council or other body approved or authorised under an Act of a participating jurisdiction.

FOR MORE INFORMATION

- Further details about the Scheme are available on the Australian Health Practitioner Regulation Agency website – www.ahpra.gov.au
- Detailed guidelines on mandatory notification are available on the Medical Board of Australia’s website – www.medicalboard.gov.au

What is ‘reasonable belief’?

The threshold to be met to trigger the requirement to report notifiable conduct is high, and the practitioner or employer must have first formed a ‘reasonable belief’ that the behaviour constitutes notifiable conduct, and this belief must be formed in the course of practising the profession.

A reasonable belief requires a stronger level of knowledge than mere suspicion. Generally it would involve direct knowledge or observation of the behaviour that gave rise to the notification. Mere speculation, rumours, gossip or innuendo are not enough to form a reasonable belief. However, conclusive proof is not needed. A report should be based on personal knowledge of facts or circumstances that are reasonably trustworthy and that would justify a person of average caution, acting in good faith, to believe that notifiable conduct has occurred or that a notifiable impairment exists.

How do I make a notification?

Notifications are made to the Australian Health Practitioner Regulation Agency (the National Agency), which refers them to the relevant board. The notification should be made as soon as practicable and include the basis and the reasons for the notification, including the date and time that they noticed the conduct or impairment.

Am I protected if I make a notification?

The National Law protects practitioners, employers and education providers who make notifications in good faith (well-intentioned or without malice). Protection is provided from civil, criminal and administrative liability, including defamation. Making a notification is not a breach of professional etiquette or ethics, or a departure from accepted standards of professional conduct.

What happens if I fail to make a notification?

There are no penalties for a practitioner who fails to make a mandatory notification, but a practitioner who fails to make a mandatory notification when required to do so may be subject to action by their registration board.

There are consequences for an employer who fails to report notifiable conduct. If the National Agency becomes aware of such a failure, it must give a written report about the failure to the responsible Minister for the participating jurisdiction. The Minister must report the employer’s failure to a health complaints entity, i.e. the employer’s licensing authority or another appropriate entity in that participating jurisdiction.

If you are unsure about your obligations in a particular situation, or uncertain about whether to make a notification, seek advice from your medical indemnity provider. 

Optometrists
- Osteopaths
- Pharmacists
- Physiotherapists
- Podiatrists
- Psychologists.

Education providers also have an obligation to make a mandatory notification in relation to students, if the provider reasonably believes a student who is enrolled with the provider, or who is undertaking clinical training with the provider, has an impairment that, in the course of the student undertaking clinical training, may place the public at substantial risk of harm.

What happens if I fail to make a notification?
According to design consultant Monica Benavides, your practice should offer patients a unique experience and excellent level of service by integrating good design with a long-term vision for your business.

Designing a practice from scratch or modernising your existing consultation rooms should be treated seriously, as the end result may affect the ongoing success of your business.

With the threat of corporate practice looming, smaller private practices need to define their role and offer more than their competitors in order to attract and retain both patients and doctors.

There are many variables to consider, the first being what patients want. If you build the physical aspects of your practice to respond to the needs of patients, create a consumer-friendly environment and develop a philosophy and culture that satisfies the needs of patients and staff members alike, you will meet with success, even in the face of competition.

Increasingly, through the Practice Incentives Program (PIP) and accreditation, consumer-friendly general practices are rewarded by government grants and patient and staff satisfaction.

FORWARD VISION
When establishing a practice from scratch, the first three stages of the design process are creating a vision, choosing the perfect location and creating an identity. Once the vision has been established, the design will follow.

Start by devising your business ‘vision’. Define the community you want to serve by asking who your target market is, identify the style you wish to communicate, your point of difference, the experience you want to create for your patients and how you want your practice and the services to be perceived by your patients.

Location, location, location!
The location of your practice is one of the most important aspects in developing a concept. You must ensure that your concept is compatible with the area and that your practice will be suited to the particular needs of the community it serves.
Check compliance with local council zoning regulations, legal requirements, industrial legislation and requirements of statutory bodies. Also check that mechanical, hydraulic, fire and electrical services are all covered and that the number of toilets meets the council’s minimum requirements.

Compliance of base building services or a guarantee that the landlord will upgrade them to minimum standards is essential. It will help to have a tenant representative or agent that can help you with the lease negotiations, fit-out contributions, a free lease period during fit-out and kick-off, building upgrades, etc.

Proximity to public transport and accessibility is essential. Regulations may require on-site parking, with provision for a larger bay near the entrance for ambulance and handicapped persons.

If you have an existing practice, analyse your current space requirements in order to provide a more efficient service for your patients and optimise the use of your existing resources.

Creating an identity
Here is where you need to define your vision and find a concept that will provide the atmosphere you want to have within your practice. This is one of the most important elements for a practice and should be decided upon in the early stages. Start by asking how you want your patients to feel in the space. This is the point at which a distinct ‘identity’ for your practice should be decided upon, which can be achieved by:

1. Defining the space
This will be based on the services you provide. Remember to consider the particular needs of your community, ie: young families, elderly residents or students. The main areas you should consider within your practice are:
   - Reception and waiting room
   - Kid’s area
   - Consulting rooms
   - Treatment rooms
   - Staff area
   - Office or space allocated for filing
   - Account Management
   - Toilets

Other areas can be included based on the services you will provide:
   - X-Ray room
   - Library
   - Pharmacy
   - Coffee shop, restaurant, etc

2. Focusing on functionality
It is essential to consider the traffic flow through the rooms when your practice is in full swing:
   - Consider base building services for your area’s distribution. Key locations for services such as hydraulic, mechanical or fire can save you a lot of money if relocation is not required
   - Staff movements
   - Areas with major demand
   - Noise
   - Patients’ movements
   - Accessible treatment rooms from ambulance drop off
   - Interaction between doctors and patients in each room
   - Privacy
   - Security
   - Storage and IT rooms
   - Flexibility
   - Potential for growth
3. Adhering to rules and regulations
Consider the requirements of councils, local authorities and medical standards:
• Australian Standards for Design and Construction
• Access to buildings for people with disabilities
• Toilets
• Health-care practice requirements
• The Royal Australian College for General Practitioners (RACGP) standards for general practices

4. Defining the ‘feeling’ of your practice
Imagine the look you would like to have for your practice. Spend some time investigating new practice designs, latest trends and the ultimate in furniture and equipment. Always consider:
• Location
• Financial position of your patients
• Competitors
• Building character
• Adjacent shops if located within a shopping centre
• Health and safety regulations. Also ensure that your design complies with the Australian standards of practice and building regulations

Finally, the design of your practice can be a serious decision and may affect the success of your business. Consider all the above variables and the use of specialists for the design and development of the practice. Always focus on your ‘vision’ throughout all stages of the process and client satisfaction.

Attention to detail is the key for any successful project and by keeping your standards high you will create the ultimate practice for you, your colleagues and staff and your patients.
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When buying property, I recommend taking a businesslike approach and investing the money required for legal advice on the contract, a pest and building inspection and a strata report (if you’re buying an apartment). It’s better to spend a few hundred dollars now than find 10 million termites later.

In my opinion, due diligence is like taking out an insurance policy. Don’t rely solely on the agent’s information – you’re the one buying the property and you’ve got to assess its value and condition for yourself.

After 28 years in real estate, it still amazes me that less than 20 per cent of buyers get an expert’s opinion before buying the most expensive asset of their lives!

Now, don’t expect a perfect scorecard. Most properties have a few issues and this isn’t a reason to walk away. As long as you’re aware of its defects and can afford to fix them, it’s really not a big deal. You can also use them as a bargaining chip to lower the price!

You’ll need some help with your due diligence from a solicitor or conveyancer, a pest and building inspector and possibly a valuer. Source your support team before you start looking at property and always get legal advice before signing on any dotted lines.

APPLYING DUE DILIGENCE

I strongly recommend you check off these items during every property transaction:

- **Contract of sale:** Ask the agent for a copy and take it straight to your solicitor or conveyancer for some expert advice.

- **Building and pest inspections:** The building report is designed to pick up everything that is ‘wrong’ with the property. On paper, defects can look scarier than they actually are, so meet the inspector on site to discuss any necessary repairs. Even if a property is new, a building inspection is worth doing, as it will pick up any shoddy workmanship, inappropriate materials or work done without council approval.

- **Strata report** (for apartments only): You can check the Body Corporate (or Owners’ Corporation) records yourself or get your
THE HARD SELL

Choosing the best agent to sell your property is the second most important decision in real estate, after choosing the right property to buy. From my experience many people are too casual in their approach to this crucial decision – they ring a couple of agents and choose the one who gives them the highest valuation or has the lowest commission.

The best approach is to come up with a series of questions that you want to ask agents, and interview a few as if you’re considering them for a job. I suggest you include the following on your list:

- What do you think my property is worth and how have you come up with that figure?
- How does my house present and what can I do to maximise the sale price?
- What is the best method for selling my property – auction or private treaty – and why?
- What is the approximate time frame involved?
- How long have you been working in this area and which comparable homes have you sold in the area lately?
- What is the current state of the market?
- How long is it taking you to sell well-priced listings at the moment?
- Which marketing strategy do you suggest and why?
- What are the costs involved, and how much will be spent on marketing?
- How much traffic does your website attract?
- What will you do to introduce buyers to my property?
- Do you have a list of recent vendors I can speak to?

solicitor to do it. The building’s Strata Management Company will have these records. Check for adequacy of bookkeeping; the amount of money in the sinking and administration funds; the historical frequency of special levies; the by-laws; any restrictions on usage of common property; any disputes between residents; and any history of structural defects and repairs.

- What’s it worth? This is the toughest question of all and one you should answer for yourself, independently of the agent’s advice. The best thing to do is buy sales data from property-data houses such as RP Data. For a small sum you can buy a report showing all the sales in your suburb over the past year. Firstly, look for properties with the same number of bedrooms, car spaces and similar-sized blocks of land. Then narrow your comparisons down to condition, location, aspect and views. For example, a property in a quiet suburban street is worth more than a similar property on a main road. A property with a north aspect is generally more valuable than one facing west. Adjust for differences and if you’re still not sure get a professional valuation.

As part of your due-diligence process, make a list of all the reasons you want to buy the property. Also consider any downsides of the home and the money you’ll have to spend to make it just right. When you tally up all the pluses and minuses, you can get a feeling for the property’s ‘emotional appeal’. It’s the ‘how much do you want it?’ factor.

Many buyers add a margin onto their estimated value for emotional appeal. I’d suggest doing this before the auction hammer is about to fall. Go over your finances one more time and talk it through with your family – the last thing you want to experience is buyer’s remorse.
According to audio retailer **Len Wallis**, advances in technology are destined to transform the way we will all source our music in the future.

A recent edition of the UK’s *What Hi-Fi* magazine reported that 2009 turntable sales in Britain increased 11 per cent to 77,400 units, while CD player sales slipped to 41,400 units. Does this mean, as suggested by some in the audiophile fraternity, that it heralds a return to vinyl at the expense of CD?

There may be a grain of truth in this suggestion as turntable and vinyl sales are increasing across the globe. I suspect this is partly due to large numbers of baby boomers rediscovering LP collections that have long been in storage, plus the fact that vinyl still sounds better than CD. Reality, however, may be a little different – the largest growth area for turntable sales was budget USB players, indicating that people are digitising their vinyl and storing it on their computers.

Sales of expensive CD players actually increased in 2009, with big falls being at the budget end, indicating that unless you are an audiophile, you are now sourcing your music online.

**DEFINING QUALITIES**

Many forget that MP3 music files and players were around for years before Apple released the iPod. Apple was able to take an existing yet struggling format and turn it into a sales phenomenon. The advantage of MP3 is convenience, on so many fronts, and accessibility. The disadvantage is performance. This is why digital music has never been a legitimate audio source for audiophiles – or for anyone simply interested in quality. If you record your music in low-resolution formats, the quality of reproduction is going to suffer. Thankfully this is now changing, and I predict that the way we source our music is about to change forever.

When the digital delivery of music, in the form of MP3, was initially released, there were two restricting conditions – digital storage was limited and expensive, and download speeds were very slow, hence the popular MP3 bit-rates of 128kbps
or 256kbps, compared to the CD standard of 1411.2kbps. Today, with much faster download speeds, and with storage prices at a fraction of what they were, we are now witnessing the emergence of online high-definition (HD) download sites offering speeds in excess of 4500kbps.

The attraction of these sites is obvious. You have the convenience and price advantages of MP3, but there is no downside in terms of performance. In fact, performance is what it is all about.

There has been continuing discussion over the limitations of the CD format since its inception, with many believing that the 16bit/44.1kHz specification is too restrictive to deliver true audio fidelity. The most popular of the online HD offerings is 24bit/88.2kHz, with some going as high as 24bit/192kHz. Suddenly we have a music source that will outperform CD. While the selection of true HD material is still a little limited, it is improving. The best site at the moment is www.HDTracks.com, but there are many more, including www.itrax.com and www.linnrecords.com.

LISTEN UP
There are a number of ways of integrating HD digital music into your audio system, the most obvious being via computer. Files are downloaded and stored using software such as MediaMonkey or Amara. The computer is then connected to your audio system via any number of outlets, with USB, AES/EBU or S/PDIF being the most popular. These feeds are connected to a DAC (Digital-Analogue-Converter), which is incorporated in your amp or receiver, or can be freestanding. The past 12 months has seen an explosion in the number of freestanding DACs coming onto the market, all with the ability to handle the new high-resolution files.

Dedicated media servers are another popular storage/delivery system. These are computer-based devices that become part of your audio system. They have inbuilt hard drives and high-resolution DACs, plus a proprietary interface to allow you to easily catalogue and access your music. One of the advantages of this concept is they are also designed to store your existing CD collection. The other plus is many of them offer ‘multi-zone’, allowing you to simultaneously play various tracks in different rooms in your home.

As you would expect, the rise of online HD tracks has led to a number of new directions, products and manufacturers in this industry. Some have been a little surprising, including the decision by high-end equipment manufacturer Linn, which recently ceased production of CD players in favour of its new digital-streaming electronics, a range of amplifiers with high-quality inbuilt DACs plus its own interface for music management. Despite the fact that they built some of the best and most expensive CD players this industry has seen, Linn is adamant these players are no match for stored HD tracks.

NEW & EXCITING
A new brand is Peachtree, which has released a product that, while not unique, shows the way forward for many manufacturers. This is an audio amplifier (featuring a valve pre-amplifier and MOSFET amp stage) which houses a very high-quality DAC and has a number of inputs for both digital and analogue sources.

Another start-up company is Olive, which has developed a stand-alone device featuring a hard-drive with high-performance DAC. It will record and store tracks up to 24bit/192kHz, plus you can store your existing CDs. It will stream music from your computer or the Internet, where you can access thousands of digital radio or music-streaming services. It also serves as a CD player/recorder.

The cream of these new offerings is from Sooloos with a unit that does it all – storage for up to 6000 CDs and the ability to store and playback HD tracks, access online audio streaming services and distribute music to any area of your home.

The real secret behind Sooloos is the interface, which features a 17-inch touch screen that shows full album-cover details. You also have access to an incredible amount of information on the music on the hard-drive. If you like the bass player on a particular track you can access all other tracks in your collection that this player appears on. The swim feature allows you to play particular styles of music, for instance all of your rock tracks from 1985–1990.

As an aside, we are also seeing the emergence of high-resolution discs starting to appear on the market. These are making use of the increased storage capacity of Blu-ray discs and are being recorded in up to 24bit/192kHz resolution. Some are music only, while others have accompanying video (Blu-ray). They cannot be played on a CD player, so you will need a Blu-ray or Universal player (such as the Marantz UD8004) and an appropriate DAC. We’re not sure if this format will take off or if it will fall victim to online services, but the performance is exceptional.

Above: Hook Peachtree’s audio amplifier up to your iMac.
Above left: Olive’s stand-alone amplifier with inbuilt hard-drive.
Shannon Bennett is chef and owner of the acclaimed Melbourne restaurant, Vue de monde.

Shannon Bennett’s
P*A*R*I*S

This charming book is a collection of lovingly compiled stories that reveal exactly why renowned Melbourne chef Shannon Bennett and several of his friends have fallen in love with the enchanting City of Lights.

Shannon’s Five Most Exciting Paris Restaurants
1. Pierre Gagnaire
2. Le Meurice
3. L’Atelier de Joël Robuchon
4. Le Chateaubriand
5. Brasserie Bofinger
MY FIRST GREAT PARIS EXPERIENCE

I ate at my first Michelin-starred restaurant in Paris when I was 20, and found the experience enthralling. I was lucky, though, as it was the legendary Joël Robuchon’s Jamin. He was famous for many dishes and ingredients, but his pommes mousseline was something no other chef had quite worked out.

How do you turn mashed potatoes into a three-star dish? Easy, really. Take a kilo of the nearly extinct potato variety called Ratte and sponsor a grower to grow them in perfect red-rich soil. Boil them in salted water, drain them, peel when dry, then put in the oven for 5 minutes. Pass them through a mouli with 250 g of Échiré butter, then pass again through a fine drum sieve. Place one-third of the potato purée into a skillet (press the rest into a container, cover with cling film and store at room temperature). Warm 200 ml of organic full-cream milk, while whisking into the purée over a very low heat another 200–300 g of diced Échiré butter. Gradually add just enough of the warmed milk to keep the butter and potato together. Season with salt: the mixture should taste like pure silk—if it doesn’t, add more butter. Do not serve too hot and certainly at no more than 45ºC. It should not be oily or split; the texture must be smooth and thick. Serve in a beautiful bowl, fanning the top with the back of a spoon to create a floral effect. And there you have three-star potato mash. It is great with grated truffles, as it was served the day I went to Jamin.

EDITOR’S NOTE – I took Shannon’s advice and whilst in Paris celebrating my wife Michelle’s 40th birthday, we went to Pierre Gagnaire for lunch. WOW, for a self confessed food tragic, I must admit this was the most exhilarating eating experience I have ever had. The degustation menu consisted of 10 courses of the most inventive pairing of delectable ingredients combined to create plates that were almost surreal to the palate and eye. Combined with the Somelier’s recommendations for aperitif, white, red and dessert wines we rolled unsteadily out of the restaurant four hours later, much lighter of wallet but thoroughly fulfilled of appetite and experience.

Thanks Shannon, thanks Pierre.
WINE NOTES

Want to start your own wine cellar? David Clarke, Head Sommelier at Vue de monde, believes the key is to plan ahead and stay challenged by the experience.

There are two main reasons for starting a wine cellar – for investment and for enjoyment. If it’s the latter that interests you, then you should consider the following questions before you begin.

Where am I going to store the wine?
In order of importance, wine loves to be kept in stable, dark, cool and clean environments. If you don’t have an area like this you will need to invest in either a wine fridge or off-site storage. There is absolutely no point investing in wine if you cannot provide suitable storage conditions.

When am I going to drink the wine?
It’s all very well buying dozens of 2009 Bordeaux, but if you have nothing else on hand for the 15–20 years it will take to mature, you will more than likely end up drinking your investment way before it peaks.

How much wine should I buy?
This depends on factors such as available space, available funds and how much you intend to draw upon the cellar. If you drink two to three bottles a week, your initial purchase should be about 20 dozen – 10 dozen to drink over the next five years, five dozen to drink in five to 10 years time and five dozen to drink in 10 years time.

A good rule of thumb is to replace each of the first 10 dozen bottles you consume with six bottles to drink in the next five years, three bottles to drink in five to 10 years, and a further three bottles to drink in 10-plus years. This will mean that in five years time, every second bottle in your cellar will have had five years to evolve.

One of the real pleasures of having your own cellar is seeing how a wine changes and evolves over time, so buy at least three (preferably six) bottles of the same wine at a time. This way you can drink them over the period of their predicted evolution and take the guesswork out of what to drink when.

Which wines should I buy?
A wine cellar is a very personal thing and the best advice is to buy what you like to drink and keep the experience of having a cellar exciting and challenging. Remember not only big reds cellar well. For example, Hunter Valley Semillon is a wine that screams to be drunk with bottle development. Some of the most delicious aged Australian wine I have tasted has been Semillon from the Hunter. The Langtons website – www.langtons.com.au – is a great resource for lists of Australian wines that both cellar and appreciate well.
Just what the Doctor ordered...

1946: The jukebox went into mass production and radar contact with the moon was established. On a tiny atoll in the Marshall Islands, atomic tests commenced and in France, a skimpy piece of swimswear was born. In Australia, you couldn’t find a decent glass of table wine for love nor money. Or so it seemed to urbane, wine-loving neurosurgeon, Dr Gilbert Phillips.

The good doctor had an idea to rectify this unfortunate situation. He gathered a group of like-minded friends and pooled resources with them. Together they achieved the purchasing power they needed to access the high quality wines they loved. Dr Gilbert’s little cooperative of wine lovers steadily grew, and as numbers increased, so did the range and quality of the wine.

64 years later, 50,000 Members of The Wine Society enjoy a range and quality that Dr Gilbert could only dream about and, perhaps most incredibly, we continue to operate as a true not-for-profit cooperative to this very day.

In honour of our visionary founder, and to celebrate our indebtedness to the medical profession in general, we are delighted to extend this invitation to you to join the happy band!

JOIN TODAY for just $50*, and receive your free welcome twin pack of Dr Gilbert Phillips Chardonnay 2009 and Shiraz 2008 valued at $70

Call 1300 723 723 or visit www.winesociety.com.au/PrivatePractice and quote PPM2010

*50 joining fee buys 25 x $2 shares in the cooperative. Members of the cooperative agree to spend $250 per year on wine or services. Joining gift offer available until 31st December 2010, or while stocks last. Liquor Act 2007- The Wine Society supports the responsible service of alcohol. It is an offence to sell or supply to or to obtain liquor on behalf of a person under the age of 18 years. Lic. No. 352833.
Perfectly Composed
To experience one of the world’s most enchanting cities from a new perspective, experience Venice through its music – where superb performers are united with breathtaking architectural settings.

It’s impossible to talk of beautiful cities around the globe without mentioning Venice. Abundant with awe-inspiring architecture, elaborate artworks, artisan studios and cultural activities, beauty, romance and history can be found at every turn in Italy’s exquisite City of Canals. Having to walk over ancient bridges and be transported from one destination to another by traditional boats and gondolas adds to the charm.

Renowned for its rich artistic heritage, Venice attracts an average 50,000 tourists a day and is home to the prestigious Venice Biennale and Venice Film Festival, both of which draw international crowds eager to experience first-rate theatrical, cultural, cinematic, artistic and musical productions. But what of the periods outside the major festivals?

A LITTLE BACKGROUND

In the late 16th century – the closing years of the Renaissance – Venice emerged as one of Europe’s most important musical centres. This was due in no small part to the visiting Flemish composer Adrian Willaert who founded what was to become known as the Venetian School.

As maestro di cappella at the famous St Mark’s Basilica from 1527-1562, Willaert was responsible for, among other things, basilica’s the choir. The buildings’ opposing choir lofts created a sound delay which was harnessed by Willaert and he began experimenting with separate choirs singing in alternation across the basilica, resulting in the famous polychoral style.

This important development was one of the key musical innovations of the period – along with Opera in Florence – that lead directly to signify the end of the Renaissance and the beginning of the Baroque eras and put Venice at the centre of music at the time.

The polychoral style highlighted the fact that where music is played is just as important as the music itself – an ideal perspective to carry with you as you experience what this beautiful city has to offer the visitor.
MUSIC IN 2011

While there are dozens of concerts throughout the city all year, The Private Practice has found one way you can take in some of the best venues and musicians the city has to offer in one spectacular series of concerts. From 13–18 March, Martin Randall Travel’s 2011 Festival of Music tour to Venice includes everything you need, to be able to focus your attention on seven world-class concerts.

Each concert is private and will be exclusively attended by those who have joined in the festival tour. Music historian, critic, and BBC broadcaster Roderick Swanston, of Imperial College, London, will be setting the scene for the festival by introducing the music through a series of lectures. Then it’s a matter of taking your seat in the superb venues devoted to each concert and enjoying every minute of the experience:

Imago Virginis: A programme of Franco-Flemish composers is performed by the vocal group Odhecaton, led by Paolo da Col, is devoted to the music of the Renaissance and pre-Classical period. The small church of Santa Maria dei Miracoli, a Renaissance masterpiece and one of the city’s most-loved buildings, is the venue.

From Venice to Naples: Tracing a musical route through the Italian late Baroque, this programme of sonatas and concertos includes works by Giovanni Reali, Francesco Mancini, Francesco Durante, Domenico Sarri and Vivaldi. A leading period-instrument ensemble specialising in Venetian music, I Sonatori della Gioiosa Marca will be performing in the glorious Palazzo Zenobio.

Monteverdi, L’Incoronazione di Poppea: Featuring some of the most beautiful music in the operatic repertoire, Monteverdi’s tale of the triumph of lust over duty was first performed in Venice in 1643. As a leading exponent of early Italian music, La Venexiana’s recent recording of this brilliant piece has achieved widespread approbation and will be performed in the elaborately decorated 16th century Ateneo Veneto.

Music for the Orphanages: Vivaldi’s Nisi Dominus (RV608) is the centerpiece for the concert, which sees renowned countertenor Iestyn Davies accompanied by one of Italy’s most exciting period-performance ensembles, Accademia Bizantina, with direction from the harpsichord by Ottavio Dantone and from the violin by Stefano Montanari. The medieval church of Santa Maria Gloriosa dei Frari serves as a fitting backdrop for this stunning piece.

Music for San Rocco: A spectacular reconstruction of a concert first given at the Scuola Grande di San Rocco back in 1608, Paul McCreesh and his Gabrieli Consort & Players promise an historically informed performance in San Rocco, one of the most lavish halls in Europe.

Vivaldi, Catone in Utica: Written for a performance in Verona back in 1737, this vibrant baroque opera will be performed by La Serenissima, the acclaimed ensemble founded by Adrian Chandler in 1994 with the artistic aim of playing the music of Vivaldi using original instruments and techniques. The event will be held at La Scuola Grande di San Giovanni Evangelista, one of the city’s finest venues.

Songs of Venice: Featuring a selection of songs about or inspired by Venice, this concert marks a radical change of sound from the rest of the festival, with baritone Christopher Maltman and accompanist Malcolm Martineau presenting work by Schubert, Schumann, Mendelssohn, Faure and Hahn. The sumptuously decorated Palazzo Pisani Moretta is the venue for this exhilarating performance.

For further information, visit: martinrandall.com

theprivatepractice.com.au
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New Cetaphil® UVA/UVB Defence SPF 30+ is a broad spectrum daily facial moisturiser specifically formulated to provide the highest level of protection for sensitive skin.¹ Using the patented Mexoryl® technology, it provides a protection system of 7 sun filters. There are UVA filters to protect against sun and ageing, with SPF 30+ to protect from UVB rays. And because it’s Cetaphil, it’s non-irritating, non-greasy and fragrance free. New Cetaphil UVA/UVB Defence SPF 30+. For all the harmful rays under the sun, with the gentleness of Cetaphil.

Reference 1: In Australia, Australian Standard ANZ 2604 1998 ‘very high’.
Eating well isn’t optional if you want to maintain your own good health and remain alert on the job. Nutritionist Kathryn Elliott provides some top tips for boosting energy and concentration throughout the day.

You’re no doubt aware that looking after yourself is fundamental to ensuring both your health and longevity as a private practitioner. But during demanding days, where every minute is taken up, it’s easy to forego one of the most important aspects of self-care – healthy and regular meals.

If you are not eating well, you’re doing both yourself and your patients a disservice. Good food is about more than protecting yourself from ill health – it improves energy levels and concentration and, in doing so, makes your job easier. By applying some basic rules, you can get your daily diet on track in no time.

GET A GOOD START

Beginning each morning with a healthy breakfast will keep your mood, mental alertness, concentration and memory on track for the whole day. Although you have only been sleeping overnight, you’ve still used up a significant amount of kilojoules during that period. By the time your alarm goes off in the morning it can be 10 to 12 hours since your last meal, so topping up your energy stores is essential. If you’re in too much of a rush to eat breakfast before leaving the house, try to eat something within a couple of hours of waking.

Eat regularly during the day: While it’s tempting to skip meals so you can get through more work, this isn’t helpful to either your health or your attention span. Eating regularly over the day will maintain your energy and metabolism over a longer period of time, allowing you to work at your peak. Eating every three to four hours may seem like a chore, but if you concentrate on consuming small amounts of nutrient-rich foods, it will be easier to achieve. Even if your spare moments are spent catching up on paperwork, reviewing test results and keeping up to date with relevant literature, it’s still possible to eat good food that benefits your health.

BE PREPARED

Healthy eating takes some effort and forward planning – most people can only eat well if they have the right foods in the cupboard or fridge, ready to go. If you are relying on local take-away or what’s in the practice kitchen, you may find it virtually impossible to sustain healthy eating, in which case it’s a good idea to try the following tips:

• Do a weekly shop, stocking up on low-preparation, easy-to-eat, nutrient-rich foods.
• Make sure you choose foods you actually enjoy – if you don’t like dried apricots, for instance, there’s no point in buying them just because they’re healthy.
• Take a stockpile of healthy foods into work and store them in the fridge and cupboard.
• Plan to eat every three to four hours. For most people this maps out as breakfast, morning snack, lunch, afternoon snack and dinner. However, if you’re not getting the chance to take regular breaks, it may be a matter of squeezing in food when you can.
• If you can, spend a few minutes portioning out your food and snacks at the beginning of the day so you don’t have to think about food again.

A busy patient schedule may leave few gaps for the kind of optimal eating nutritionists usually talk about. When this is the case, forget the standard daily
eating structure and instead try to eat small amounts of food at regular intervals (see the sample menu). This will hopefully prove an easier way for you to fit food in between patients and other work.

Eating well when you’re on the go is tricky, especially if there’s little space in your day – however, it’s not impossible. By changing the way you approach your meals and sticking with easy-to-eat foods that are high in nutrients, you’ll be automatically taking care of yourself.

SMART MEAL SOLUTIONS

Use this menu to help keep your energy levels up during particularly busy periods:

- **Breakfast:** Porridge made with skim milk and a banana, or wholegrain toast with avocado.
- **Morning tea:** A cup of skim-milk coffee, 15 almonds and two dried figs.
- **Lunch:** Vita-Weat biscuits topped with a small tin of salmon.
- **Afternoon tea:** Low-fat yoghurt, half a punnet of cherry tomatoes and a small tin of baked beans.
- **Dinner:** Dividing your plate into two halves, fill one half with vegetables, one quarter with protein (meat, chicken, fish, tofu, eggs) and the last quarter with grains (rice, pasta, couscous) or potatoes.

FAST FOOD OPTIONS

Keep the following snacks on hand – they are all rich in nutrients and require little to no preparation:

- Low-fat yoghurt.
- Dried apricots and figs.
- Mixed nuts (preferably unsalted).
- Tubs of hummus.
- Wholegrain English muffins.
- Vita-Weats with Vegemite.
- Bananas, apples, mandarins and other fresh fruit.
- Tinned fruits.
- Boiled eggs.
- Cottage cheese or ricotta, to spread on Vita-Weat biscuits or English muffins.
- Cherry tomatoes and small cucumbers, which you can chop up and eat on their own or enjoy dipped into hummus or cottage cheese.
- Small tins of baked beans.
What does financial freedom mean to you? When I ask this question the answers initially tend to relate to money, but when I start to dig a little deeper people almost always relate to spending invaluable time with family or friends.

You can’t place a dollar value on financial freedom as there is no magic number that proclaims you free. Lottery winners provide a great example – as many winners have proven, large amounts of money quickly made or won without effort can quickly disappear into thin air because people incorrectly believe money will automatically buy freedom.

Financial freedom is also relative. For instance, multi-millionaires may be able to afford extravagant lifestyles, but do they have the freedom to do the things they value the most? The answer is often complex, but it’s worth noting that history is littered with extremely wealthy yet sad and lonely people.

FOR THE RIGHT REASONS

When I’m talking with business owners I often ask why they started a business in the first place. The response is generally around the notion of being in control rather than at the mercy of an employer. Sure, there is the expectation of more money and success, yet freedom is almost always linked to control. And it’s control of one’s time that I consistently find is at the core of a belief and vision of financial freedom.

That old ‘time is money’ adage holds true. Most of us are working to buy time to do the things that we most value. The problems with money start when it becomes the goal itself. Money should never be the goal, as happiness, health, contentment, good self-esteem and honesty are the things that make up true financial freedom.

So, if it’s not about the money, why bother with it? Well, the reality of life is that regardless of wealth one thing remains a constant – you always have to deal with money. This is key because it’s how we deal with money that tends to determine the extent of our own financial freedom.

STAYING IN CONTROL

Reflecting again on business owners, one of the most critical components of dealing with money within a business is not just having a business plan, but sticking with the plan. Aspects of your business will shift and change, but unless you are prepared to adhere to your plan for a reasonable period of time, it won’t work.

Central to that business plan should be a definition of what financial freedom means to you. Make that plan realistic and set goals based on taking control of the money aspect of your business.

Don’t get caught in the trap, as many business owners do, of striving for more money and losing sight of why you struck out on your own in the first place.

Life is full of incredible challenges and one of the biggest is dealing with and controlling money so you can provide for a life that you value and enjoy. So, when you ask yourself what financial freedom means to you, remember it’s not just about the money – it’s about achieving a balanced and realistic approach to your life, a life that you are in control of.
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Norway: almost 40 years ago when TIM¹ was discovered and a new paradigm of audio perfection emerged.

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40 years later, in over 40 countries, after continuous development and improvement, Electrocompaniet are still at the top of the audio world and now available in Australia — at Tivoli HiFi and Len Wallis Audio.

¹ Transient intermodulation: an audio distortion termed by Dr. Matti Otala at an AES conference in 1973.

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Credit cards are like Olympic medals: everyone wants gold but they pretend to be content with bronze or silver. But, much like the Australian swim team, gold has become so commonplace that a higher bar is needed to separate the Grant Hacketts and Stephanie Rices from the rest of the world.

Black cards are the new gold standard in credit cards. These mysterious cards are the ultimate status symbol and are reputed to wield all kinds of power – everything from backstage passes to champagne from the *Titanic* is rumored to be available to black-card members.

Black cards were, in fact, invented by an overzealous public imagination. In the early 1980s a mythical invitation-only card was rumored to exist. Much like a clandestine government agency, it offered an unlimited budget and a team of discreet staff capable of bending rules and securing access to the most extraordinary places and events. This card did not exist... yet.

Fast-forward a few years and American Express turned the rumour into reality by creating the Centurion Card. Membership was by invitation only and the fees from the first year amounted to around US$10,000. Add to that mandatory annual transactions of $250,000, and it was clear that the Centurion Card was not aimed at the hoi polloi.

SIGNATURE STYLE
While the barrier for entry has been lowered substantially – Amex now charges $4300 annually – black-card members of all financial institutions are treated to a bevy of services not afforded to holders of lesser plastic.

Take for example the newly launched Citibank Visa Signature card. In October, Cate Blanchett and husband Andrew Upton will host a weekend of animal spotting and stargazing – of the celestial kind – at Wolgan Valley, a six-star eco resort in the Blue Mountains of New South Wales owned by the Sheik of Dubai. The only way to attend is to be a Citibank Visa Signature cardholder.

ANZ Platinum concierge is no less impressive. Need a restaurant recommendation in Budapest? Left your briefcase in a London hotel? The ANZ concierge service employs a team of people all over the globe capable of handling even the strangest request with the utmost discretion.

While every financial institution touts a platinum, gold or other rare metal card there are essentially three premium cards on offer: Visa, Mastercard and American Express. The banks themselves set the interest rates, fees and costs while the card companies manage the bells and whistles. The benefits, beyond earning extra frequent flyer points, generally break down into three categories, travel, concierge and events, all largely geared towards members who travel regularly.

For members of these exclusive clubs, a premium card is a passport to the good life. Adam McCulloch looks at just how far the banks are prepared to go to retain VIPs.
<table>
<thead>
<tr>
<th>CARD</th>
<th>ANNUAL FEE</th>
<th>HOW TO APPLY</th>
<th>INTEREST RATE</th>
<th>CONCIERGE</th>
<th>TRAVEL</th>
<th>EVENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Express Centurion Card</td>
<td>$4300</td>
<td>Invite only. Cardholders must already hold Platinum status.</td>
<td>0%</td>
<td>24-hour concierge is available to plan anything from wedding proposals and birthdays to VIP seats to a concert.</td>
<td>Complementary travel insurance plus access to more than 500 VIP airport lounges. Plus exclusive travel deals with airlines, cruise liners and accommodation providers for discounts, upgrades and extended stays and private tours. Also exclusive access to private holiday homes.</td>
<td>Members only previews, fashion shows, shopping and sporting events. For example, American Express flew winemaker Lamberto Frescobaldi, one of Italy’s leading wine producers, to Australia to host an exclusive cardholder event.</td>
</tr>
<tr>
<td>Citibank Signature Visa</td>
<td>$700</td>
<td></td>
<td>20.74%</td>
<td>Secure the best premium seats before they go on sale to the general public.</td>
<td>Free travel insurance, access to 600 premium lounges worldwide plus fast track host to speed your way through customs and immigration. In addition, cardholders receive ‘SilverSmith’ membership from luxury travel specialist Mr &amp; Mrs Smith, which offers insider access to the world’s best boutique hotels.</td>
<td>Select members only events. For example, a tour of some of the most extensive private art galleries or a Thai cooking school with Australia’s hottest chefs, such as David Thompson, Christine Manfield and Martin Boetz.</td>
</tr>
<tr>
<td>ANZ Frequent Flyer Platinum Visa</td>
<td>$295</td>
<td></td>
<td>19.49% p.a.</td>
<td>Management team capable of everything from tracking down lost laptops or securing ‘impossible’ dinner reservations to chartering a private yacht in Fiji, plus discounts and deals with various partner retailers. For example, cardholders receive 50% more bonus roses with Roses Only.</td>
<td>Travel insurance plus a meet-and-assist personal escort who shepherds members through customs and immigration. Bonus offers from partners such as Hertz and Relais &amp; Chateaux.</td>
<td>Exclusive access to presale tickets for acts such as Arj Barker, Robin Williams and The Cat Empire.</td>
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A decade of research into ‘positive psychology’ suggests that happiness at work – defined as pleasure, engagement and a sense of meaning – can not only improve staff retention and customer loyalty, but can result in improved revenue, profitability and workplace safety. It has also been shown to increase creativity and problem-solving ability.

Since the end of World War II, psychology has traditionally been focused on the assessment of negative emotions and the treatment of psychological ‘problems’. However, a key change occurred in 1998, when Martin Seligman, then President of the American Psychological Association at the US-based University of Pennsylvania, made the study of ‘positive emotion’ the theme of his tenure and called for researchers to focus their efforts on understanding positive psychology.

Sound theory and rigorous scientific research are the foundations of positive psychology, which is based on a decade of clinical trials making the sometimes-controversial use of brain-scanning technology that has measured and refined the effects of happiness.

By being concerned with the conditions that allow individuals, groups and organisations to flourish, positive psychology focuses on identifying and nurturing strengths, happiness, productivity and optimal function. If you only focus on improving weaknesses, the best you can achieve is a strong weakness. Satisfaction and productiveness, however, derive from maximising strengths.

Levels of engagement, meaning at work and, to a lesser extent positive emotions, directly relate to improved productivity and have also been shown to reduce turnover and boost profits.

Optimistic and happier people also deliver positive results – optimism is the foundation of resilience, that capacity to bounce back when things go wrong, and research shows that positive people are not only happier but more engaged and more resistant to the negative effects of stress. From a business perspective, positive workers have fewer sick days and higher levels of self-efficacy, perform better and are more determined and motivated at work, which can lead to increased customer satisfaction.
Happiness at work also defends against the adrenaline-fuelled fight-or-flight response. Theory suggests that when our brain is content it is flooded with chemicals that cause a 'broaden-and-build' state of mind. In contrast to the constrictive negative emotion, the positive mindset is expansive, tolerant and creative.

Positive emotions not only undo their negative counterparts but are contagious, fuel resilience, broaden thinking, build resources and trigger optimal functioning, all of which impact positively on businesses while deepening collegial relationships and mutual respect.

Entrepreneurs use the science of happiness to build thriving companies, even during tough times, by capitalising on their fundamental character strengths, as well as hiring staff based on their character and personal strengths rather than their resumés and skills.

Seeking applicants with a sense of purpose, optimism and emotional intelligence, for example, will help in finding employees who will go 'beyond the call of duty'.

Leadership is essential in bringing out strengths in the workplace. Great leaders have highly developed 'soft skills', which can be learned. Qualities demonstrated by leaders in superior performing workplaces include a willingness to do the right thing (rather than what is expedient in the moment), providing suitable levels of challenge to foster professionalism, encouraging creativity and autonomy, and the development of skills and abilities to enable employees to fully utilise their inborn talents. These leaders create, nurture and sustain positive workplace environments.

Happy bosses, it seems, also perform measurably better, building productive teams and inspiring loyalty. In a team, individual weaknesses are less important – a great team is designed to maximise the strengths of different individuals. These strengths are synergistically combined to create a team which functions at a higher level than any individual member. Nurturing a team, however, is a very specialised and complex skill.

Self-regulation, another component of successful leadership, requires exercising power over self. Research suggests that mastering self-discipline in something as seemingly inconsequential as your posture can affect your work life, including managing reactions resulting from stress, frustration or anger. While no-one will challenge the notion that change can be difficult, self-regulation can be learned over time by consistently pushing beyond your comfort zone in order to achieve goals that may have initially seemed out of reach.

Achieving business-related goals requires a group effort, and understanding staff’s personal motivations, career aspirations and strengths is fundamental to performance. People are intrinsically motivated toward positive and constructive functioning, so understanding workers’ motivators and goals is essential. The more their goals are aligned with their own values and interests, the more likely they...
will experience a stronger sense of autonomy, become more competent and achieve both personal and work-related goals and job satisfaction.

Strategies for building stronger ties with those at work could be as simple as offering praise and recognition where appropriate, allowing staff to personalise their workspace, or sharing in celebrating their special events.

Work life today is generally reported to be undergoing a ‘sea change’. The emphasis on employee retention issues is the result of people searching for more satisfying work. Increasingly talented and qualified individuals will select roles based on how much ‘flow’ they can achieve at work.

Defined as a gratifying state of deep, effortless involvement in which the individual loses their sense of self, flow demands the full use of our ability. Flow at work occurs when challenges mesh well with abilities or strengths and results in complete absorption in a task.

The ideal situation challenges workers to perform at or near their capacity, while allowing them the authority to make decisions about how they achieve the goal. This fosters an environment that sparks maximum effort and creativity. People are intrinsically motivated in these environments, so they love their work and do the best job they can. Support and flexibility are key here.

Ultimately, positive psychology offers essential tools to assist in building the optimal working environment – one in which both the individual workers and the business can flourish.
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- Make your life easier by simplifying data-entry, eliminating typing or ‘point and click’ methods.

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The Right Stuff

If you’ve ever employed staff members who seemed great at the interview stage but underperformed in the job, didn’t quite fit into the team environment or had below-par work values, it’s likely your recruitment process is in need of an overhaul.

The fact is that your staff are ambassadors for your business, and while some team members will excel and assist in promoting excellent customer service, staff who perform poorly can actually be detrimental to the reputation of your practice.

The recruitment of staff is a time-consuming exercise, and employing the wrong people can prove costly and disruptive to your team environment, productivity and practice image. Having an effective recruitment process in place will enable you to select the right people for your needs, thus providing long-term staff solutions.

STEP BY STEP
An effective recruitment process consists of the following stages:

1. Preparation
   • Clearly define what you need and establish the criteria, i.e. the position, skills and knowledge required, salary, personality fit and how the role fits into the practice.
   • Create a Position Description that clearly outlines all tasks, responsibilities and performance outcomes.
   • Prepare a detailed job advertisement to be placed on Internet employment sites. Brief advertisements won’t provide the adequate information necessary to attract serious candidates. Keep in mind that your ad should market both the job opportunity and your practice.
   • Prepare interview questions that cover:
     a) Career history, previous skills and knowledge relevant to the role.
     b) Job fulfillment, interaction with people.
     c) Core competencies, i.e. standards, customer service, problem solving, time management, initiative, coping with stress, communication skills and managing performance.

2. Prior to the Interview
   • Read through the résumés and familiarise yourself with each candidate.
   • Take note of any specific questions you have for each candidate.
   • Have your template of interview questions ready.
   • When scheduling interviews, make sure you have adequate time with each candidate to thoroughly assess suitability.

3. At the Interview
   • Introduce yourself and the practice to the candidate.
   • Observe the candidate’s presentation, communication skills and body language.
   • Follow prepared interview questions.
   • Provide candidate with an overview of the practice and a copy of the Position Description.
   • Give the candidate the opportunity to ask questions.

4. After the Interview
   • Review résumés and interview notes, then shortlist all candidates that fit your criteria.
   • Conduct thorough reference checks on all candidates. Ensure the referee has an understanding of the role being applied for and that your questions cover:
     a) Previous job performance.
     b) All duties covered by the role.
     c) Strengths/weaknesses.
     d) Interaction with staff/management.
     e) Communication skills.
     f) Attention to detail and computer skills.
     g) Reliability, punctuality, honesty and integrity.
     h) Work values and ethics.
     i) Stress management and ability to take direction.
     j) Whether they would re-hire the candidate.
   • Conduct skills testing.
   • Negotiate salary with successful candidate.
   • Prepare Employment Contract.
   • Advise unsuccessful candidates – this courteous act sends the right message about your practice.

Finding the perfect staff for the specific needs of your practice requires forethought and advance planning. Bernadette Beach takes us through the steps necessary for success.
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Risky Business

Travelling overseas to work or holiday may bring a sense of freedom and adventure, but when it comes to your life insurance policy, Col Fullagar warns there may be danger ahead.

Whether it’s the thawing out of the weather or the thawing out of the economy, the fact is that more and more people are making plans to head overseas, either for a welcome break or for new employment opportunities.

If an overseas trip is on your agenda, you would be well served to consider the impact on your life insurance policy – whether you already have one or are thinking about putting one in place.

NEW INSURANCE

When insurance companies consider overseas travel or residence, many risk factors have to be taken into account. The Australian Government’s Department of Foreign Affairs and Trade (DFAT) rates the physical risks associated with travel to and residence in virtually all overseas countries.

These risks are assessed on a daily basis as the dangers associated with a particular country may change literally overnight if a natural disaster or a terrorist act occurs.

DFAT rates the risk at several levels, depending on where you are venturing:
- Be alert to own security (New Zealand, Switzerland).
- Exercise caution (Cuba, China, Italy, US, UK).
- High degree of caution (Brazil, Bolivia).
- Reconsider your need to travel (Zimbabwe, Congo).
- Do Not Travel (Afghanistan, Iraq, Sudan).

Factors that impact the DFAT rating include:
- The risk of terrorist attacks, including kidnappings and suicide and other bombings.
- Civil unrest and political tension, particularly at the time of general elections with the likelihood of demonstrations.
- The dangers associated with unexploded landmines and other military ordnance.
- The rate of serious crime, armed robbery, muggings, sexual assault, gang-related violence and a general lack of security if travel is undertaken outside major cities.
- The potential impact of local laws and customs – for example the attitude to the use of drugs and alcohol, drink driving and dress codes.
- Health issues, e.g. what health facilities exist and to what standard, and what is the risk of contracting diseases such as malaria, HIV/AIDs, etc.
- Natural disasters, e.g. earthquakes, flash floods and landslides, particularly in the rainy season.
- Varying risks within a particular country, e.g. while the ‘overall’ DFAT rating for China may be . . . ‘Exercise Caution’, the specific risk for Tibet and Xinjiang Province may be ‘High Degree of Caution’.

The attitude of insurance companies to the above may vary from allowing their standard rates of premium to apply through to cover exclusions or even declining the insurance application.

Factors affecting the insurer’s attitude would include the frequency of travel to the particular country, the length of time to be spent there, the reason for travel, the specific

Col Fullagar is National Manager, Risk Insurance at RI Advice.
activities to be undertaken and where in the country the person would be staying.

A further factor might be the mode of travel – for example, will flights be undertaken by international or local airlines with recognised high safety standards or, at the other extreme, is sea travel to be undertaken through dangerous areas, such as those with pirate activity?

POLICY EXCLUSIONS

The existence of a special condition in the policy, such as a ‘war and terrorism’ exclusion, can potentially have a direct impact on a claim involving overseas travel or residence.

Exclusions of this type can still be found in some retail term and Total and Permanent Disablement (TPD) policies, and are not uncommon in many legacy contracts. Typical wording might be: ‘No payment will be made under the policy if the event giving rise to the claim is caused directly or indirectly by war or an act of war, or an act of terrorism’.

References to ‘war’ may immediately give rise to visions of major conflicts such as World Wars, Korea, Vietnam, Afghanistan, etc; while ‘terrorism’ conjures up images of the 9/11 attacks in the US – however, the position is not necessarily so straightforward.

For instance, does war have to be declared or not; would the exclusion apply if war had been declared but hostilities had not yet commenced; how would civil or guerrilla war be treated; and would chemical or biological warfare be excluded? And in regards to terrorism, how would this be defined, remembering that, in some countries it might be difficult to distinguish whether or not one person’s terrorist is another’s freedom fighter.

It is clearly important for people to consider the factors that may affect their life insurance if they travel or reside overseas, and there are two ways to approach the matter – people can rely on their own powers of investigation and understanding or seek professional assistance and advice.

MAKING AN INSURANCE CLAIM

Overseas travel or residence can directly or indirectly impact on the life insurance claims management process. Factors that may impact include:

• The presence of a clause limiting the time a claimant can be paid if they are outside Australia, e.g. three months, or directing that benefits will not be paid unless the claimant returns to Australia.
• The presence of a clause indicating the claimant has to be under the care of a medical practitioner, where ‘medical practitioner’ is defined as one being ‘registered in Australia’. Unless the claimant can find a suitably qualified doctor overseas, they may be forced to return to Australia.
• The insurer may have certain claim requirements, e.g. an independent medical examination or an interview with a claims assessor, or the claimant may be required to produce financial evidence, none of which they would be able to do unless they returned to Australia.
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2. **SCREEN TEST**
   Bang & Olufsen’s wall-mounted BeoVision 10-46 HD television offers 46 inches of impressive picture performance and impressive sound quality. The slim design of the television is further enhanced by the curved rear profile, which reflects the colour of the wall and gives the optical illusion of being part of the wall. RRP: $13,950 (wall bracket $580; floor stand $1460). Visit www.bang-olufsen.dk

3. **WELL CONNECTED**
   Loaded up with a host of networking and connectivity features, including Internet radio and Bluetooth audio streaming, Pioneer’s XW-NAC3 features dual iPod/iPhone docking ports and is capable of playing and charging two iPods or iPhones at once. The SHUFFLE2 function even allows you to play tracks from two iPods, while Internet radio provides endless audio entertainment from thousands of global stations. RRP: $699. Visit www.pioneer.com.au

4. **CHARGING AHEAD**
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5. **PICTURE THIS**
   Designed to help you take your photography to the next level, the Ricoh CX3 offers greater power and control than your average compact camera. Along with HD movies and a variety of artistic scene modes, the CX3 features a 10.7x wide-angle zoom lens, continuous shooting speeds of five frames per second and a super-sensitive 10 megapixel CMOS sensor. It also allows you to create HD movies, has a variety of artistic scene modes and comes in black, violet and two-tone. RRP: $499. Visit www.ricoh.com.au
Rhapsody in Blue

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ELLINGTON: Harlem

Beethoven & Stravinsky

VIOLIN CONCERTO & RITE OF SPRING

ENERGY AUSTRALIA MASTER SERIES
WED 13, FRI 15 & SAT 16 OCT 8PM
TCHAIKOVSKY: Dance of the Carabosse
BEETHOVEN: Violin Concerto
STRAVINSKY: The Rite of Spring

Tchaikovsky's First Piano Concerto

MEET THE MUSIC PRESENTED BY ENERGY AUSTRALIA
WED 20 & THU 21 OCT 6.30PM
TEA & SYMPHONY PRESENTED BY KAMBLY
FRI 22 OCT 11AM
SHORT PROGRAM: STANHOPE AND TCHAIKOVSKY CONCERTO ONLY
P STANHOPE: Fantasia on a Theme by Vaughan Williams
TCHAIKOVSKY: Piano Concerto No. 1
ADÈS: Asyla
TCHAIKOVSKY: Nutcracker Suite

Arabian Nights

THURSDAY AFTERNOON SYMPHONY
THU 4 NOV 1.30PM
EMIRATES SYMPHONY SERIES
FRI 5 NOV 8PM
CLASSICS SERIES
SAT 6 NOV 2PM
WEDNESDAY AT 1.30PM
MON 8 NOV 7PM

KHALID HUSSAIN: Symphony Suite
SAINT-SAËNS: Piano Concerto No. 5 (Egyptian)
RIMSKY-KORSAKOV: Scheherazade

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Off the Shelf

The latest books from two surgeons and a renowned health expert make for enlightening reading.

The Checklist Manifesto, by Atul Gawande (Profile Books, $29.95)

Running a private practice is a complex business. GPs alone are expected to diagnose over 900 medical complications every year. Bringing a range of specialists together in a hospital environment complicates processes even further, often resulting in key procedures being overlooked. Yet there is a simple solution to this problem – a checklist.

This solution came to acclaimed writer and surgeon Atul Gawande after studying a range of complex situations, from reviving a drowned child to flying military aircraft. He introduced a 90-second checklist to operating rooms in hospitals across the world, which reduced deaths and complications by more than one-third.

The Checklist Manifesto explores the development and application of the humble checklist in a range of environments. Illustrated with examples from Gawande’s research, it demonstrates how a few simple steps can have life-changing results.

Men’s health & wellbeing: an a-z guide, by Greg Millan (Longueville Media, $34.95)

In our hectic modern world, it’s easy to forget health is about wellness, not just illness. Australian men and boys experience higher rates of physical and emotional health problems than women, in part because they don’t seek medical advice from their GPs.

Covering over 150 topics, this accessible guide is the first comprehensive book to look at men’s health in the context of their physical, emotional, social, psychological, spiritual and cultural environments. It will help your male patients take care of themselves between visits. It includes health checklists for each decade of life, so men can feel more comfortable about raising concerns.

Author Greg Millan, one of Australia’s leading experts on men’s health, has 28 years of experience working as a health educator. His social work background provides insight into the average Australian bloke, helping him with simple, practical advice.

Blood on My Hands, by Craig Jurisevic (Wild Dingo Press, $32.95)

This account of one man’s journey into his own ‘heart of darkness’ is at once disturbing, horrific, inspiring and uplifting. It’s also steeped in moral and ethical conflict. The brutality of the Milosevic ethnic-cleansing campaign in the 1990s is retold here in all its heart-sickening savagery.

Jurisevic, an Adelaide-based cardiothoracic and trauma surgeon, has volunteered his skills in many conflict zones, inspired by the need to honour his grandfather’s ordeal in a Nazi concentration camp. He arrives in Albania to find atrocity beyond belief. Frustrated by his ineffectiveness in well-equipped ‘hospitals’ too far from the front to save lives, he dives headlong into the battlefield only to discover the desperate need for ‘preventative medicine’, in the form of combat training for resistance fighters.

Jurisevic learns the true meaning of Shakespeare’s quote: “To do a great right, do a little wrong”. ☺️
Get pain under control rapidly and effectively\(^1,2\)

Trust the experience of 30 years use by Australian ambulances\(^3,4\)

Before prescribing please review Approved Product Information

Full PI available on request from Nycomed Pty Ltd, ABN 71-095 610 879, 2-4 Lyonpark Road, North Ryde NSW 2113. Phone 1800 675 957. MINIMUM PRODUCT INFORMATION – Penthox (methoxyflurane) Inhalation INDICATIONS: For emergency relief of pain by self administration in conscious haemodynamically stable patients with trauma and associated pain, under supervision of personnel trained in its use and for the relief of pain in monitored conscious patients who require analgesia for surgical procedures such as the change of dressings. CONTRAINDICATIONS: Use as an anaesthetic agent; Renal impairment; renal failure; hypersensitivity to fluorinated anaesthetics (including familial history of hypersensitivity); cardiovascular instability; respiratory depression; head injury or loss of consciousness; malignant hyperthermia. PRECAUTIONS: Not to be used as an anaesthetic agent; Liver disease and liver damage after previous methoxyflurane or halothane anaesthesia; diabetic patients (may have an increased likelihood of developing nephropathy); daily use of methoxyflurane is not recommended; treatment with enzyme inducing drugs (e.g. barbiturates); cautious use of adrenaline or nor-adrenaline during methoxyflurane administration; caution in hot climates (do not expose to temperatures above 40°C, especially when used in conjunction with oxygen); use in the elderly and regular exposure to health workers. SIDE EFFECTS: Adverse Events reported in literature with analgesic doses include euphoria, drowsiness, sleepy, agitation, restlessness, headache, dizziness, dissociation, amnesia, cough, choking, hypotension, nausea, vomiting, hepatitis, increased liver enzymes, increased serum uric acid, urea nitrogen and creatinine, diplopia and nystagmus. Hepatic toxicity in association with methoxyflurane is rare but has been observed with analgesic use. DOSAGE AND ADMINISTRATION: Up to 6 mL per day, vaporised in a PENTHOX® Inhaler. The total weekly dose should not exceed 15 mL. Administration of consecutive days is not recommended. Date prepared: September 2009. Price: Emergency drug supply only - PBS: dispensed price $44.78 References: 1. Aust Med Handbook Ed 2010. 2. Buntine P. et al. Emergency Medicine Australasia 2007, 19:509–514. 3. Johnston S et al, Emerg Med J 2010. doi:10.1136/emj.2009.078717 4. Ozer H. F. et al, Prehosp Disast Med 2007;22(2):s7 NYCAU PENS219025 05/2010

PBS Information: Emergency Drug (Doctor’s Bag) Supply Only. For Emergency Pain Relief
Get with the program

This magazine is one of a series of informational and educational initiatives from The Private Practice designed to help enhance your knowledge of business, financial and lifestyle matters that relate to your practice and personal life.

OUR COURSES

Designed to help you to gain an in-depth understanding of all aspects of establishing and managing successful medical practices, our courses also provide training on the actions, processes and habits required to establish and maintain your desired lifestyle.

We run half-day, one-day and three-day courses that cover one, a few or many of the following topics:

- Practice set-up
- Practice review
- Accounting concepts
- Banking & finance
- Medical indemnity & risk management
- Medicare & billing
- Estate planning & asset protection
- Financial planning – creating and maintaining your desired lifestyle
- Investment products & strategy
- Marketing your practice
- Social media & medical practice
- Superannuation & retirement planning
- Information technology
- Practice design & construction
- Managing difficult patients
- Human resource management
- Succession planning

All presenters are market-leading professionals in their area of expertise, with significant if not exclusive medical-client specialisation.

VISIT US ONLINE

Set up to serve as a business and financial resource centre, our website – www.theprivatepractice.com.au – is a fluid, interactive version of the magazine.

Via regularly posted articles, reports and forum discussion, our specialist contributors provide you with the latest practice, financial and lifestyle-management ideas to make your business and personal lives more effective and fulfilling.

Here you can sign up for courses, download articles and reports, and participate in peer-to-peer discussion on management issues.

OUR ANNUAL CONFERENCE

The inaugural Private Practice Conference will be held in Rhodes, Greece, in September 2011. This ‘not to be missed’ four-day event will feature speakers of international acclaim and will cover ‘best practice’ on running successful medical practices and tips on achieving and maintaining your desired lifestyle.

This fabulous location will also provide the backdrop for an exhilarating social program for delegates and their families.

Please register your interest in attending the conference or future courses by completing and returning the enclosed reply form. We will be in touch in due course with further details.

OTHER PROJECTS

We are also currently working on:

- The Private Practice Charitable Foundation, in conjunction with our partner Barnardos
- An industry wide benchmarking exercise, and
- Other initiatives, which we will reveal as they get closer to fruition.
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-Dr. Andrew Bowes, Hunters Hill Medical Practice

"I have had the pleasure of working with Space For Health on three medical practice renovations since 1999. Jean-Michel is a superb architect with an excellent understanding of the needs of a medical practice and superb design skills."
-Prof. Ian Wilcox, RPAM Medical Centre
The Private Practice Course for recent Dermatology Fellows was run on behalf of the Australasian College of Dermatologists in The Rocks, Sydney, with over 50 delegates participating in lecture and workshop sessions on a range of relevant topics. Keynote speakers included college President Dr Ian McCrossin, Chris Caton of BT Financial Group, Nick Parras of Parras & Associates and Hanya Oversby of Specialist Consulting.

A three-day Private Practice course with a full educational and social agenda was run in June 2010 on behalf of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists for Recent Fellows. Keynote speakers included AMA President Dr Andrew Pesce, Dr Khairul Mohammed-Noor, Margaret Faux of Synapse and Rafic Habib of ISN Solutions.

“Many thanks Fintuition – the responses are absolutely wonderful! There is no doubt such a course was well overdue. Thank you for your meticulous, efficient and excellent management at every level.”

Lyn Johnson, RANZCOG

Upcoming courses
- 16 October: Established Dermatology Fellows, Melbourne
- 29–31 October: Younger Ophthalmology Fellows, Sydney
- 5–7 November: Recent Dermatology Fellows, Sydney
- And more . . .

WIN A BOTTLE OF FINE FRENCH WINE
We would like to hear from you, whether it’s about the magazine or an industry issue in general. The author of the letter we publish next issue will win a bottle of fine French wine. Please write to Steven Macarounas at: editor@theprivatepractice.com.au
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☐ patient confusion  or  continuity of care ☑

For continuity of care, please tick the box ☑

Before prescribing, please review the Product Information available on request from Nycomed Pty Ltd, ABN 71095610870, Tel 1800 675 957. MINIMUM PRODUCT INFORMATION – SOMAC (pantoprazole) TABLETS and GRANULES. INDICATIONS: Adults: Symptomatic improvement and healing of duodenal and gastric ulcers; gastro-oesophageal reflux disease (symptomatic GORD and reflux oesophagitis); gastrointestinal lesions refractory to H2 blockers; Zollinger-Ellison Syndrome; maintenance of healed reflux oesophagitis in moderate-severe reflux oesophagitis; eradication of H. Pylori; prevention of gastro-duodenal lesions and dyspeptic symptoms associated with NSAIDs in increased risk patients on continuous non-selective NSAID treatment. Children (5 to 17 years): gastro-oesophageal reflux disease (symptomatic GORD and reflux oesophagitis). Treatment duration should not exceed eight weeks. CONTRAINDICATIONS: Hypersensitivity to ingredients; Combination therapy: hypersensitivity to any antibiotics used for H pylori eradication or in patients with moderate to severe hepatic or renal dysfunction; cirrhosis; severe liver disease; concomitant atazanavir. PRECAUTIONS: If gastric ulcer suspected or present, exclude malignancy; patients at risk of vitamin B12 deficiency; monitoring for long-term use; investigation if non-responsive symptomatic GORD; pregnancy; lactation; children less than 5 years; coumarin anticoagulants; i.e. famotidine; drugs with pH dependent bioavailability eg ketoconazole; atazanavir. SIDE EFFECTS: Common side effects: fatigue; asthenia; increased sweating; headache; diarrhea; severe eruption; constipation or flatulence; upper abdominal pain; metallic taste; others, see full PI. DOSAGE & ADMINISTRATION: Adults: Monotherapy: 20-40mg once daily depending on indication (dosage may be increased for Zollinger-Ellison Syndrome or reflux oesophagitis) see full PI. Combination therapy: 40mg twice daily (initial dosage should be reduced in patients with milder forms of liver disease) see full PI. Children (5 to 17 years): Symptomatic reflux: 20mg per day for children over 5 years; Reflux oesophagitis: 20mg daily for children 10-15kg or 40mg daily for children over 15kg. Tablets and Granules should not be chewed or crushed. Swallow tablets whole with water. Granules should be taken with applesauce, apple juice, orange juice or water; or are for administration via nasogastric or gastric tube (see full PI for instructions). Date prepared: March 2009. Price: 20mg (30): Restricted Benefit - PBS: dispensed price $18.69; 40mg (30): Restricted Benefit – PBS: dispensed price $31.96. Full PI available from Nycomed Pty Ltd, ABN 71095610870, 2-4 Lycimpan Road, North Ryde NSW 2113. 1. NPS News 44: Generic medicines: same difference? [online]. February 2006 [cited 4 January 2010]. Available from URL: http://www.nps.org.au/__data/assets/pdf_file/0020/15842/news44.pdf @Registered Trademark. SM3102307 08/10

PBS Information: Restricted Benefit. Gastro-oesophageal reflux disease; initial treatment of peptic ulcer; Zollinger-Ellison syndrome; scleroderma oesophagus.
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